



Vanguard® Investor Funds

Change of details form

Complete this form if you are an existing investor who wishes to change your personal details, fund details or details of your financial adviser.

If you provide an address, country of residence or phone number from a country other than Australia, we may request additional information or documentation to identify your US Foreign Account Tax Compliance Act (FATCA) or Common Reporting Standard (CRS) status and may provide your information to the Australian Taxation Office to comply with our FATCA or CRS obligations. For more information about FATCA and CRS, please refer to the Vanguard Investor Funds Product Disclosure Statement.

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)

! Important: Print in CAPITAL LETTERS. If you need other forms, please go to vanguard.com.au/forms

Guide (please select the relevant details you wish to change)

Complete sections

<input type="checkbox"/> Annual report options	1, 8, 10 & 11
<input type="checkbox"/> Contact details	1, 2, 10 & 11
<input type="checkbox"/> Financial adviser details	1, 6, 10 & 11

Complete sections

<input type="checkbox"/> Income distribution option	1, 4, 5, 10 & 11
<input type="checkbox"/> Name	1, 3, 10 & 11
<input type="checkbox"/> Nominated bank account	1, 4, 10 & 11

Complete sections

<input type="checkbox"/> Statement options	1, 9, 10 & 11
<input type="checkbox"/> TFN notification/exemption	1, 7, 10 & 11

1. Investor details (must be completed)

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

2. New contact details

Have you moved overseas? No Yes (Please refer to section 7 as you may need to update your tax status)

Residential address

Address (must not be a PO Box) <input type="text"/>	
Suburb, State, Postcode <input type="text"/>	
Country <input type="text"/>	

Postal address (if different to above)

Address <input type="text"/>	
Suburb, State, Postcode <input type="text"/>	
Country <input type="text"/>	Country of residence <input type="text"/>

Contact details

Home phone number (<input type="text"/>) <input type="text"/>	Business phone number (<input type="text"/>) <input type="text"/>
Mobile number <input type="text"/>	Fax number (<input type="text"/>) <input type="text"/>
Email address <input type="text"/>	
Contact name for company or any other entity <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	

3. Change of name

- !** Please attach originally certified evidence of change of name, e.g. originally certified copy of marriage certificate. Please also sign in section 10 using your new signature.

Title (please select one) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	
New surname	New given name(s)
New signature	Old signature

4. Nominated bank account (please complete all sections)

These banking instructions will apply to distributions and withdrawals and will replace those we may have on file for your account. The bank account must be in the name of the investor.

Name of financial institution	
Account name	
BSB number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <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"/>

5. Change of distribution option

Please nominate how you would like your distributions paid.

Please choose one option only

Name of Fund/APIR code	Reinvest distributions	Credit bank account
Vanguard Investor Cash Plus Fund VAN0100AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Index Diversified Bond Fund VAN0101AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Index Australian Shares Fund VAN0010AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard High Yield Australian Shares Fund VAN0017AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Index Australian Property Securities Fund VAN0012AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Index International Shares Fund VAN0011AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Index Hedged International Shares Fund VAN0107AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard LifeStrategy® Conservative Fund VAN0013AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard LifeStrategy® Balanced Fund VAN0124AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard LifeStrategy® Growth Fund VAN0014AU	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard LifeStrategy® High Growth Fund VAN0015AU	<input type="checkbox"/>	<input type="checkbox"/>

6. Financial adviser details

I no longer have a financial adviser

New/Updating details of adviser

Adviser number (if applicable)	AFSL number
Adviser group	
Business name	
Title (please select one) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	
Adviser name	
Mailing address	
Suburb, State, Postcode	
Country	
Business phone number ()	Mobile number
Email address	

Monitoring of your portfolio by your adviser

We may share your investment information such as investor name, fund name, transactions and portfolio holdings with data aggregators to make it easier for your adviser to monitor your portfolio and provide you with ongoing advice.

I/we do NOT consent to the transfer of my/our investment information to data aggregators.

7. Tax File Number (TFN) notification or exemption (please select one)

You may choose to quote your ABN, TFN or claim an exemption in relation to your investment in the fund by completing this section. Collection of your TFN is authorised, and its use and disclosure are strictly regulated by tax laws and the Privacy Act. Quotation is not compulsory but if you choose not to, and do not claim an exemption, we are required to deduct tax on any income distribution at the prescribed rate (at the date of this Form this was the highest marginal tax rate plus Medicare levy).

I wish to quote my TFN >

I wish to change my TFN >

I wish to quote an ABN >

I do not wish to quote my TFN

I am exempt from quoting a TFN >

(please refer to the ATO website to determine if you are entitled to an exemption)

Reason

8. Annual reports

The annual reports will be made available on www.vanguard.com.au. We will notify you when this occurs, unless you request below that you do not want to be notified.

I/We do **not** want to be notified of the availability of the annual reports.

Note: The annual report is **not** your annual tax statement.

9. Quarterly transaction, distribution and annual tax statement options (please select one)

This section does not relate to transaction confirmations.

- I no longer wish to receive paper statements and would like to receive an email notification when my statements are available online. *(Please provide your email address in Section 2)*
- I wish to start receiving a paper copy of my quarterly transaction, distribution and tax statements.

10. Privacy

Vanguard is committed to respecting the privacy of your personal information. For information about Vanguard's approach to managing your personal information, please view our Privacy Policy at www.vanguard.com.au/privacy.

11. Signatures (must be completed)

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

Authorised signatory 1

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

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

You can return this form by fax or post. To avoid duplication please do not post this form if you have previously faxed it to us. Valid instructions received by the cut-off time (normally 2pm Melbourne time) will be processed on that business day.

 If you are submitting certified evidence(s), you must post this application together with originally certified evidence.

Post

Vanguard Investor Funds
 GPO Box 3006
 Melbourne, VIC 3001

Fax

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