



## 4. Declaration and signature

I/we wish to change my/our distribution payment details as set out in this form, in accordance with the terms of the current Product Disclosure Statement(s) for the fund(s).

**Important: If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney. A certified copy of the power of attorney must be given to us with the completed form, unless previously provided.**

### Signatory 1

Title  Surname  First name

Signing as (please tick)

Individual  Sole trader  Trustee  Director  
 Joint investor  Partner  Sole director  Agent  Attorney  
 Representative of association/co-operative/government body – please specify position (e.g chairman)

Signature

Date

### Signatory 2

Title  Surname  First name

Signing as (please tick)

Individual  Sole trader  Trustee  Director  
 Joint investor  Partner  Sole director  Agent  Attorney  
 Representative of association/co-operative/government body – please specify position (e.g chairman)

Signature

Date

Please post or email your completed form to:

**Dexus Funds Management Limited**

GPO Box 3993

Sydney NSW 2001

Email: [dexus@boardroomlimited.com.au](mailto:dexus@boardroomlimited.com.au)

[www.dexus.com](http://www.dexus.com)