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Change of Adviser		
Investor Details		
Investor Account Name:	Investor ID: /	
Details of Previous Adviser		
Contact Name or Company:	□ Tick if no previous adviser	
New adviser details		
Adviser Contact Name and/or Company:		
Phone number: ()	Mobile:	
Email:		
Street/PO Box No:		
Town/Suburb: State:	Postcode:	
Authority levels		
Duration of authority (eg 6 months or indefinitely): My adviser is authorised to receive: future copies of distribution and tax statements access to past copies of distribution and tax statement online access to my account on the MPG Investor Port Note this authorised person has access to information only they cannot make any changes to your investment.	al opportunities	
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Date: Date: Director Sole Director/Secretary Trustee Other (please specify) Where to send this form	Date: □ Individual □ Director □Sole Director/Secretary □ Trustee □ Other (please specify)	
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