

# CHANGE OF DETAILS FORM

**Online Form:** Change of details requests can also be lodged via the online [Investor Portal](#)

**Return the completed form to:**

**Post:**

Hyperion Asset Management Limited  
c/- Citi Unit Registry Australia  
GPO Box 764  
Melbourne VIC 3001

**Fax:**

[Fund Name] [Investor Name]  
c/- Citi Unit Registry Australia  
+61 1300 102 151

## Fund and Investor Information

Please accept this Change of Details request with respect to my/our investment in the below Fund(s):

- Hyperion Australian Growth Companies Fund  
 Hyperion Small Growth Companies Fund

Investor number (eight-digit number): \_\_\_\_\_

Investor name: \_\_\_\_\_

## Update Contact Details

**Email Address:**

**Registered Address:**

**Postal Address:**

**Mobile Phone Number:**

**Home Phone Number:**

**Work Phone Number:**

**Fax Number:**

## Update an Account Operating Authority

Please indicate how you wish to operate your Account.

- Any one of us to sign, or**  
 **All of us to sign, or**  
 **Any two of us to sign**

If you select 'any one of us to sign' each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

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## Update Bank Account Details

**Note: We cannot transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.**

Bank account details for **distributions**

Bank \_\_\_\_\_  
Account Name \_\_\_\_\_  
BSB No \_\_\_\_\_ Account No \_\_\_\_\_

Bank account details for **withdrawals** if different from above

Bank \_\_\_\_\_  
Account Name \_\_\_\_\_  
BSB No \_\_\_\_\_ Account No \_\_\_\_\_

## Update Distribution Election

I/we wish to have my distributions:

- reinvested as additional units in the Fund(s); or  
 paid in cash (Australian dollars only) into my/our bank account below:

Bank \_\_\_\_\_  
Account Name \_\_\_\_\_  
BSB No \_\_\_\_\_ Account No \_\_\_\_\_

**Note: We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.**

## Update Financial Adviser Details/Access

**By filling in this section, you consent to give your financial adviser access to your statements (including via email). Advisers will only be copied in on your transaction statements, investor communication and Annual Financial Reports.**

Adviser Name \_\_\_\_\_  
Name of Advisory Firm and/ or Dealer Group \_\_\_\_\_  
AFSL Number \_\_\_\_\_ Adviser Number \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Home Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Mobile Number \_\_\_\_\_  
E-mail address \_\_\_\_\_

## Provide your Tax File Number(s)

### Tax File Number 1

Full Name: \_\_\_\_\_ TFN: \_\_\_\_\_

### Tax File Number 2 (for join investor account)

Full Name: \_\_\_\_\_ TFN: \_\_\_\_\_

**NOTE:** For trusts and superannuation funds – provide the TFN of the trust or super fund. TFNs for trustees cannot be accepted.

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## Signature(s)

All signature(s) on this form must match the signing authority currently held by the Registry for your investment account.

Where signing under a Power of Attorney, the attorney confirms that the power of attorney has not been revoked. The signature(s) must match the power of attorney document or operating authority currently held by the Registry.

### **Signatory 1**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Capacity: (e.g. director, trustee) \_\_\_\_\_

Date: \_\_\_\_\_

### **Signatory 2**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Capacity: (e.g. director, trustee) \_\_\_\_\_

Date: \_\_\_\_\_

### **Signatory 3**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Capacity: (e.g. director, trustee) \_\_\_\_\_

Date: \_\_\_\_\_

### **Signatory 4**

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Capacity: (e.g. director, trustee) \_\_\_\_\_

Date: \_\_\_\_\_