Uniting Ethical Enhanced Cash Trust

UCA Funds Management (ABN 46 102 469 821)

OFFICE USE ONLY
Account No.

uca funds
UCA FUNDS MANAGEMENT

Registered Signatories Form

Please Use BLACK or BLUE INK and print within the boxes in CAPITAL LETTERS.

Account Number

Account Name

By completing and signing below, I/we acknowledge that these signatures will be registered for all future withdrawals.
It is essential that UCA Funds Management Limited is notified when the signatories change.

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr. ☐ Rev.

Given Name(s)

Surname/Family Name

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr. ☐ Rev.

Given Name(s)

Surname/Family Name

PLEASE NOTE: If there is to be more than one signature on this account, please indicate whether one or more signatures are required on a withdrawal by circling the appropriate AND/OR below.

Signature

Date / /

AND/OR

Signature

Date / /

SIGNATORIES OTHER THAN ACCOUNT HOLDER (Certified identification is required)
POWER OF ATTORNEY (If signing as a Power of Attorney, please also attach a certified copy of the Power of Attorney)

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr. ☐ Rev.

Given Name(s)

Surname/Family Name

Date of Birth / /

Residential Address

Postcode

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr. ☐ Rev.

Given Name(s)

Surname/Family Name

Date of Birth / /

Residential Address

Postcode