



## CHANGE OF DISTRIBUTION OPTION REQUEST

Please complete in black or blue pen and use CAPITAL letters.

Fund Name:  Smallco Investment Fund  Smallco Broadcap Fund  Both

### 1. Investor Details

Investor Name:

Investor Number:

#### Contact Details

Contact name:  Contact number:

Contact email:

### 2. Distribution Option

**Please tick ONE option.**

Reinvest  Direct Credit (Please proceed to section 3 below)

**This change will be applied to your holding effective from the date when this request was received by Smallco.**

### 3. Bank Account Details

**IMPORTANT INFORMATION: the following bank details will become default bank details for all distribution payments and any future redemptions. The bank account name provided must match the investor name.**

Financial Institution

BSB  Account Number

Account Name

### 4. Authorisation

I/we instruct Smallco to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to Smallco will be collected and handled in accordance with Smallco's privacy policy, a copy of which can be posted / emailed to us if we contact Smallco on +612 8256 1000 or [smallco@smallco.com.au](mailto:smallco@smallco.com.au). By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signature  Signature

Print Name  Print Name

Title (circle) Individual / Sole Director/  
Director/ Trustee Title (circle) Individual / Sole Director/  
Director/ Trustee

Date  Date

Please return the completed form to:

- fax number (02) 8256 1010, or
- scan and email this request to [smallco@smallco.com.au](mailto:smallco@smallco.com.au), or
- post to Smallco Investment Manager, GPO BOX 4564, SYDNEY NSW 2001

If you have any questions about this form please contact us on (02) 8256 1000 or [smallco@smallco.com.au](mailto:smallco@smallco.com.au)