

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 com	ipleted)
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member number																
member name																
Tick relevant boxes. I v	vish to change my i	nstructions for:														
All of my investme	ents under this men	nber number or														
My Perpetual Wea	althFocus Super Pla	an		My Perpetual WealthFocus Term Allocated Pension												
My Perpetual Wea	althFocus Account I	Based Pension		My Perpetual Transition to Retirement Pension												
Please select the detail	ls you would like to	update and complete	e the c	correspor	nding s	ections	i:									
Contact details -	section 1			Pension payment details – section 4												
Tax file number- s	section 2			Change of authorised representative appointment – section 5												
Change of bankin	g instructions – sec	tion 3		Change	of fina	ncial ac	dviser –	section	on 6							
2. Change of c	ontact detai	ls														
unit number stre	et number stre	eet name														
suburb (if relevant) OR	city		÷			H	H			H						
state postcoo	de country			Ш			Ш			Ш						
state postcoo	de Country		т		Т		П	П		П	П					
phone																
email address																
			Τ			П	П			П						
By providing my email a statements, reports and notifications advising m Perpetual Member Port	l other materials or e when new inform	notifications required ation regarding my in	by th vestm	e Corpor ent is av	rations ailable	Act) ele	ectronic	cally. T nline, v	his ma ia hyp	ay inclu	de em	ail				
If you are updating your	mobile phone num	nber, we will also requ	uire ce	ertified id	entifica	ation.										
Postal address (if diffe		address)														
po box	unit number	street number														
street name																
	14.					Ш	Ш			Ш	Ш					
suburb (if relevant) OR	City		T			T										
state postcoo	de country															

3. Tax f i	le num	ber (TFI	V)
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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. withdrawals use this account for 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. quarterly I would like to receive my pension payments: monthly half-yearly annually I would like my specified payments to automatically increase each year (not applicable to TTR pensions): yes by an amount of 1% 2% 3% 5% yes in line with CPI **Account Based Pension Only** Pension payment amount minimum or an amount (before tax) of: \$ pa 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.	
Tot	al 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.

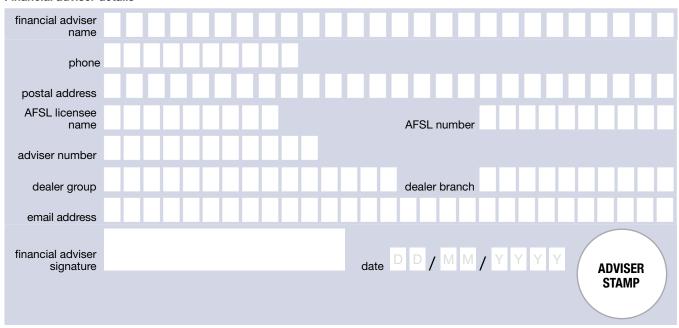
Company applicants may execute this appointment in accordance with its constitution or under Power of Attorney.

name																				
authorise representativ																				
Postal address of authorised representative																				
c/- (if applicable	le)																			
po box	unit numb	er :	street nu	mber																
street name																				
suburb																				
state	postcode	country																		
signature	of																			
authorise representativ	ed										da	te	D C	/	М	М	Y	Υ	Υ	Υ

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



9. Member signature (must be completed)



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