

## Perpetual Select Super Plan Perpetual Select Pension Plan

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458 Perpetual's Select Superannuation Fund ABN 51 068 260 563 RSE R1057034

# Change of instructions form

Please complete all pages of this form in black ink using BLOCK letters.

Please ensure you complete section 1 'Investor details' and section 7 'Investor's signature' in addition to the sections where you require a change to the instructions we hold on record.

1. Investo	or deta	ils (mu	ıst be co	mplete	ed)																
member numb	er																				
	ш	ш																			
member name	;																				
	ш	ш	ш	Ш	Ш			Ш													
I wish to chan	ge my inst	ructions	for (pleas	se tick	releva	ınt box	(es)):														
Superannuat	tion Plan			Pens	sion P	Plan															
2. Change	e of co	ontact	t deta	ils																	
Residential address																					
unit number	stre	et numbe	er st	treet na	ame																
					Ш		Ш	Ш			Ш										
suburb (if relev	vant) <b>OR</b> c	eity																			
ototo	nesteede		oountru.		ш			Ш													
state	postcode	П	country	П	П																
phone (busine	ss hours)			pho	one (a	fter ho	urs)							m	obil	е					
						ш															
email address	3																				
	Ш	Ш	Ш	Ш	Ш			Ш									L	L			
statements, rep notifications ac	By providing my email address, I agree to receive any information about my investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me when new information regarding my investment is available for viewing online, via hyperlink or via myPerpetual. I acknowledge you may still need to send me information by mail from time to time.																				
po box	· (	unit num			eet nu	ımber															
			П		П	П															
street name																					
				Ш	Ш			Ш													
suburb (if relev	vant) <b>OR</b> c	ity																			
state	postcode		country	,	ш			ш													
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				_				_													

#### 3. Tax file number (TFN)

We are authorised to collect your tax file number (TFN) under Superannuation Law. It is not an offence not to quote your TFN, but if you do not supply us with your TFN we will be required to deduct additional tax on all concessional contributions that you make or are made on your behalf. We are also unable to accept any after-tax contributions from you. For more information regarding the provision of TFNs please see the 'Tax' section in the Features Book. An exemption is not considered to be a TFN.

	т		П		т	т
tax file number						

#### 4. Change of banking instructions

Complete your bank account details in this section and indicate what you would like us to use these bank account details for.

use account for	withdrawals	savings plan direct deb	ts (Superannuation Plan only)	pension payments
institution				
branch				
account name				
branch number (BSB)			account number	

Must be an Australian bank, building society or credit union account.

Note: If you provide us new bank account details we will require a copy of the bank account statement. Please provide this statement with your completed form.

### 5. Change of investment strategy

Only complete this section if you would like to update your investment strategy. The 'new investment strategy' percentage will be used for contributions, pension payments, auto-rebalancing and compulsory rebalancing (where applicable).

You specify what percentage of your portfolio you want in each investment option. Your total must be 100%.

Investment options		New Investment strategy %
Conservative		%
Diversified		%
Balanced		%
Growth		%
Hight Growth (Super and TTR only)		%
Cash		%
Australian Share (Super and TTR only)		%
International Share (Super and TTR only		%
	Total	100%

6.	Pension	pavm	ent d	letails	(Pension Plan only	/)

or i cholon pay		actano (rei	ilololi Fiali ol	iliy)								
please advise whether this change is for:		Transition To Re	etirement	Term Alloc (TAP)	ated Pension	Account Bas	ed Pension (ABP)					
pension payment amou	ınt	minimum		maximum	or an amount	(before tax) of \$						
pension payment amou (TAP only)	ınt	'standard' amo	unt									
		less than 'stanc	lard' amount	(maximum 10	%) \$							
		More than 'stan	ıdard' amoun	t (maximum 1	0%) \$							
pension payment amou (ABP) only	ınt	minimum	o		(before tax) of	\$						
I would like to receive r	my first	pension payment	on the 25th	(please s	specify month and I business day in a	year – subject to all docun	nents being received					
				300011[1	j baomood aay m							
I would like to receive r	ny pens	sion payments	monthly	qu	ıarterly	half-yearly	yearly					
7. Change of all have read the condition Perpetual's Select Superfirst name(s)  last name  authorised representative's signature	ns of ap	ppointment of an	authorised re	epresentative s	set out in the Pr (as applicable)							
8. Change of financial adviser  I have a new financial adviser whose details appear below. I acknowledge that the Trustee will hold personal information about me and will disclose this information to my financial adviser. I acknowledge that the Trustee will cease to disclose this personal information if I notify the Trustee that the financial adviser below no longer acts on my behalf.												
adviser name												
adviser number*												
adviser number	1. Deal	er Group*										
or	and											
		er Group Branch										
adviser postal	* Please	ask your adviser for t	his information a	as we require it to	identify your advi	ser and process your requ	est.					
address												
suburb					state	postco	de					

#### 9. Investor's signature (must be completed)

Important notes: Please ensure that you sign the form where indicated. Ensure that the form is signed as per the current signing instructions we have on record. If no amendments have been made, the current signatory for the account is the individual who signed the initial investment application form. If signed under Power of Attorney, the Attorney certifies that he or she has not received notice of revocation of the Power. The Power of Attorney or a certified copy must be sent to the Trustee if not previously provided. For enquiries or a copy of a current Product Disclosure Statement, call us on 1800 677 442 during business hours (Sydney Time).

investor's signature		date	D D	/ M	М	/ Y	Υ	ΥΥ

## 9. Mailing instructions

Return this form to:

Perpetual Select Super and Pension Reply Paid 95150 PO Box 616 Parramatta NSW 2124