

## Change of instructions form

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.

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

### Member details (must be completed)

client number	<input type="text"/>
investor name	<input type="text"/>

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

☐ All of my investments under this client number **or**

☐ My investment in the Perpetual WealthFocus Super Plan

☐ My investment in the Perpetual WealthFocus Term Allocated Pension

☐ My investment in the Perpetual WealthFocus Account Based Pension

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

<input type="checkbox"/> Contact details – section 1	<input type="checkbox"/> Pension payment details – section 4
<input type="checkbox"/> Tax file number– section 2	<input type="checkbox"/> Change of authorised representative appointment – section 5
<input type="checkbox"/> Change of banking instructions – section 3	<input type="checkbox"/> Change of financial adviser – section 6

### 1. Contact details

c/- (if applicable)	<input type="text"/>
postal address	<input type="text"/>
suburb	state postcode
country	<input type="text"/>
phone (after hours)	phone (business hours)
mobile	fax
email address	<input type="text"/>

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.

### 2. 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 impose additional tax on all concessional contributions that you make or are being 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.

tax file number	<input type="text"/>
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### 3. Change of banking instructions

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

[illegible]

#### 4. 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 choose only one date and 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

### Account Based Pension Only

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

## Term Allocated Pension Only

<input type="checkbox"/>	'Standard' amount		
<input type="checkbox"/>	less than 'Standard' amount (maximum 10%)	<input type="text"/>	%
<input type="checkbox"/>	more than 'Standard' amount (maximum 10%)	<input type="text"/>	%

## Pension payment drawdown

Investment options		%
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## 5. Change of authorised representative appointment

I have read the Conditions of Appointment of an Authorised Representative set out in the relevant Product Disclosure Statement, 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    /    /																																					

## 6. Change of financial adviser

I have a new financial adviser whose details appear below. I acknowledge that Perpetual will hold personal information about me and will disclose this information to my financial adviser. I acknowledge that Perpetual will cease to disclose this personal information if I notify Perpetual that the financial adviser below no longer acts on my behalf.

### Financial adviser details

financial adviser name																																					
phone (after hours)																			phone (business hours)																		
mobile																			fax																		
postal address																																					
AFSL licensee name																			AFSL number																		
Perpetual adviser number																																					
dealer group																			dealer branch																		
email address																																					
financial adviser signature																			date    /    /																		
<div>ADVISER STAMP</div>																																					

IL GN // (Group)  
IL AN // (Adviser)  
IL CN // (Client)

Member signature (must be completed)

signature		date			/			/				
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 Perpetual if not previously provided. For enquiries or a copy of a current Product Disclosure Statement, call Perpetual on 1800 022 033 during business hours (Sydney time).

Forward your completed form to your financial adviser or post the form to: **Reply Paid 4171, Perpetual WealthFocus Super Plan and Pension Plan, GPO Box 4171, Sydney NSW 2001, Australia.** No stamp required if posted in Australia.