



Hybrid Income Fund

Change of Details Form

INVESTMENT MANAGER Seed Funds Management Pty Ltd

ACN 622 414 082
CAR No. 001308397
Lvl 32, 225 George Street,
Sydney NSW 2000
seedpartnerships.com

ADMINISTRATOR Apex Fund Services - Unit Registry

ACN 118 902 891
GPO BOX 4968,
Sydney NSW 2001
Ph: 1300 133 451
apexgroup.com

RESPONSIBLE ENTITY Evolution Trustees Limited

ABN 29 611 839 519
AFSL 486217

Level 15, 68 Pitt Street,
Sydney NSW 2000
Ph: +61 2 8866 5150
evolutiontrustees.com.au

1. INVESTMENT DETAILS

Investor Name

Investor Number

Contact Number

2. DETAILS TO BE CHANGED

Contact Details

Bank Account Details

Communication Preference

Distribution Method

Financial Adviser

TFN/ABN

Third Party Authority

3. NEW CONTACT DETAILS

Postal Only

Residential Only

Postal & Residential

Online Only

Street Number and Name

Email Address

Suburb

State

Mobile Number

Postcode

Country

Phone Number

4. COMMUNICATION PREFERENCE

We will periodically send transaction confirmations, statements and other material.
Please indicate your preference for receiving these communications below:

Email

Mail

5. NEW BANK ACCOUNT DETAILS

The following account is to be used for all future payments relating to:

Distributions Only Redemptions Only Distributions and Redemptions

Name of Financial Institution

Account Name

BSB

Account Number



Please attach a copy of your bank statement so that we can verify the details provided above.

6. NEW DISTRIBUTION PREFERENCE DETAILS

Pay into bank account Reinvest



If payment is to be made into a new bank account, please complete the New bank account details section of this form and attach a copy of your bank statement to verify the details provided.

7. NEW FINANCIAL ADVISER DETAILS

Adviser Name

Street Number and Name

Email Address

Suburb

State

Phone Number

Postcode

Country

Dealer Group

8. NEW TFN/ABN DETAILS

TFN

ABN

9. THIRD PARTY AUTHORITY

The following third party will be given access to your investment details upon request.

Name of Third Party

Street Number and Name (or PO Box)

Contact Person (if applicable)

Suburb

Email Address

State

Postcode

Phone Number

4. DECLARATION AND SIGNATURE

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Apex Fund Service Pty Ltd.

Signature 1

Signature 2

Title

Full Name

Title

Full Name

Date

Date



Please return completed forms to Apex Fund Services via mail, fax or email.



Seed Funds Management C/- Apex Fund Services
GPO Box 4968, SYDNEY NSW 2000



Email: registry@apexgroup.com
Fax: +61 9251 3252

If you require further assistance, please do not hesitate to contact Apex Fund Services on 1300 133 451
or via email: registry@apexgroup.com