

Dealer Group Fax Authority Form

Rural Funds Management Limited (RFM) offers a facsimile instruction service, which allows you to give RFM faxed instructions about your account. Please return this form to us by **post**.

Rural Funds Management Ltd
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AFSL 226701

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Locked Bag 150 Kingston ACT 2604

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Adviser Services 1300 880 295
Investor Services 1800 026 665
Fax Investor Services 1800 625 518

Account Details

ID Number:	<input type="text"/>	RFM Identification Number (if known)
Dealer Group Name:	<input type="text"/>	
Address:	<input type="text"/>	
Suburb:	<input type="text"/>	State: <input type="text"/>
		Postcode: <input type="text"/>
Country:	<input type="text"/>	
Phone (work):	<input type="text"/>	Phone (mobile): <input type="text"/>
Phone (home):	<input type="text"/>	Fax: <input type="text"/>
Email Address:	<input type="text"/>	

Please tick this box if you would like us to update our mailing records with this address

Facsimile Service

You may use the facsimile instruction service for all written instructions. For example:

- updating your account details
- redeeming funds from your investment

Rural Funds Management Limited will act on your faxed instructions if your facsimile meets all of the following requirements:

- is legible
- Is properly signed and dated by you (or an authorised signatory)
- contains all other information necessary for us to act on instructions

Terms and Conditions

There is risk that fraudulent facsimile redemption requests can be made by someone who has access to your account number and a copy of your signature. By authorising the use of this facility you accept and acknowledge that risk. We reserve the right to add further requirements for faxed instructions at any time.

By using our facsimile instructions service and signing this form, you release RFM from any losses and liabilities arising from any payment or action we make based on any instruction (even if not genuine) that we receive by facsimile bearing your ID number and signature. You agree that neither you nor anyone claiming through you will make any claim against RFM or any RFM-managed fund in relation to any payments or action made as a result of a properly executed facsimile instruction.

Authorisation

I/We have read and understand the above terms and conditions and I/we agree to be bound by the terms and conditions.

I hereby give Rural Funds Management Limited permission to act upon all future signed faxed instructions.

Signature 1

Signature 2

Name (Printed)

Name (Printed)

Date

Please affix company stamp here
if required

An Important Note on Privacy

The collection, use and disclosure of any personal information contained in this form will only be used by Rural Funds Management Limited (RFM) for the maintenance and administration of your account. The signing of this form is taken as an acknowledgement of your consent to the use of information for this purpose.
