corval | avenue

Send this completed form and relevant identification documents to:

By mail:
Corval Avenue Limited
PO Box R1297, Royal Exchange, NSW 1225

By e-mail
investor@corvalavenue.com

Corval Avenue Limited ABN 54 089 265 270
AFSL 238546

Corval Avenue
Change of Bank Account Details

Investor Number _____

Registered Investor Name(s) _____

_____

_____

New Bank Account Details (Must Be In The Name Of The Investor)

The bank account details provided will replace the previously nominated account and will be held on record to pay any future redemption payments, withdrawal proceeds and/or income distributions. This account must be with an Australian Authorised Deposit-taking Institution (ADI) and must be in the name of the investor as we will not pay to a third party or offshore bank account. Please check these details carefully as it is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds which are unable to be recovered.

Account Name _____

BSB _____

Account Number _____

Bank / Branch _____

Please note: If your account number does not have 9 digits please do not add zeros at the beginning or end of your account number unnecessarily as it may result in an incorrect payment. You should write the account number exactly as it is shown on your bank statement.

Declaration And Signature

By signing this application, I/we:

- Declare that all details previously disclosed and provided in this Change of Bank Account Form are true and correct and I/weagree to inform Corval Avenue of any changes to the information supplied as and when they occur;
- (If signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- Acknowledge that all personal information is collected in line with Corval Avenue's Privacy Statement which is available at www.corvalavenue.com;
- Acknowledges that Corval Avenue has sole discretion to accept documents signed electronically or submitted as scanned or digitalcopies. If Corval Avenue accepts such a document, it will be entitled to assume (without making any further enquiries) all signatures are valid and the scanned or digital copy is a true copy of the original document. I/we release Corval Avenue and its related orassociated entities from all claims, costs, and liabilities arising from this acceptance.

Signature 1

Name _____

Date _____

Title (Tick only one)

- ☐ Investor 1 (Individual)
- ☐ Director
- ☐ Secretary
- ☐ Sole Director & Secretary
- ☐ Other Office Bearer (please specify)

_____

_____

Signature 2

Name _____

Date _____

Title (Tick only one)

- ☐ Investor 2 (Individual)
- ☐ Director
- ☐ Secretary
- ☐ Sole Director & Secretary
- ☐ Other Office Bearer (please specify)

_____

_____

For enquiries, please contact the Investor Relations team on investor@corvalavenue.com or 02 9954 2211 between 8:30am and 5pm (Sydney time).