

Communications Form

All funds

This form is to be used to update your contact details and how UCA Funds Management communicates with you. This includes transaction and distribution statements, reports and other materials, as well as information about products and services of interest.



Please refer to section 4 for more information about how we use your details.

Section 1. Account details

Account number

Account name

Section 2. Communications update required

Change to contact details

Continue to section 3

Change to preferences

Preferences

Select your preferred method of communication.

Please note, this method will be used for all account communications (including statement) as well as information related to your investment.

Email Mail

Note: There may be times we need to send you correspondence by mail also.

Would you like to receive the quarterly newsletter?

This newsletter contains investment commentary, ethical news and developments, investment information and quarterly fund performance.

Yes *The newsletter will be sent via your preferred method selected above.*

Continue to section 4

Section 3. Change to contact details

Postal address

Unit number (if applicable)

Street number and name or PO Box

Suburb / City

State

Postcode

Contact details

Mobile

Other phone number

Email

Section 4. Authorisation and acknowledgment

By signing the below, I/we acknowledge the below important declarations.

I am aware and give consent for UCA Funds Management to use or disclose my personal information in accordance with its Privacy Policy in order to*:

- › Manage my accounts
- › Communicate with me about my investment
- › Provide loans
- › Meet statutory and taxation requirements

**For more detailed information about how we collect, secure, use and disclose your personal information, please read our Privacy Policy at www.ucafunds.com.au/Privacy*

Investor/Office Bearer 1

Given Name

Surname / Family Name

Position (if applicable)

Signature

Date of request DD / MM / YYYY

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Investor/Office Bearer 2

Given Name

Surname / Family Name

Position (if applicable)

Signature

Date of request DD / MM / YYYY

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