



Change of Account Details

Please complete form in **BLACK INK** using **CAPITAL** letters.

1	ACCOUNT NUMBER																		
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2	ACCOUNT NAME (IN FULL)																		
	<input style="width: 100%; height: 20px;" type="text"/>																		
3	INCOME DISTRIBUTION																		
	<input type="checkbox"/> Reinvest income in my/our account <input type="checkbox"/> Pay income to the bank, building society or credit union account shown below																		
4	BANK, BUILDING SOCIETY OR CREDIT UNION DETAILS																		
	Bank, building society or credit union name <input style="width: 100%; height: 20px;" type="text"/> Branch number (BSB) <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> Account number/membership number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> Account name <input style="width: 100%; height: 20px;" type="text"/>																		
5	STATEMENT FREQUENCY																		
	Please specify the frequency for your Account statement (if no selection is made, statements will be issued quarterly): <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly																		
6	STATEMENT/CONFIRMATION DISTRIBUTION																		
	<input type="checkbox"/> Via Mail <input type="checkbox"/> Electronically																		
7	ADDITIONAL CHANGES REQUIRED																		
	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																		
8	DECLARATION AND SIGNATURES																		
	<p>I/We declare that the information provided in this form is true and correct and that I/we are authorised to sign this form on behalf of the account holder. By signing this form, I/we acknowledge that we have received, read and understood the Select CMA Terms and Conditions and confirm that I/we and each of the Authorised Signatories agree to be bound by the Select CMA Terms and Conditions. In particular, I/we understand DDH Graham Limited and Westpac Banking Corporation collect, use and disclose personal information as provided in their collection statements and in accordance with their Privacy Policies which are available at www.ddhgraham.com.au and www.westpac.com.au</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Signature <input style="width: 100%; height: 30px;" type="text"/> </td> <td style="width: 50%; padding: 5px;"> Signature <input style="width: 100%; height: 30px;" type="text"/> </td> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="border-bottom: 1px solid black; height: 20px;"> </td> </tr> </table> </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="border-bottom: 1px solid black; height: 20px;"> </td> </tr> </table> </td> </tr> </table>	Signature <input style="width: 100%; height: 30px;" type="text"/>	Signature <input style="width: 100%; height: 30px;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="border-bottom: 1px solid black; height: 20px;"> </td> </tr> </table>	Name	Date			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name</td> <td style="width: 50%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"> </td> <td style="border-bottom: 1px solid black; height: 20px;"> </td> </tr> </table>	Name	Date								
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