

June 2016

**This form is to be used to notify of a change in account and personal details.**

This form is to be used by both JBWere Limited (ABN 68 137 978 360, AFSL No. 341162) and WealthHub Securities Limited (ABN 83 089 718 249, AFSL No. 230704).

**How to complete this form**

	Section 1	Section 2	Section 3	Section 4	Section 5	Section 6
Change Account mailing address	✓	✓		•	•	✓
Change of name	✓		✓	✓		✓
Change the personal details of individual(s) associated with your Account(s)	✓			✓		✓
Change the details of any non-individual entities associated with your Account(s)	✓				✓	✓

Key: ✓ Complete • if applicable

**Your details**

**1. Please provide your Account details**

JBWere Investor Number(s) 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	JBWere Account Name(s) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
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**Account details**

**2. Change Account mailing address**

New mailing address for account(s) listed in **section 1** (This will change your **CHES** registered address for sponsored accounts)

Suburb	State	Postcode	Country
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**3. Change of name**

**Previous name**

Title

Mr
  Mrs
  Miss
  Ms
 Other

Full name

Previous Signature

	Date signed (DD/MM/YYYY) <input style="width: 100%; height: 20px;" type="text"/>
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Complete **section 4** with your current details.  
 Please attach a current certified copy of appropriate documentation:

- Marriage Certificate;
- Decree Nisi (divorce); or
- Deed Poll (change of name).

**4. Details of Individuals**

**1st Individual**

Title

Mr  Mrs  Miss  Ms Other

Full name

Date of birth (DD/MM/YYYY)

Tick if your residential address is the same as the account address in **section 2**

Residential address (not a PO Box)

Suburb

State

Postcode

Country

Occupation

Mobile number

Phone number

Email

Tick if your mailing address is the same as the account address in **section 2**

Mailing address (if different to Residential address)

Suburb

State

Postcode

Country

**2nd Individual**

Title

Mr  Mrs  Miss  Ms Other

Full name

Date of birth (DD/MM/YYYY)

Tick if your residential address is the same as the account address in **section 2**

Residential address (not a PO Box)

Suburb

State

Postcode

Country

Occupation

Mobile number

Phone number

Email

Tick if your mailing address is the same as the account address in **section 2**

Mailing address (if different to Residential address)

Suburb

State

Postcode

Country

**3rd Individual**

Title

Mr  Mrs  Miss  Ms Other

Full name

Date of birth (DD/MM/YYYY)

Tick if your residential address is the same as the account address in **section 2**

Residential address (not a PO Box)

Suburb

State

Postcode

Country

Occupation

Mobile number

Phone number

Email

Tick if your mailing address is the same as the account address in **section 2**

Mailing address (if different to Residential address)

Suburb

State

Postcode

Country

**5. Details of non-individual entities**

E.g.: Company/Incorporated Association/Registered Co-Operative/Accounting firm

Name in full

Tick if your principal place of business/administration address is the same as the account address in **section 2**

Principal place of business/administration (not a PO box)

Suburb

State

Postcode

Country

Email

Tick if your mailing address is the same as the account address in **section 2**

Mailing address (if different to above)

Suburb

State

Postcode

Country

Nature of business/industry

**Privacy**

I/We acknowledge that:

- JBWere collects and holds my/our personal information for the purposes of providing me/us with products and services, and in circumstances where the collection of that information is required by law. If I/we do not provide my/our personal information, I/we may not be able to receive products or services;
- JBWere is part of the NAB Group, and may disclose my/our personal information to others both within and outside the NAB Group;
- Further details about how my/our personal information is collected, used, disclosed and handled is set out in JBWere’s full Privacy Notification and Privacy Policy, which include information on how I/we may access or correct my/our personal information, the countries to which my/our personal information may be sent, and how I/we may make a complaint about a privacy issue; and
- I/We have read the Privacy Policy and full Privacy Notification, which are available at [www.jbwere.com/general/privacy](http://www.jbwere.com/general/privacy).

**6. Account Holder(s) Signatures**

**Instructions for signing this form**

Type of Account holder	Signature(s) required	Capacity
Individual and joint individual holder(s)	All Account holders	Tick "Individual"
Individual(s) acting in the capacity as trustee(s) of a trust	All trustees	Tick "Individual Trustee"
Company	<ul style="list-style-type: none"> <li>• two directors;</li> <li>• a director and a company secretary;</li> <li>• a sole director (who is also the sole company secretary); or</li> <li>• a duly authorised representative(s) of the company</li> </ul>	Tick "Director", "Sole director and sole secretary", "Company secretary" or "Other" and specify capacity as applicable
Company acting in the capacity as trustee of a trust	As above	As above
Any other entity	The authorised office holders	Tick as applicable and specify capacity

- If signed under Power of Attorney, Attorneys must attach a current certified copy of the Power of Attorney and current certified copy of 100 points of ID for each Attorney if not already supplied (Power of Attorney documents cannot be accepted by fax or email). The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

**Information complete and correct**

I/We confirm that all information provided by me/us is true and correct

**1st Individual**

Capacity

Individual (personal)     
  Individual (trustee)     
  Director     
  Sole director and sole secretary  
 Chairperson / Secretary / Treasurer     
  Partner     
  Other (please specify)     

Signed by: Full name

Signature  Date signed (DD/MM/YYYY)

**2nd Individual**

Capacity

Individual (personal)     
  Individual (trustee)     
  Director     
  Company secretary  
 Chairperson / Secretary / Treasurer     
  Partner     
  Other (please specify)     

Signed by: Full name

Signature  Date signed (DD/MM/YYYY)

**3rd Individual**

Capacity

Individual (personal)     
  Individual (trustee)     
  Director     
  Company secretary  
 Chairperson / Secretary / Treasurer     
  Partner     
  Other (please specify)     

Signed by: Full name

Signature  Date signed (DD/MM/YYYY)