Perpetual

Perpetual WealthFocus Super and Pension Plan

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458
Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

Change of instructions form

Please complete all pages of this form in BLACK INK using BLOCK letters.

Please ensure you complete the 'Member details' and 'Member signature' sections in addition to the sections where you require a change to the instructions we hold on record.

1. Member details (must be completed)

member number

member name

Tick relevant boxes. I wish to change my instructions for:

- ☐ All of my investments under this member number **or**
- ☐ My Perpetual WealthFocus Super Plan
- ☐ My Perpetual WealthFocus Term Allocated Pension
- ☐ My Perpetual WealthFocus Account Based Pension
- ☐ My Perpetual Transition to Retirement Pension

Please select the details you would like to update and complete the corresponding sections:

- ☐ Contact details – section 1
- ☐ Pension payment details – section 4
- ☐ Tax file number– section 2
- ☐ Change of authorised representative appointment – section 5
- ☐ Change of banking instructions – section 3
- ☐ Change of financial adviser – section 6

2. Change of contact details

Residential address

unit number | street number | street name

suburb (if relevant) **OR** city

state | postcode | country

phone

email address

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 Perpetual Member Portal. I acknowledge you may still need to send me information by mail from time to time.

If you are updating your mobile phone number, we will also require certified identification.

Postal address (if different to residential address)

po box | unit number | street number

street name

suburb (if relevant) **OR** city

state | postcode | country

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 relevant Product Disclosure Statement (PDS). An exemption is not considered to be a TFN.

tax file number

4. Change of banking instructions

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

use this account for ☐ withdrawals ☐ savings plan direct debits (Super Plan only) ☐ pension payments

financial institution

branch

BSB account number

account name

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. Pension payment details

Please note that changes are effective 5 business days after all documents have been received.

I would like to change my pension payment day to the 27th of month

Please specify month – subject to all documents being received 5 business days in advance.

I would like to receive my pension payments: ☐ monthly ☐ quarterly ☐ half-yearly ☐ annually

I would like my specified payments to automatically increase each year (not applicable to TTR pensions):

☐ no

☐ yes by an amount of 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐

☐ yes in line with CPI

Account Based Pension Only

Pension payment amount ☐ minimum

or an amount (before tax) of: $ pa or $ per payment

Term Allocated Pension Only

☐ 'Standard' amount

☐ less than 'Standard' amount (maximum 10%) %

☐ more than 'Standard' amount (maximum 10%) %

6. Change of investment strategy

Only complete this section if you would like to update your investment strategy.

The investment strategy percentage will be used for contributions, pension payments, savings plan, 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	investment strategy %
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	Total	**0.00** 100%

7. Change of authorised representative appointment

I have read the Conditions of Appointment of an Authorised Representative set out in the relevant PDS, and agree to the Conditions therein.

Company applicants may execute this appointment in accordance with its constitution or under Power of Attorney.

name of authorised representative

Postal address of authorised representative

c/- (if applicable)

po box | unit number | street number

street name

suburb

state | postcode | country

signature of authorised representative

date D D / M M / Y Y Y Y

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.

Financial adviser details

financial adviser name			
phone			
postal address			
AFSL licensee name		AFSL number	
adviser number			
dealer group		dealer branch	
email address			
financial adviser signature		date D D / M M / Y Y Y Y	ADVISER STAMP

9. Member signature (must be completed)

signature		date D D / M M / Y Y Y Y	
print name			

Important notes:

Please ensure that you sign the form above 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 us if not previously provided. For enquiries or a copy of a current PDS, call us on 1800 011 022 during business hours (Sydney time).

Forward your completed form to your financial adviser or post the form to: **Perpetual WealthFocus Super and Pension, Reply Paid 92151, PO Box 617, Parramatta NSW 2124.** No stamp required if posted in Australia.

Alternatively, you can send us a copy by email: **superandpension@perpetual.com.au**

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