



## Change of Details Form

**Use this form if you are an existing investor and wish to change your contact details, distribution preference, bank account details or annual report option.**

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistake and initial your changes.

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### HOW TO COMPLETE THIS FORM

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**Step 1      Please ensure you have completed the following:**

- write your account number and account name as it appears on your latest statement in **section 1**
- if you are changing your contact details complete **section 2**
- if you are changing your tax status complete **section 3**
- if you are changing your distribution preference complete **section 4**
- if you are changing your bank account details complete **section 5**
- if you are changing your annual report option complete **section 6**
- sign the form as per the 'Signing instructions' in **section 7**

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**Step 2      Send your documents to us.**

You can return your forms by post or email according to the details below:

**Send by post:**

Newmark RE Limited  
GPO Box 804  
MELBOURNE VIC 3001

Scan and email to: [newmark\\_transactions@unitregistry.com.au](mailto:newmark_transactions@unitregistry.com.au)

\* Please include your account number in the subject line of your email.

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## 1. INVESTOR DETAILS

Account number

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Investor name

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## 2. NEW CONTACT DETAILS

**New residential or registered office address - (A PO Box/RMB/Locked Bag is not acceptable)**

Property/building name (if applicable)

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Unit      Street number      Street name

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Suburb      State      Postcode      Country

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**New postal address (if different to residential address)**

Property/building name (if applicable)

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Unit      Street number      Street name

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Suburb      State      Postcode      Country

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### New contact details

Home number (including country and area code)

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Mobile number (including country code)

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**New email (default address for all investor correspondence)**

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## 3. TAX STATUS

### 1. Individuals and Sole Traders

Please complete if your tax status has changed. If your FATCA/CRS status has changed due to an update in your tax status, please complete the FATCA/CRS form.

Australian resident

Non-resident (Please specify country of residence)

**Tax details – Australian residents** If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

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Reason for exemption

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## 2. Companies

Please provide your Company registration number for tax purposes (For example ABN OR TFN OR TIN).

**ABN**

**TFN**

**TIN**

**Please specify country of residence**

## 3. Trust or Superannuation Funds

Please provide information below for tax purposes.

**ABN** (applicable if you are a Trust or a Self-Managed Superannuation Fund registered with the Australian Taxation Office).

**TFN**

 

## 4. CHANGE OF DISTRIBUTION PREFERENCE

Please indicate your choice below. If you do not make a choice below, we will reinvest your distribution into the fund.

Fund name	APIR Code	Distribution Preference (indicate (X) one option per fund)	
		Pay to my bank a/c	Reinvest
Newmark Property Income Fund	YOC0100AU	<input type="checkbox"/>	<input type="checkbox"/>
Australian Unity A-REIT Fund	AUS0055AU	<input type="checkbox"/>	<input type="checkbox"/>

## 5. AUSTRALIAN BANK ACCOUNT DETAILS

Please provide the financial institution account details in order to receive your distribution payments and/or future redemption payments. Payments will only be made to a financial institution account held in the name of the investor/s. Payments will not be made into third party financial institution accounts.

Financial institution name

Branch name

Name of account holder(s)

BSB number

 -  

Account number

### Regular Savings Plan - Change of Bank Account

Tick here if this account is also to be used for your regular savings plan. If this box is not ticked, we assume you do not have a regular savings plan or that you wish for your existing regular savings plan back account details to remain unchanged.

**Note:** If you wish to have money paid into the account you are updating here, please wait for confirmation of the updated details to the register before submitting the redemption form. Please provide a copy of a bank statement for verification purposes.

## 6. ANNUAL FINANCIAL STATEMENTS OPTION

- No Annual Report
- Annual Financial Statements by email\*
- Annual Financial Statements by post

\* If you have elected to receive your annual financial statements by email, please provide your email address in **section 2** of this form.

## 7. SIGNING INSTRUCTIONS

By completing and signing this form, you (the applicant) are telling us:

- you authorise us to act according with the instructions on this form
- you acknowledge that the instructions on this form supersede all previous instructions received by us, and
- you agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

**Individual** - where the investment is in one name, the account holder must sign.

**Joint Holding** - where the investment is in more than one name, all of the account holders must sign.

**Companies** - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

**Signature of Investor 1, Individual trustee 1, Director or authorised representative**

Signature

Please print full name

Date signed

D	D
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M	M
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Y	Y	Y	Y
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**Signature of Investor 2, Individual trustee 2, Director or authorised representative**

Signature

Please print full name

Date signed

D	D
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 / 

M	M
---	---

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Y	Y	Y	Y
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**Company officer (please indicate company capacity)**

Director	<input type="checkbox"/>	
Company Secretary	<input type="checkbox"/>	
Authorised Representative	<input type="checkbox"/>	