CROMWELL FUNDS MANAGEMENT (CFM)

CHANGE OF ADDRESS NOTIFICATION FORM





CROMWELL FUNDS MANAGEMENT LIMITED ABN 63 114 782 777 AFSL 333214 (CFM).

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick $[\checkmark]$.

Enter new address below. Address Suburb State Postcode PART 3 SIGN UP FOR ELECTRONIC COMMUNICATION By providing an email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notification required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post. Primary email	PART 1	INVESTOR DE	INVESTOR DETAILS					
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Suburb State Postcode PART 3 SIGN UP FOR ELECTRONIC COMMUNICATION By providing an email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notifications required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post. Primary email	PART 2	CHANGE OF A	ADDRESS					
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	required by the Co	orporations Act, by er	mail. From time to time we may still ne					
Secondary email	^o rimary email							
	Secondary email							
PART 4 DECLARATION AND AUTHORISATION	PART 4	DECLARATIO	N AND AUTHORISATION					
I/We request you to amend the registered address in your records to the above new address. I/We acknowledge that these instructions supersede and have priority over all previous instruit in respect to my/our unitholding.			ess in your records to the above new address. $\ensuremath{\textit{l}}$	We acknowledge that these	instructions supersede and have p	priority over all pre	evious instructions	
SIGNATURE Date SIGNATURE Date	SI	GNATURE	Date / / / /	SI	GNATURE	Date /[/	
Name Name	Name			Name				
If a Company Officer or Trustee, please specify your title: If a Company Officer or Trustee, please specify your title:		•						
□ Director □ Sole Director & Company Secretary □ Trustee □ Director □ Sole Director & Company Secretary □ Trustee	☐ Director ☐] Sole Director & Co	ompany Secretary 🔲 Trustee	☐ Director ☐	Sole Director & Company S	Secretary 🗆	Trustee	

If you have any questions in relation to this form, please call Cromwell's Investor Services Team on 1300 268 078.



Return completed form to:

Email: cromwell@boardroomlimited.com.au

Post: Boardroom Pty Limited

GPO Box 3993, Sydney NSW 2001