

# CHANGE OF NOMINATED FINANCIAL INSTITUTION ACCOUNT FORM

Issued 23 August 2021

## Funds

- Tyndall Australian Share Concentrated Fund  
ARSN 143 598 556
- Tyndall Australian Share Income Fund  
ARSN 133 980 819
- Tyndall Australian Share Wholesale Fund  
ARSN 090 089 562
- Yarra Australian Bond Fund  
ARSN 098 736 255
- Nikko AM Global Share Fund  
ARSN 092 026 269
- Nikko AM ARK Global Disruptive Innovation Fund  
ARSN 627 341 744
- Nikko AM New Asia Fund  
ARSN 116 556 113
- Yarra Conservative Fund  
ARSN 092 026 161
- Yarra Balanced Fund  
ARSN 103 973 020
- Yarra Growth Fund  
ARSN 092 026 090

## Contact details

### Yarra Capital Management Investor Services

Address: GPO Box 804  
Melbourne VIC 3001

Phone: 1800 251 589  
8.30am to 5.30pm (Sydney time)  
Monday to Friday

Fax: 1300 362 722

Email: [transactions@yarracm.com](mailto:transactions@yarracm.com)

Web: [www.tyndallam.com](http://www.tyndallam.com) (for Tyndall funds)  
[www.yarracm.com](http://www.yarracm.com) (for Yarra and Nikko AM funds)



Please tick which payment type(s) the new financial institution details should be applied to:

- Distributions
- Withdrawals
- Regular savings plan via direct debit (only applicable if direct debit was set up during the initial application process and on the terms of the Direct Debit Request Agreement, which continue to apply)

### 3. Signatures

#### Signing instructions

**Individual** – where the investment is in one name, the investor must sign.

**Joint Holding** – where the investment is in more than one name, all investors must sign, unless previously nominated otherwise.

**Company** – two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign. Trustees signing on behalf of a trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the applicable trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. If signing under a Power of Attorney you verify that the Power of Attorney has not been rescinded or revoked.

By completing and signing this form, I/we:

- authorise YIML to act in accordance with the instructions on this form
- acknowledge that the instructions on this form supersede, and have priority over, all previous instructions provided by me/us, and
- agree to indemnify YIML from and against all losses, costs, expenses, claims, actions or proceedings brought against YIML in connection with following my/our instructions on this form.

Signature of Investor 1 / Director / Authorised Signatory

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
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Company officer (please indicate company capacity)

- Director
- Sole Director and Company Secretary
- Authorised Signatory

Signature of Investor 2 / Director / Company Secretary / Authorised Signatory

Please print full name

Date

D	D	M	M	Y	Y	Y	Y
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Company officer (please indicate company capacity)

- Director
- Company Secretary
- Authorised Signatory

