



Vanguard® Investor Funds

## Authorised representative form

Complete this form if you wish to appoint another person with the required legal capacity to act as your authorised representative and to operate investments on your behalf. You may cancel this appointment at any time by giving Vanguard notice in writing.

If you need other forms, please go to [vanguard.com.au/forms](http://vanguard.com.au/forms)

**Important:** Print in capital letters.

### Questions?

Call 1300 655 101 (Australia)

Call (+61) 3 8888 3888 (Overseas)

Vanguard Client Services are available from  
8am to 6pm Monday to Friday (Melbourne time)

### 1. Investor details (must be completed)

Investor number	Contact phone number
V <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	( )
Investor name	

### 2. Details of your authorised representative (must be completed)

**!** Please ensure all authorised representatives provide an original certified copy of a current driver's license or passport.

If you provide an address or phone number from the United States of America (US) for one or more of your Authorised Representatives, we may request additional information or documentation to identify your US Foreign Account Tax Compliance Act (FATCA) status and may provide your information to the Australian Taxation Office to comply with our FATCA obligations. For more information about FATCA please see [www.vanguard.com.au/FATCA](http://www.vanguard.com.au/FATCA).

#### Authorised representative 1

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	Date of birth
Surname	Given name(s)
Address ( <i>must not be a PO Box</i> )	
Suburb, State, Postcode	
Country	
Daytime contact phone number	Email (optional)
Relationship to investor (optional)	

#### Authorised representative 2

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	Date of birth
Surname	Given name(s)
Address ( <i>must not be a PO Box</i> )	
Suburb, State, Postcode	
Country	
Daytime contact phone number	Email (optional)
Relationship to investor (optional)	

### 3. Account operating instructions (optional)

If you have nominated two authorised representatives, please select the applicable operating instructions:

- Either to sign on my behalf.  
 Both must sign on my behalf.

Unless operating instructions are specified, all representatives must sign.

- The person(s) listed on the previous page are in addition to the existing authorised representatives.  
 The person(s) listed on the previous page replace the existing authorised representatives who are no longer authorised to operate this account.

Unless you indicate otherwise, we will assume that the authorised representatives nominated above are in addition to any other authorised representatives you have nominated previously.

- I wish to remove the person(s) listed on the previous page as authorised representatives from my account.  
 I wish to remove all authorised representatives from my account.

### 4. Declaration (must be completed)

- I/We authorise the above named person(s) to act on my/our behalf to operate my/our investments with Vanguard. The authorised person(s) can do everything an investor can do, except appoint another authorised representative. I/We are aware that I/we are responsible for the actions of the authorised representative(s). I/We also release, discharge and agree to indemnify Vanguard and the Funds for any losses, liabilities, actions, proceedings, accounts, claims and demands in respect of any liabilities arising out of this. This arrangement will continue until I/we cancel it by notifying Vanguard in writing. The cancellation will take effect from the date of receipt by Vanguard.

### 5. Signatures (must be completed by all new and existing signatories)

Each signatory below confirms that they have been duly authorised to execute this instruction.

#### Authorised representative 1 (new)

Signature
Name
Date
Position (please select one) <input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Other _____

#### Authorised representative 2 (new)

Signature
Name
Date
Position (please select one) <input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Other _____

#### Authorised signatory 1 (existing)

Signature
Name
Date
Position (please select one) <input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Other _____

#### Authorised signatory 2 (existing)

Signature
Name
Date
Position (please select one) <input type="checkbox"/> Investor <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Other _____

## Returning this form

If removing authorised representatives the form may be faxed, otherwise you must return this form by post. Please attach a certified copy of a current driver's license or passport for each of your authorised representative(s) to be added. Valid instructions received by the cut-off time (normally 2pm Melbourne time) will be processed on that business day.

**Post**

Vanguard Investor Funds  
GPO Box 3006  
Melbourne, VIC 3001

**Fax**

**1300 765 712** (Australia)  
**(+61) 3 8888 3777** (Overseas)