

Change of Details Form

Lazard Asset Management Pacific Co.

ABN 13 064 523 619

Australian Financial Services Licence No. 238 432

Section 1: Change of Contact Details

Please only use this form if you have an account in a Lazard Fund. If you do not have an existing account, you must complete a [New Investor Application Form](#). **Please complete the relevant sections of this form to make the necessary changes.**

Please indicate what type of change/s you are making:

Change/s of:

- Investor Contact Details
- Investor Name – Individuals or Individual Trustee or Sole Trader
- Investor Name – Company or Superannuation Fund or Trust
- Distribution Payment
- Bank Account Details
- Adviser Details

Sections to Complete

- Section 1A and Declaration
- Section 1B and Declaration
- Section 1C and Declaration
- Section 2 and Declaration
- Section 3 and Declaration
- Section 4 and Declaration

Please complete your existing Account Details

Account Name

Account Number

Section 1A: Investor Contact Details

- Postal only Residential only Postal and residential Email Phone

Street number

Street name

Suburb/Town

State

Postcode

Country

Email Change or Additional (please circle)*

Mobile

Telephone (business)

Telephone (home)

*if no selection is made, we will add this email in addition to the previous email provided to us

Section 1B: Investor Name – Individuals or Individual Trustee or Sole Trader

Marriage Deed poll Divorce Other (please specify)

Previous Name Details

Title Given Names(s) Surname

New Name Details

Title Given Names(s) Surname

Please attach an original certified copy of proof of the name change (e.g. certificate from Births, Deaths and Marriages)

Section 1C: Investor Name – Company or Superannuation Fund or Trust

Change of Investment name for a Company or Superannuation Fund or Trust

- **Company** - please attach an original certified copy of the Change of Name Certificate.
- **Superannuation Fund** - please attach an original certified copy of the Superannuation Fund Trust Deed indicating the change of name.
- **Trust** - please attach an original certified copy of the Trust Deed indicating the change of name.

New Company or Superannuation Fund name or Trust name

ABN or ACN (if applicable)

Note: if the change results in a change of beneficial or legal ownership of the investment, we require the following:

- Completed Standard Transfer Form stamped at the NSW Office of State Revenue; and
- a new Application form from a current Product Disclosure Statement available on our website completed for the new ownership
www.lazardassetmanagement.com/au/en_us/funds/how-to-invest

Section 2: Distribution Payment

Please indicate how you would like to receive fund distributions: You can only select one option

- Re-Invest in Additional Units in the Applicable Lazard fund
- Paid in Cash to designated Account. **Please complete section 3 overleaf.**

Section 3: Bank Account Details

The account details you nominate will be used to credit your account with any distributions made by the Lazard fund or withdrawal you request to be paid. Providing details in this section overrides any previous bank account details provided. The new account must be with an Australian bank and cannot be in the name of a third party.

Name of Financial Institution		Branch	
<input type="text"/>		<input type="text"/>	
BSB Number	Account Number	Account Name (needs to match the name of the investor)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Austraclear Code (if applicable)	Reference Number for Austraclear or RTGS Payment (if applicable)		
<input type="text"/>	<input type="text"/>		

Section 4: Adviser Details

Remove Current Adviser

Add New Adviser

Adviser Name

Adviser Firm Name

AFSL Number

ASIC Financial Adviser/ Authorised Rep. Number*

Adviser Office Address (street number and name)

Suburb

State

Country

Postcode

Email Address

Phone

* To obtain the Financial Adviser Number, please go to the <https://moneysmart.gov.au/financial-advice/financial-advisers-register>

Please tick here if you would like to register for access to our online Adviser Portal. You will have view only access to statements, and balance/ transaction information. If yes, please also sign this form.

Certification of Identification Documents

The list below details the persons who are authorised to certify copies of identification documentation: **Please note a relative of the Investor or the Investor CANNOT be the certifier.**

- Lawyer (a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner);
- Financial Planner;
- Medical Practitioner;
- Chiropractor;
- Dentist;
- Pharmacist;
- Justice of Peace;
- Notary public (for the purposes of the Statutory Declaration Regulations 1993);
- Police officer;
- A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
- Optometrist;
- Nurse;
- Physiotherapist
- Officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- Finance company officer with two or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees; and
- (Accountant) member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

Declaration

I/We declare that by signing and sending this Change of Details Form, I/we represent and acknowledge that:

- The information in this Form is true and correct;
- If, I/we have provided an email address, I/we agree that Lazard may provide I/me with information on my/our investment including statements, transaction confirmations and reports by email;
- Information about me/us may be collected, used and disclosed in accordance with [Lazard's Privacy Policy](#) and
- Lazard will not be able to make the changes indicated in this Form, unless I/we have sent original certified copies of the requested information.

Where do I send my Change of Details Form?

Completed Change of Details Forms and original certified copies should be sent via one of the following methods:

Mail: The Manager, State Street Unit Registry
State Street Australia Limited
Level 14, 420 George Street
Sydney, NSW, 2000, Australia

Fax: (02) 9323 6411

Email: investorqueries@lazard.com

Further Assistance or Information

If you require assistance with completing the Change of Details Form, please contact Lazard on: **1800 825 287** or investorqueries@lazard.com

Investor Signature

Please ensure that this form is signed by all necessary authorised signatories to the investment, as per the current signing instructions you have previously provided Lazard.

Investor 1

Print Name

Signature of Investor 1

Title of Signatory (e.g. Director, Trustee, Power of Attorney)

Date (DD/MM/YYYY)

Investor 2

Print Name

Signature of Investor 2

Title of Signatory (e.g. Director, Trustee, Power of Attorney)

Date (DD/MM/YYYY)

If there are more than two signatories please include an attached list of names and signatures