

Please Complete: New Amend Existing

1. INVESTOR INFORMATION

Investor Name

Address

2. CONTACT DETAILS

Title Surname

Given Names

Role in Parish/Organisation

Phone Number Mobile

Email

Postal Address

3. INVESTMENT AMOUNT

\$ to be funded by

Cheque **OR** Existing AFSA Account

Transfer from a bank nominated below:

Name of Financial Institution

Debit an external account listed in Step 5.

4. SIGNATORIES

Please attach a completed identification form for each authorised signatory.

Any One to Sign Any Two to sign

All must sign Other (please specify below)

5. DISTRIBUTION INSTRUCTIONS

Reinvest

Transfer to AFSA account

Transfer to bank account nominated below

Name of Financial Institution

Account Name

Branch

BSB Account Number

6. AUTHORISATION

I/We confirm that the terms and conditions of the *Enhanced Income Fund Customer Information Statement* have been read and understood. I/We authorise Anglican Funds South Australia to establish the specified account. I/We confirm that we are duly authorised to enter into this agreement on behalf of our Parish/organisation.

Name

Signature

Date

Name

Signature

Date

For assistance in completing this form please contact AFSA:

Phone: 08 8305 9305
 Email: enquiries@anglicanfundssa.com.au

Please return the completed form to:

Email: enquiries@anglicanfundssa.com.au
 Mail: Anglican Funds South Australia
 18 King William Road
 North Adelaide, SA, Australia 5006

Please visit our website at www.anglicanfundssa.com.au for further information on our products and services.