
Change of Financial Adviser Form

State Street Funds

If you are an existing investor in State Street Funds and wish to appoint, cancel or change your financial adviser **please complete this Change of Financial Adviser Form in black ink using CAPITAL letters.**

Send your documents to us. You can return your form to the Unit Registry by post, fax or email according to the details below:

Send by post: State Street Unit Registry
GPO Box 804
Melbourne VIC 3001
Australia

Fax forms to: 1300 286 587

Scan and email to: **SSGA.transactions@unitregistry.com.au**
Please include your account number in the subject line of your email.

If you have any questions on how to complete this form please call our Client Services team on **1300 382 689**.

The Responsible Entity for the State Street Funds is State Street Global Advisors, Australia Services Limited (SSGAASL), ABN 16 108 671 441, Australian Financial Services Licence 274900.

1. Investor Details

Investor Number

Investor Name(s)

Name of Current Financial Adviser

Financial Adviser Firm Name

Dealer Group Name

2. Change, Appoint, Cancel or Change a Financial Adviser

Please indicate your selection with an 'X'. I/We wish to:

	Appoint a financial adviser (please complete sections 3 and 4).
	Replace my existing financial adviser with a new financial adviser (please complete sections 3 and 4).
	I wish to cancel a financial adviser. Please delete the name and contact details of my/our existing financial adviser you have on record (please complete section 4).

3. New Financial Adviser Details

Please provide details of your new financial adviser here. By completing this section you consent to your financial adviser being given access to your information (including online access) as well as allowing the adviser to make enquiries on your behalf. We will use the adviser's email address to send transaction statements, new PDSs and other relevant communication. The adviser will not be allowed to transact on your account.

Financial Adviser Name				
Financial Adviser Authorised Representative No. (if applicable)				
Financial Adviser Firm Name				
Mailing Address				
Suburb		State		
Country		Postcode		
Phone		Mobile		
Fax				
Financial Adviser's Email Address (required)				
Dealer Group Name				
Dealer Group AFSL No.				
Dealer Group Stamp (if applicable)				
Please indicate if you would like your adviser to receive duplicate correspondence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. Declaration and Signature

By completing this Change of Financial Adviser Form, I/ we:

- i. Declare that I/we have read and understood the terms and conditions of the current PDS, Information Booklet, Application Form and Constitution of the relevant Fund(s);
- ii. Declare that all details disclosed in this form are true and correct and I/we undertake to inform you of any changes to the information supplied as, and when, they occur;
- iii. Declare that if this form is signed under a Power of Attorney, I/we have not received a notice of revocation of that Power of Attorney.
- iv. Authorise SSGA ASL and the Unit Registry to act upon instructions by post, email or facsimile (as applicable) with regard to any matter in connection with my/our investment in the fund(s) without liability in respect of any payment, transaction or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us.

Signature of Investor(s) (Please provide full name)	Title (eg. Trustee/ Director/Secretary/ Individual/Power of Attorney)	Date
1. Signature Name		
2. Signature Name		

Where the investment is in more than one name, all investors must sign. All individual trustees of a trust must sign.

A company must execute by signature of a director and secretary or two directors or in the case of a sole director company, by that director. If you sign as a Power of Attorney, an original certified copy of the Power of Attorney must have been previously supplied and you certify the Power of Attorney has not been revoked.