Investor Services: 1800 999 109

## AMENDMENT TO INTEREST AUTHORITY FORM

Investor Details:		
Account name		
Investor number		
Best contact number		
Monthly Interest	Payments:	
I/We refer hereby request th	nat monthly interest paid in resp	ect of this account now be:
Re-invested in my acc	count <b>OR</b> Deposited to	nominated bank account (please complete below)
Please confirm nominated ba	ank account details:	
Bank name		
Account name (in full)		
BSB	-	
Account number		
Authorised Signa	ature/s:	
	Signatory 1:	Signatory 2 (if applicable):
Signature		
Date		
Name (printed)		
Please return this from to Gl	PS Investment Fund Limited via:	
Email: info@ansinvest.co	m all: or	

Post: Reply paid 2252, Brisbane QLD 4001.

Changes will be processed upon receipt of this document.