

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) | JBWere Account Name(s) |
|---------------------------|------------------------|
| 1. <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> |
| 4. <input type="text"/> | <input type="text"/> |
| 5. <input type="text"/> | <input type="text"/> |

Account details

2. Change Account mailing address

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

Suburb

State

Postcode

Country

3. Change of name

Previous name

Title

Mr Mrs Miss Ms Other

Full name

Previous Signature

Date signed (DD/MM/YYYY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
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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

Date of birth (DD/MM/YYYY)

| | | | | | | | | | |
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Full name

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

Residential address (not a PO Box)

Suburb

State

| | | | |
|--|--|--|--|
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|--|--|--|--|

Postcode

| | | | | | |
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Country

Occupation

Mobile number

| | | | | | | | | | | | | | | |
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Phone number

| | | | | | | | | | | | | | | | |
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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

| | | | | | |
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Country

2nd Individual

Title Mr Mrs Miss Ms Other Date of birth (DD/MM/YYYY)

Full name

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 Date of birth (DD/MM/YYYY)

Full name

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**

3 JBWere Change my Details

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.

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"> two directors; a director and a company secretary; a sole director (who is also the sole company secretary); or a duly authorised representative(s) of the company | 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)

Please return completed form to: JBWere Investor Services, Reply Paid 4595, Melbourne VIC 8060

Issued by JBWere Limited ABN 68 137 978 360, AFSL 341162 and WealthHub Securities Limited ABN 83 089 718 249, AFSL 230704