

Change of personal details form

Paragon Australian Long Short Fund

This is an electronic form, so you can type directly into the provided boxes. If you prefer to handwrite your information, please use capital letters and black or blue ink, and mark boxes with an X. If you make an error, initial the change. Do not use correction fluid.



If you have any questions, contact Bennelong Funds Management Client Experience on 1800 895 388 (Australia) or email client.experience@bennelongfunds.com.

If you are updating your name, account operating authority, bank details or TFN, you must sign this form in wet ink (i.e. with an original signature and not scanned or photocopied) and send it back to us via post, along with any required supporting documentation.

Once you have completed this form, please mail or email it to:



Paragon Australian Long Short Fund C/-Link Market Services Limited Locked Bag 5038 Parramatta NSW 2124



Attention: Bennelong Funds Management Ltd client.experience@bennelongfunds.com

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments. Bennelong Funds Management's Privacy Policy is available on our website (bennelongfunds.com/privacy) or by contacting Client Experience.

Investor details

Investor number	Current investor name	
Your investor number can be found on yo	ur periodic statement or tax statement.	
Select all the details you are changing:	Pages you must complete:	
Name	1, 2, 6	
Account operating authority	1, 2, 6	
Communication preference	1, 3 ,6	
Contact details/address	1, 3 ,6	
Bank account	1, 4, 6	
Distribution payment election	1, 4, 6	
ABN/TFN	1, 4, 6	
Adviser details	1, 5, 6	



Change of name (if applicable)

If you are updating your name, you must post this original signed form to us. You cannot email it, or post a photocopy.

Previous name details		New name details			
Title	First name(s)		Title	First name(s)	
Family na	me		Family na	me	
Signature		Date	Signature		Date
	ng documentation				
	closed one of the following p	_	documents (selec	ct relevant boxes):	
	tified copy of my marriage c				
A cer	tified copy of my change of	name certificate			
A cer	tified copy of my marriage c	ertificate and decree nisi	i (divorce papers)		
AND one	of the following primary iden	tification documents iss	ued in my new na	ame:	
A cer	tified copy of my driver's lice	ence issued under state o	or territory law		
A cer	tified copy of my passport				
document been certi	changes, you need to post a ts must sight the original and ified as true copies by writing ce of the Peace, police office	d the copy and make sure g or stamping 'certified tr	e both document	s are identical, then mak	e sure all pages have
	people who can certify docu gfunds.com/forms.	iments can be found in o	our Identification a	and certification requirer	nents guide, available at
Change	e of account operati	ng authority (if ap	plicable)		
If you are a photoco	updating your account oper	rating authority, you mus	st post this origin	nal signed form to us. Yo	ou cannot email it, or post
Select ho	w you wish to operate your a	account.			
Any o	one of us to sign				
Any t	wo of us to sign				
All of	us to sign				
	ect 'Any one of us to sign', ear et or operate your account inc		ny person you ap	point as an authorised re	epresentative) will be able



Note **this** form will still need to be signed by all existing signatories.

Change of contact details (if applicable) Do not provide adviser details in this section. Name of investor whose details are changing New phone number(s) Mobile Work Home New email address Please add this email address to those already on file for my account Please remove the following email address from my account and replace with the one above If you have other email addresses to add to or delete from your account, please print this page as required (including the relevant contact name) and attach it to the back of this form. New mailing address Street number and name Suburb State Postcode Country New registered address Street number and name

State

Postcode



Suburb

Country

Change of bank account details (if applicable)

If you are updating your bank account details (including for payment of distributions), you must post this original signed form to us. You cannot email it, or post a photocopy.

Please provide your new bank account details in order to receive your future redemption payments and distribution payments (if applicable). Payments can only be made to a bank account held in the name of the investor/investing entity. Payments cannot be made into third party bank accounts. The bank account must be domiciled in Australia and denominated in Australian dollars.

Note we may need to call you to verify your identity before a change to your bank account can be finalised.

Australian financial institution	n/bank 	
BSB number	Account number	
Bank account name		
Change to distribution	on payments (if appli	cable)
If you are updating your ban us. You cannot email it, or p		for payment of distributions), you must post this original signed form to
Reinvest my distribution	S	
Pay my distributions into	the bank account held on file	e, or the new bank account provided above
Pay my distributions into	o the alternate bank account p	provided below
Australian financial institutio	n/bank	
BSB number	Account number	
Bank account name		
Change to Tax File N	umber/ABN (if applic	cable)
If you are updating your Tax a photocopy.	File Number, you must post t	this original signed form to us. You cannot email it, or post
You can provide a Tax File No	umber/Australian Business No	umber to record against your investment.
Entity name		Entity name
Tax File Number/Australian E	Business Number	Tax File Number/Australian Business Number

If this is a joint holding, both individuals need to provide a valid Tax File Number to avoid withholding tax.



Change of adviser details (if applicable)

Adviser to be removed from account			
Adviser name			
If your adviser was the sole recipient of your a details) to update your preference.	ccount statemen	ts, please ensure yo	ou complete page 3 (Change of communication
Adviser to be added to account			
Adviser name			
Adviser number (if known)			
Business name			
Address			
Suburb	State	Postcode	Country
Phone		Fax	
Email			



Signatories

This form must be signed by all authorised signatories.

I/We declare that I/we have read, understood and agree to the terms and conditions contained within the Fund's Product Disclosure Statement and any related incorporated material to which this form applies.

Name of investor 1	
Signature	Date
Name of investor 2 (if applicable)	
Signature	Date
Select your investor type :	
Individual/joint investor/sole trader	Trust/superannuation fund with corporate trustee
Company	Partnership
Trust/superannuation fund with individual trustee	Agent of investors
Company seal (if applicable)	

