

PLEASE USE BLOCK LETTERS TO COMPLETE THIS SWITCHING FORM

Investor Number

1. INVESTOR DETAILS

Full Name and Organisation

Contact Name

ABN

Mailing Address

Street or PO Box No.

Street Name

Suburb

State

Postcode

Telephone

Fax

Mobile

Email Address

2. SWITCHING DETAILS

Minimum switching amount is \$10,000. A minimum of \$10,000 must be maintained in chosen investment options.

Switch FROM

Name of Investment Option	Amount to be redeemed	or	Number of Units to be redeemed
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
TOTAL	\$		

Switch TO

Name of Investment Option	Amount to be redeemed	or	Number of Units to be redeemed
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
TOTAL	\$		

Total From and Total To amounts must be equal

If you need more space please attach your switching requirements to this form

3. AUTHORITY

Declaration

I/We have read and understood the CCIIM Information Memorandum, before completing the Switching Form, and wish to invest the total amount(s) detailed above in the CCIIM Trusts based on the most up to date CCIIM Information Memorandum or Key Features Statement and agree to be bound by the terms of that document.

I have read and understood the current CCI Investment Management Limited Information Memorandum or the Key Features Statement that explains the terms and conditions of the CCIIM Trusts.

Note: Corporate applicants may need to sign under seal. If the Application is signed under Power of Attorney, please provide a certified copy of the Power and specimen signature(s) of the attorney(s).

Joint Signatory (**Please ✓**) Both to sign Either to sign

Surname (Fr/Sr/Mr/Mrs/Ms/Miss)

Given Names

Signature

Date

 / /

Company Seal (if required)

Surname (Fr/Sr/Mr/Mrs/Ms/Miss)

Given Names

Signature

Date

 / /

Contact Us

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