Change of Bank Account Details for Distributions Form



AIMS Funds Management
A Member of AIMS Financial Group

Please complete this form and send to:

AIMS Fund Management Limited GPO Box 208, Sydney NSW 2001

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Fax the completed form to: (02) 9226 0111

Email the completed form to: mail@aimsfunds.com.au

Fund Details -				
	AIMS Commercial Mortgage Fund			
Investor Details PLEASE USE BLOCK LETTE	ERS TO COMPLETE THIS FORM			_
Name				
Investor ID				
"CURRENT" Bank D	Details for Distribution Payment			
Account Name				
BSB Number		Account Number		
"NEW" Bank Detail	s for Distribution Payment			
Account Name				
BSB Number		Account Number		
Daytime Phone Number		Mobile Number		
Signatures				
Investor 1 or Company Signatory "Print Name"	Signature		Date	
Investor 2 or Company Signatory "Print Name"	Signature		Date	
Note: Please attach a copy of your driver's licence or passport certified by a person authorised to take statutory declarations				
	attorney, the attorney encloses a Certified Copy of ad declares that he/she has not received notice of		Con	npany Stamp (if req'd)