Human Financial

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Human Financial Managed Investments

Change of investment details form

Issued by Human Financial Management Limited (ABN 99 067 544 549, AFSL 227677) as responsible entity for the Human Financial Managed Investments.

Purpose of this form

Use this form to request certain changes to your investment instructions on your Managed Investments account.

If you need any assistance in completing this form, please call us on 1300 048 135.

Section 1: Your details (all investors to complete)

I want to:

Change my Default Money In Choice (complete sections 1, 2 and 8) Change my Default Money Out Choice (complete sections 1, 4 and 8) Start or amend a Regular Investment Plan (complete sections 1, 3 and 8) Start or amend a Fixed Payment Plan (complete sections 1, 5 and 8) Cancel my existing Regular Investment Plan (complete sections 1 and 8) Cancel my existing Fixed Payment Plan (complete sections 1 and 8) Change my Distribution Instructions (complete sections 1, 6 and 8) Update my bank account details (complete sections 1, 7 and 8)

1.1. Account details

Account number or SRN

e.g. TINV / 123456, I00000123456

1.2. Investor details

Given name(s)

Surname

Date of birthContact phone numberDD MM YYYY

Account name (for Company, Trusts or Partnerships)

1.3. Joint investor details (if applicable)

Given name(s)

Surname

Date of birth Contact phone number

Section 2: Money In Choice

Use this section to tell us how you want us to allocate money coming into your account (Default Money In Choice).

Investment Option	Allocation (%)	
HF Cautious 30	•	%
HF Prudent 50	•	%
HF Assertive 70	•	%
HF Aggressive 95	•	%
Total Default Money In Choice allocation	100	0.00%

The total allocation must equal 100%.

Section 3: Regular Investment Plan

Use this section to set up or change a Regular Investment Plan to invest into your account. If you wish to update your bank account details, please also complete **Section 7: Nominated bank account**.

Note: Please allow at least 6 business days if nominating a new date of payment.

Date of payment		Frequency	
Next available OR	Nominated date DD MM YYYY	Monthly OR	Quarterly
Regular Investment Plan amou	nt Please select how you would like y	our money to be invested:	
\$,	\$, In accordance with my Default Money In Choice in Section 3 above,		
	In accordance with my existin	g Default Money In Choice	

Section 4: Money Out Choice

Use this section to tell us how you want us to allocate money coming out of your account (Default Money Out Choice).

Investment Option	Allocation (%)	
HF Cautious 30	•	%
HF Prudent 50	•	%
HF Assertive 70	•	%
HF Aggressive 95	•	%
Total Default Money Out Choice allocation	100	0.00%

The total allocation must equal 100%.

Section 5: Fixed Payment Plan

Use this section to set up or change a Fixed Payment Plan to receive funds from your account. If you wish to update your bank account details, please also complete **Section 7: Nominated bank account**.

Note: Payments are typically made monthly on the 15th of each month.

Investment Option	Regular payment amount to be deducted from investment
HF Cautious 30	\$
HF Prudent 50	\$
HF Assertive 70	\$
HF Aggressive 95	\$
Total fixed regular payment	\$

You can also make one-off withdrawals using the Human Financial Managed Investments Withdrawal form available on your online member portal, or on our website at humanfinancial.com.au/forms.

Section 6: Distribution instructions

Use this section to tell us where you want your distributions paid. Please ensure you have completed **Section 7: Nominated bank account** if you wish to update your nominated bank account.

Investment Option	Distribution option	
	Reinvest	Paid into nominated account
HF Cautious 30		
HF Prudent 50		
HF Assertive 70		
HF Aggressive 95		

Section 7: Nominated bank account

We will use this account for any direct debits, withdrawals and/or distribution instructions that you set up as part of this form. Please include a **certified bank account statement** from the nominated account below, AND a **current certified copy of either your passport or driver's licence**. This should be included as an attachment with the completed form.

Name of Australian financial institution

Address of Australian financial institution

Account name

BSB number Account number

Direct debit request

I request and authorise Human Financial Management Limited (User ID number 101077) to debit my nominated bank account in accordance with the default and/or regular payment arrangement made between us as set out in this form.

I acknowledge that this debit will be made through the Bulk Electronic Clearing System (BECS) from my bank account held at the financial institution I have nominated in this form and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. (For further information, refer to the section titled 'Direct Debit Request Service Agreement' contained in the Human Financial Managed Investments Additional Information Brochure available at humanfinancial.com.au/ documents.

By signing and/or providing you with a valid instruction in relation to my Direct Debit Request, I understand and agree to the terms and conditions governing the debit arrangement between myself and Human Financial Management Limited as set out in this request and in the Direct Debit Request Service Agreement. I understand that my financial institution may charge me a fee each time a contribution is made and where a payment is dishonoured.

All bank account signatories must sign below.

Name of account holder	
Signature of account holder	Date DD MM YYYY
Name of account holder (if joint account)	
Signature of account holder (if joint account)	Date DD MM YYYY

Section 8: Acknowledgement and signature(s)

By signing this request form, I/we:

- confirm that I/we have received and read a copy of the Product Disclosure Statement and the Target Market Determination in respect of the selected Investment Options;
- declare that I/we have read the TMD and believe I am/we are within the product's target market and wish to
 proceed;
- · declare that all the details given in this form are true and correct; and
- declare that, if signing under a power of attorney, I/ we verify that, at the time of signing, I/ we have not
 received a notice of revocation of that power.

We are committed to handling your personal information in accordance with the *Privacy Act 1988 (Cth)*. Read our Privacy Policy on our website at humanfinancial.com.au/privacy for more information.

Full name (print clearly in block letters)			
Type of investor Individual Trustee 1 Signature	Joint investor 1 Partner 1	Power of Attorney* Date	*Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney.
Full name (print clea	rly in block letters)		
Type of investor Joint investor 2 Trustee 2 Signature	Director 2 Partner 2	Company secretary Power of Attorney* Date DD MM	

Sending your form

Please send this form to us via email or mail.

Mailing address Email address

Human Financial help@hum Level 24, 68 Pitt Street Sydney NSW 2000

help@humanfinancial.com.au

If you have any questions or need help, please call us on 1300 048 135.