Change of details form

AMP Capital Investment Funds and Cash Advantage Fund

PERSONAL DETAILS

Client number

Title | Surname

Given Names (s)

Address

Home phone ( )

Work phone ( )

NEW DETAILS

Title | Surname

Given names (s)

Note: If you are changing your name, please attach a copy of the document showing the legal change of name (e.g. copy of marriage certificate or deed poll).

Address

Home phone ( )

Work phone ( )

NEW PRESCRIBED INVESTOR RATE

0% ☐ 12.5% ☐ 21% ☐ 30% ☐

NEW BANK ACCOUNT

Bank | Branch | Account No. | Suffix

ENTITY/JOINT NAME to be able to change entity name

AUTHORISATION

☐ **I confirm that the above information is correct and authorise AMP Capital Investors to amend my records to reflect the changes indicated above.**

SIGNATURES

All account owners must sign.

Owner signature _____ Date _____

Owner signature _____ Date _____

Owner signature _____ Date _____

PLEASE SEND THIS FORM TO: AMP CAPITAL INVESTMENT FUNDS, PO BOX 106-435, AUCKLAND. FAX (09) 360 4501. EMAIL QUERY@AMPCAPITAL.CO.NZ. IF FAXED OR EMAILED, PLEASE ENSURE YOU POST THE ORIGINAL TO PO BOX 106-435, AUCKLAND