



CHANGE OF FINANCIAL ADVISER FORM

Please complete this form if you have changed your financial adviser, wish to add a new financial adviser or remove your current financial adviser from your account.

Investor number

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Registered investor name(s)

Telephone number (business hours)

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Current financial adviser details

Please enter the details below of your financial adviser who we currently hold on file.

Name of current financial adviser

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Franklin Templeton adviser number (if known)

--

Company or organisation name

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Postal address

Postcode				

Dealer group

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- Delete the financial adviser indicated above and do not replace with another adviser.
- Delete and replace with the financial adviser details in Section B.

If you have a Financial Adviser, please give your consent, by ticking the appropriate box below, for FTIAust to provide them with access to information about your investments and to authorise them to make enquiries on your behalf.

I authorise my Financial Adviser to receive information about my investments. By entering my Financial Adviser details below I acknowledge and agree they will have online access to information about my investment and may receive copies of my statements including by email or post.

Name of new financial adviser

Dealer group

Franklin Templeton adviser number (if known)

AFSL number (if known)

AFSL number (if known)

Registered address

Postcode				

Practice office name

Registered address

Postcode				

Business number (include area code)

Fax number

Business number (include area code)

Mobile number

Fax number

Email address

Mobile number

Email address

By signing this form, I/we:

- declare that I/we have read and understood the current PDS for the relevant fund(s);
- declare that all details provided in this Change of Financial Adviser Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (if signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- authorise Link Market Services Limited to act upon instructions by post or facsimile (as applicable) with regard to the units in fund(s) subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us. I/We agree that this authorisation shall remain in force until notice in writing of its termination is received by Link Market Services Limited;
- acknowledge and agree to be bound by the terms and conditions as outlined in the Application Form;
- acknowledge that investments in the fund are subject to investment risk, including possible delays in repayment and loss of income or principal invested; and
- declare that all representations and acknowledgements made by you in the Application Form and this Change of Financial Adviser Form are continuing and shall remain true, complete and in full effect for so long as you are a Unit holder in the fund(s).

Investor Type	Who should sign
Individual	where the investment is in one name, the investor must sign
Joint investors	where the investment is in more than one name, all investors must sign
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign or, if a corporate trustee, then as for a company
Partnership	each partner
Association or Registered co-operative	each office bearer
Government body	relevant principal officer/authorised signatory
Power of attorney	if signed under a power of attorney, the power of attorney must have been previously noted by the registry. If not, a certified copy of the power of attorney as well as a certified copy of the power of attorney's driver's licence, passport or other photo identification which confirms their name, address and contains their signature must be attached to this form.

Signature 1

Name

Date

Title

- Investor 1 (individual) Director
 Secretary Sole director & secretary
 Non-corporate trustee Partner
 Other office bearer or attorney (please specify):

Signature 2

Name

Date

Title

- Investor 2 (individual) Director
 Secretary Sole director & secretary
 Non-corporate trustee Partner
 Other office bearer or attorney (please specify):

Once completed, please post this form to



Franklin Templeton Unit Registry
 PO Box 3721, Rhodes NSW 2138
 Fax: 02 9287 0367