



Perpetual Private Wrap

Perpetual Trustee Company Limited (PTCo) ABN 42 000 001 007 AFSL 236643

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Perpetual Super Wrap ABN 22 897 174 641 RSE R1074406

The Perpetual Cash Account is a deposit with Macquarie Bank Limited ABN 46 008 583 542 AFSL 237502

PERPETUAL PRIVATE WRAP CHANGE OF ACCOUNT AND CLIENT DETAILS FORM

Use this form to change your Perpetual Private Wrap or Perpetual Fiduciary Services account details.

1. Account or personal details

Please select where you want amendments to be made.

☐

Account

Account number

Account name

☐

Personal details. Please provide the following:

First name

Surname

Account number

and/or

Access Code

Please note: if you are linked to multiple accounts any updates made to your personal details will be applied to all accounts.

2. Update address details

For account address updates please nominate which addresses you would like amended

☐

Account address (where tax reports and consolidated statements are mailed)

► **complete section 2A**

☐

Postal address (if different from account address) ► **complete section 2B**

For personal address detail updates, please nominate which addresses you would like to amend

☐

Residential ► **complete section 2A**

☐

Statement mailing address (includes your wrap statements) ► **complete section 2B**

☐

All of the above ► **complete sections 2A and 2B**

Please note: if your account postal address differs from your account address, the tax statement and Consolidated statement (if applicable) will be mailed to your Postal address.

2A. CHANGE OF ACCOUNT, BUSINESS OR RESIDENTIAL ADDRESS (CANNOT BE A PO BOX OR CARE OF A THIRD PARTY)

Old address

Street number and name

Suburb

State

Postcode

Country

New address

Street number and name

Suburb

State

Postcode

Country

2B. CHANGE OF POSTAL OR STATEMENT MAILING ADDRESS

Old address

Street number and name or PO Box

Suburb

State

Postcode

Country

New address

Street number and name or PO Box

Suburb

State

Postcode

Country

3. Update personal contact details

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

Accounts with a single co-trustee have the option of receiving corporate action notifications sent by email to the co-trustee

Is this email address where corporate action notifications are to be sent (if applicable)?

☐ Yes

4. Residential status

Are you an Australian resident for tax purposes?

☐ Yes ☐ No, please specify your country of tax residence, and note that you cannot provide an Australian TFN on this form

Tax File Number OR exemption details (if applicable):

Are you a tax resident of another country?

☐ No ☐ Yes, please specify below

Country: TIN: If no TIN, list reason A, B or C:

If there are more countries, provide details on a separate sheet and tick this box ☐

Reason A: The country of tax residency does not issue TINs to tax residents

Reason B: The individual has not been issued with a TIN

Reason C: The country of tax residency does not require the TIN to be disclosed

For joint accounts, withholding tax will be deducted unless all account holders are Australian residents for tax purposes and have provided their TFNs.

Temporary resident clients (Super and Pension clients only)

☐ Please check this box if you are, or have been, the holder of a temporary resident visa (and are not an Australian citizen, permanent resident, or a New Zealand citizen). From 1 April 2009, the conditions of release under which you can access your benefits may be restricted. Please refer to your adviser or us for further information on temporary residents' conditions of release.

5. Tax details

Is this account treated as an Australian resident or entity for Australian tax purposes?

☐ Yes ☐ No

Temporary Resident Clients (Perpetual Private Super and Pension Wrap clients only)

☐ Please check this box if you are, or have been, the holder of a temporary resident visa (and are not an Australian citizen, permanent resident, or a New Zealand citizen). From 1 April 2009, the conditions of release under which you can access your benefits may be restricted. Please refer to your adviser or us for further information on temporary residents' conditions of release.

Tax File Number (TFN)

Complete if you haven't already quoted your TFN. The TFN applied will be at an account level, for pension accounts ► **please complete the TFN declaration form**

BEFORE PROVIDING YOUR TFN PLEASE READ THE FOLLOWING

For Superannuation clients: We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. You are not obliged to disclose your TFN, however if you do not, we are required to deduct additional tax from all concessional contributions made during the financial year and are also required to deduct tax at the highest marginal tax rate plus Medicare Levy on any withdrawal.

We are also unable to accept any after tax contributions from you.

An exemption is not considered to be a TFN.

For more information regarding the provision of TFN's please see the 'Tax' section in the PDS.

For Perpetual Private Investment Wrap and Trustee Services clients: Without your TFN, we may withhold tax at the highest marginal rate plus Medicare Levy where applicable. For joint accounts, withholding tax will be deducted unless all account holders are Australian residents for tax purposes and have provided their TFNs.

6. External nominated account details

The bank account details below will apply to cash or general payments only. *Please note: For Perpetual Private Wrap Investment accounts linked to a Margin Loan you are not able to change the nominated account.*

For Super and Pension accounts only one external bank account can be applied ► **complete section 6A only.**

If the bank account details for a Perpetual Fiduciary Service beneficiary payment needs to be amended ► **please complete the *Related Parties form***

6A.

Financial Institution

Branch number (BSB)

 -

Account/membership number

Account name

6B.

Financial Institution

Branch number (BSB)

 -

Account/membership number

Account name

6C.

Financial Institution

Branch number (BSB)

 -

Account/membership number

Account name

☐

replace all accounts previous nominated

☐

be nominated in addition to those previously nominated

Please note: if neither of these boxes are selected the bank account(s) listed above will be added in addition to those previously nominated.

7. Declaration

For personal accounts, all account holders must sign. For company accounts two directors, a director and a secretary or a sole director must sign. Please note that the directors/secretary who sign must be existing account signatories.

Signature

Name

Date

 / /

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

If you are a company officer, you must state your corporate title.

☐ Individual ☐ Director ☐ Sole Director ☐ Secretary

Signature

Name

Date

 / /

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

If you are a company officer, you must state your corporate title.

☐ Individual ☐ Director ☐ Sole Director

1. Please ensure your client signs the form
2. Retain a copy for your records
3. Send this form to: **Perpetual Private Wrap**
GPO Box 5230
Sydney NSW 2001

If you have any questions about completing this form – Clients please contact your financial adviser,
Advisers please contact us on **1800 099 652**.

