

Change of Details Notification Form

Change of Details Notification Form

To complete this form:

- Print form; use black pen to fill in details; attach additional page(s) if insufficient space **OR**
- Enter data with Adobe Reader or Acrobat; tab between fields; save file as "Change of Details <investor name>.doc"

Please send completed form to:

ACC ACCumulator

C/- ACS Financial
Investment Management

F 1300 881 552

Investment@acsfinancial.com.au

F investmentmanagement@acsfinancial.com.au

Surrey Hills VIC 3127

Investor Details

Full Investor Name(s)

Investor Number

If you have more than one investment and changes in this form are to apply to ALL investments, please TICK THIS BOX. Otherwise, please complete a separate form for each investment.

For queries in relation to this form:

Please tick relevant box(es) below to advise of change(s).

Change of contact details - COMPLETE SECTION 1 (Page 3)

Change of interest payment directions - COMPLETE SECTION 2 (Page 4)

Change of nominated bank account(s) - COMPLETE SECTION 3 (Page 4)

Change of Authorised and/or Additional signatories - COMPLETE SECTION 4 (Pages 5 $\&\,6)$

| Section 1. Change of Contact Details | | | |
|--|--|-----------------------------|----------|
| Please complete (A) and (B) below. | | | |
| (A) Previous Details | | | |
| Contact Person | | Position | |
| Email | | | |
| Phone (BH) Please include Area Code | Mobile | Fax Please include Area Cod | е |
| Registered Address/Principal Place of Business (Business | Investors) or Residential Address (Individual Investors) | | |
| Suburb | | State | Postcode |
| Postal Address (If different to Registered Address) | | | |
| Suburb | | State | Postcode |
| (B) Current Details | | | |
| Contact Person | | Position | |
| Email | | | |
| Phone (BH) Please include Area Code | Mobile | Fax Please include Area Cod | е |
| Registered Address/Principal Place of Business (Business | Investors) or Residential Address (Individual Investors) | | |
| Suburb | | State | Postcode |
| Postal Address (If different to Registered Address) | | | |
| Suburb | | State | Postcode |
| (C) Secondary/Additional | | | |
| Contact Person | | Position | |
| Email | | | |
| Phone (BH) Please include Area Code | Mobile | Fax Please include Area Cod | е |
| Registered Address/Principal Place of Business (Business | Investors) or Residential Address (Individual Investors) | | |
| Suburb | | State | Postcode |
| Postal Address (If different to Registered Address) | | | |
| Suburb | | State | Postcode |

| Section 2. Change of Interest Payment Directions | |
|--|--|
| Please complete (A) and/or (B) below. | |
| (A) Notice Investments Only | |
| Please pay monthly interest to: | |
| Reinvest | |
| Nominated bank account (new bank details can be provided | in Section 3 if applicable) |
| Forgo interest ¹ | |
| (B) Term Investments Only | |
| Please pay interest to: | |
| Quarterly (ALL 6 month Investment terms will be paid quarter | erly) |
| Monthly (ONLY available for Investment terms of 12 months | or greater) |
| Existing linked ACC ACCumulator Notice Investment, with int | terest reinvesting monthly. Investment # |
| Open New linked ACC ACCumulator Investment | |
| Nominated bank account (new bank details can be provided | in Section 3 if applicable) |
| Forgo interest ¹ | |
| $^{\rm 1}$ Investors wishing to maximise the benefit of their investment to ACC may choose to for Guide and Terms & Conditions for more information. | rgo their right to interest payments on that investment and have it paid instead to ACC. Refer to ACC ACCumulator Investor |
| Section 3. Change of Nominated Bank Account(s) | |
| Please complete (A) and/or (B) below. | |
| Your nominated bank account(s) must be in the same name as you For each bank account you nominate, we require an original or 'ce (refer to 'How to Certify Your Original Documents' on final page). | ur investment. ertified copy' of a bank statement (less than 6 months old) for our files |
| (A) Redemption Payments | |
| Future redemptions/withdrawals are to be paid to: | |
| Financial Institution | Branch |
| Account Name | |
| Account Name | |
| BSB | Account Number |
| | |
| (B) Interest Payments (if applicable) | |
| Future interest payments are to be paid to: | |
| Existing linked ACC ACCumulator Notice Investment, with in | terest reinvesting monthly. Investment # |
| Same as bank account (A) Redemption Payments above, OR | |
| Bank account below: | |
| | |
| Financial Institution | Branch |
| Account Name | |
| BSB | Account Number |
| Please note Notice Investment or Bank account <u>must</u> be in the same name as | s the investment |

Section 4. Change of Authorised and/or Additional Signatories

Please complete (A), (B) and relevant signatory areas.

- For each signatory you nominate, we will conduct an electronic identification check upon receipt of this form. We require certified photo ID to meet our compliance requirements. By law, changes are unable to be made without certified ID.
- If you require more than four signatory areas below, please copy the following page and attach as necessary..
- Your 'Approved' signatories (refer to 'Who are your signatories' on final page) can choose to nominate other persons, referred to as 'Additional' signatories, to also transact on behalf of the entity.

(A) What are your signing parameters for future redemptions/changes?

Any two to sign Any two to sign with minimum of one authorised signatory

Other (please specify)

IMPORTANT: If you do not state your signing parameters in the space above, we will use the number of people appropriate to your "Investor Type" in the prior table (with the exception of Association/Not For Profit entities, in which we will apply 'Any two to sign').

If you require more than four signatory areas below, please copy this page and attach to form.

Please ensure at least two existing signatories sign page 7 to authorise any changes.

(B) Signatories provided below will: (please tick)

Replace all previous signatories

Be nominated in addition to signatories previously nominated - certified copy of ID must be provided

Be removed from my/our signatory list (if selected, signature of the person being removed is not required)

| Signatory (1) Capacity eg. individual/di | Authorised signatory rector/trustee/board member/treasu | Additional signa rer/administrator/l | * | Remove signatory | |
|---|--|---|---|--------------------------|--------------------------------|
| Full Name | | | | | |
| Residential Address | | | | | |
| Suburb | | | | State | Postcode |
| Date of Birth (DD/MM/YYYY) | Residential Phone | Please include Area Cod | e | Mobile | |
| | e ACC ACCumulator Terms & Condition The ACC ACCumulator investment on | | | rmation provided is true | and correct. I have full power |
| | Dat | e (DD/MM/YYYY) | / | | |

Section 4. Change of Approved and/or Additional Signatories (cont.)

| Signatory (2) Authorised signatory Additional signatory Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A. etc. | Remove signatory | |
|--|---------------------------------|-------------------------------|
| Full Name | | |
| Residential Address | | |
| Suburb | State | Postcode |
| Date of Birth (DD/MM/YYYY) Residential Phone Please include Area Code | Mobile | |
| I agree to be bound by the ACC ACCumulator Terms & Conditions, and declare that my personal i and authority to operate the ACC ACCumulator investment on behalf of this investor. Signature | information provided is true ar | nd correct. I have full power |
| Date (DD/MM/YYYY) | | |
| | | |
| Signatory (3) Authorised signatory Additional signatory Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A. etc. | Remove signatory | |
| Full Name | | |
| Residential Address | | |
| Suburb | State | Postcode |
| Date of Birth (DD/MM/YYYY) Residential Phone Please include Area Code | Mobile | |
| I agree to be bound by the ACC ACCumulator Terms & Conditions, and declare that my personal i and authority to operate the ACC ACCumulator investment on behalf of this investor. Signature | information provided is true a | nd correct. I have full power |
| Date (DD/MM/YYYY) | | |
| | | |
| Signatory (4) Authorised signatory Additional signatory Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A. etc. | Remove signatory | |
| | | |
| Full Name | | |
| Full Name Residential Address | | |
| | State | Postcode |
| Residential Address | State Mobile | Postcode |
| Residential Address Suburb | Mobile | |

Investor Declaration and Consent

Before changes are effected, this declaration and consent must be signed and dated by existing Authorised signatories in line with your existing signing parameters. If confirmation of your existing arrangement(s) is required, please contact our office.

I/We wish to invest in the ACC ACCumulator as detailed in this form. I/We:

- · declare that all information provided in this Application is true and correct, and I will inform ACS Financial should any of this information change in future;
- · have read the ACC ACCumulator Investor Guide, which contains the Terms & Conditions and agree to be bound by them;
- am/are duly authorised to make the investment detailed in Section 2 on behalf of the named investor, entity or organisation (if any) in Section 1;
- authorise each person nominated as an Authorised/Additional signatory to have full power and authority to operate the ACC ACCumulator investment;
- understand that I/we can obtain the ACS Group Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the ACS Group Privacy Officer on 1800 646 777, and consent to ACC and ACS Financial and their service providers using and disclosing my/our information in the way described in Section 7 'Privacy Statement' of this form, including for marketing purposes unless I/we have directed otherwise. Where information about a third party individual is supplied including any person nominated as an Authorised/Additional signatory, I/we declare that the person has been made aware of that fact and of the ACS Group Privacy Policy;
- have read, understand and consent to the 'Privacy Statement' below;
- · understand that verification of personal information includes verification against Dun & Bradstreet's Green ID for identification purposes only; and
- have attached relevant identification requirements as indicated on this form and acknowledge that I/we may be asked for additional information to support my/our application.

Privacy Statement and Consent

ACC Directorate (formerly Assemblies of God in Australia) (ABN 65 004 617 467) ("ACCD") and ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) ("ACS Financial") respect your privacy. ACS Financial collect and use your personal information for the purposes of processing your application and administering your investment on behalf of ACCD. ACS Financial may disclose your personal information to service providers, other entities within the ACCD group of companies or other third parties (eg. lawyers, auditors, investment advisers, mailing houses) for these purposes, or as required by law. ACS Financial may use your personal information for marketing purposes unless you have directed us not to.

I/we understand I/we can obtain the ACS Financial privacy policy, access personal information held about me/us, or raise other privacy concerns by calling the Privacy Officer on 1800 646 777.

I/we consent to ACCD and ACS Financial using and disclosing my personal information in the way described in this Privacy Statement. I/we understand that without this consent, my/our application cannot be processed.

| Signature (2) |
|---|
| |
| |
| |
| Name (2) |
| |
| Capacity* |
| |
| Date (DD/MM/YYYY) |
| / / |
| Tick box below if applicable. |
| I do not consent to my personal information being used or disclosed for marketing purposes |
| being used of disclosed for marketing purposes |
| Signature (4) |
| |
| |
| |
| Name (2) |
| C * |
| Capacity* |
| |
| Date (DD/MM/YYYY) |
| / / |
| |

*eg. Individual, Company or Club Secretary, Director, Employee, Owner, Partner, President, Treasurer, Trustee etc.

Please note that any advice in this form is general in nature and has been prepared without taking into account your objectives, financial situation or needs. Before acting on any advice in this form, we recommend that you consider whether it is appropriate for your circumstances.

Tick box below if applicable

I do not consent to my personal information

being used or disclosed for marketing purposes

I do not consent to my personal information

being used or disclosed for marketing purposes

Tick box below if applicable

How to Certify and Supporting Documents

How to Certify Your Original Documents

- · Please note that documents will not be returned.
- · Identification documents provided must display full investor name/s.
- 1. Photocopy your original identification documents.
- 2. Take the originals and photocopies of your identification to a person authorised to certify documents. They cannot be a relative or signatory of the investor. You can bring your documents to ACS Financial for certification or to a designated person from the short-list below.

 If a full list of designated persons is required, please contact ACS Financial.
 - · Minister of Religion
 - Accountant (who is a member of CPA, CAANZ or IPA
 - Police Officer
 - Justice of the Peace

(d) address (work or residential)

- Chiropractor
- Dentist

- · Legal Practitioner in Australia
- Medical Practitioner
- Nurse
- · Optometrist
- Pharmacist
- Physiotherapist
- Psychologist

- Veterinary surgeon
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- · Bank Officer with 5 or more continuous years of service
- Notary Public
- 3. On each page of each copy document, the certifier must write "I hereby certify this document is a true copy of the original document sighted by me on [date]".
- The certifier must sign each copy of the document.
- 5. The certifier must also provide the following on each copy document:
 - (a) name
- (b) certifier classification (from list above)
 - (e) phone number (work, residential or mobile)
- (c) employer's or firm's name

Who are your Signatories?

Transactions, and changes to investments and contact details, requires sign-off. Depending on your 'Investor Type', the corresponding persons considered an 'Authorised' Signatory in the table below can sign formal investment documents. There may be exceptions to the table below. If so, please note that we may contact you to request further information.

| Investor Type | Who is considered an 'Authorised' Signatory? |
|------------------------|--|
| Individual | Individual OR both individuals for a joint investment |
| Sole Trader | Owner of the business |
| Partnerships | Minimum of two partners, one must be the managing partner |
| Company | Two directors OR a director and company secretary |
| Sole director company | Must be the sole director/secretary |
| Trusts/SMSFs | All Trustees OR in accordance with the Trust Deed |
| Association/Non-Profit | Minimum of three office bearers eg. treasurer/chairman/secretary (or equivalent officer) OR in accordance with rules governing the association |
| ACC Affiliate | Individual OR both individuals of a joint investment, OR a minimum of three office bearers e.g. treasurer/chairman/secretary (or equivalent officer) OR in accordance with rules governing the entity. |

'Authorised' signatories can also nominate 'Additional' signatories: persons who assist with day-to-day transactions and administrative requests. For example, some organisations find nominating a few 'Additional' signatories particularly convenient if their directors/board members are not often available to sign forms. If you have queries regarding 'Authorised' and 'Additional' signatories, or require clarification on what we require from you/your organisation, please contact our office.

1800 646 777

investmentmanagement@acsfinancial.com.au

