Change of Adviser Form Change of Adviser Form	Please complete this form and send to: AIMS Fund Management Limited GPO Box 208, Sydney NSW 2001 OR Fax the completed form to: (02) 9226 0111 Email: middleoffice@aimsfunds.com.au
Fund Details - tick which fund is appropriate	

Investor Details PLEASE USE BLOCK LETTER TO	) COMPLETE THIS FORM				
Name					
Investor ID					
"Current" Advise	r Details				
Name of Adviser					
Name of Dealership					
Address of Adviser					
Company Website					
Emaiil of Adviser					
"NEW" Adviser D	etails				
Name of Adviser					
Name of Dealership					
Address of Adviser					
Daytime Phone Number			Mobile Number		
Email Address			Fax Number		
Company Website					
Signatures					
Investor 1 or Company Signatory "Print Name"		Signature		Date	
Investor 2 or Company Signatory "Print Name"		Signature		Date	
	of attorney, the attorney encloses a Cer d declares that he/she has not received n		n		

Company Stamp (if req'd)

Please attach a copy of your driver's licence or passport certified by a person authorised to take statutory declarations

For further assistance, please contact our Client Services Team on 1300 655 197 or 1300 362 117 Monday to Friday 9.00am to 5.00pm (Eastern Standard Time).