INSTRUCTION TO REPLACE OR ADD BANK ACCOUNT/DIRECT DEBIT AUTHORISATION



Use this form to replace your existing bank account or add a new account to your SMA account. Please note that a separate form is required for each account you wish to replace or add.

Part 1 - Change instructions		
Investor name(s)	Investor number	
I/We wish to		
Replace my/our existii	ng bank account (complete parts 1, 2 and 4)	
Add a new bank accou	nt (complete parts 1, 3 and 4)	
Part 2 - To replace existing nominate	d bank account	
Account to be removed		
Financial institution	BSB	
Account name	Account number	
account to be added		
Financial institution	BSB	
Account name	Account number	
Part 3 - To add additional (new) nom	inated bank account	
	w this bank account will not be allocated to a particular usage. You cank accounts by accessing your account online and updating the Usa	
I/We wish to use the account listed belo	ow for:	
Cash contributions	Regular contributions of \$ Income pay	ment
Withdrawals from SMA	Fee offset All	
I/We acknowledge these banking instru Praemium.	uctions will replace any instructions that I/we have previously provide	ed to
Financial institution	BSB	
Account name	Account number	
Note: Direct debit/credit is not available institution.	e on all bank accounts. If in doubt about please contact your financia	l

Part 4 - Declaration and signature(s)

I/We

- Acknowledge that I/We have read and understood the direct debit/credit request service terms and conditions contained in the relevant PDS.
- Request and authorise Praemium to debit the account for amounts specified by me/us upon my request and provide authorisation to make additional contributions requested by me/us.
- Agree to be bound by the conditions set out in the relevant PDS under which Praemium will use the direct debit/credit facility as authorised above.
- Understand and acknowledge that Praemium may in its absolute discretion discontinue or suspend direct debits/credits under the direct debit/credit service.

Signature 1	Date		
Title (Director, Secretary, Sole Director, Trustee, Power of Attorney)*			
	_		
Signature 2	Date		
Title (Director, Secretary, Sole Director, Trustee, Power of Attorney)*			

Each signatory above confirms that they are an authorised signatory for the above account and that this form has been signed in the same way as the signing instructions held by the Financial Institution for the above account.

All subsequent instructions, including withdrawal requests made in relation to the SMA account, must include all signatories to the SMA account.

* This field is mandatory. If Title is Power of Attorney (POA) please enclose an originally certified copy of the Power of Attorney with your application form. The attorney certifies that he/she has not received notice of revocation of that power.

You should refer to the relevant PDS when deciding to acquire, or continue to invest in, the SMA. For a link to the current PDS, call the Client Services Team on 1800 571 881 during business hours, email support@praemium.com.au or visit our website at www.praemium.com.au.

Scan and email the completed form to support@praemium.com.au.

Alternatively the completed form can be returned via post to: