

NOTIFICATION OF ACCOUNT CHANGE

In order for us to change in our records your instructions as to where amounts you withdraw from your account should be paid ("Recipient Account") please complete the required information below. This form must be signed and dated by the authorized account holder. The original form must be mailed to us at the address enclosed. We will acknowledge receipt of your request by e-mail and processing of the request will be initiated within one business day of this acknowledgement.

I/We wish to advise of the following change to our Recipient Account details.

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| LatitudeFX Account Holder Name: <input style="width: 90%; border: none;" type="text"/> |
| Client Login I/D: <input style="width: 80%; border: none;" type="text"/> |
| Existing Account as originally advised: |
| Name: <input style="width: 90%; border: none;" type="text"/> |
| Account number |
| <input style="width: 30px; height: 20px; border: none;" type="text"/> <input style="width: 30px; height: 20px; border: none;" type="text"/> <input style="width: 150px; height: 20px; border: none;" type="text"/> <input style="width: 30px; height: 20px; border: none;" type="text"/> |
| Recipients New bank account details |
| Name: <input style="width: 90%; border: none;" type="text"/> |
| Account number |
| <input style="width: 30px; height: 20px; border: none;" type="text"/> <input style="width: 30px; height: 20px; border: none;" type="text"/> <input style="width: 150px; height: 20px; border: none;" type="text"/> <input style="width: 30px; height: 20px; border: none;" type="text"/> |

| | |
|--|--------------------------|
| Primary or Authorised Account Signature: | Joint Account Signature: |
| | |
| Print your name/Company: | Print your name/Company: |
| | |
| Today's date: | Today's date: |
| | |

FOR OFFICE USE ONLY

| | |
|------------------------------|--|
| Instructions changed in CRM: | |
| Updated in platform: | |
| Checked and Authorised by: | |

Post to: LatitudeFX Ltd, PO Box 6045, Wellesley St, Auckland 1141