

Perpetual WealthFocus Super and Pension Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 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.

Mer	nber detail	s (mus	t be co	mplete	ed)														
	client number																		
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	investor name					÷													
Tick	relevant boxes. I v	vish to cha	nge my ins	structions fo	or:		All o	f my i	inves	tmer	ıts uı	nder t	this c	lient	num	ber	or		
Н	My investment in	the Perpet	ual Wealth	Focus Supe	er Plan														
Н	My investment in the Perpetual WealthFocus Term Allocated Pension																		
	My investment in																		
Pleas	se select the detai	ls you wou	ld like to u	pdate and o	complet	e the o	corres	spond	ling s	sectio	ns:								
	Contact details -	section 1					Pens	sion p	aym	ent d	letail	s – se	ection	4					
Ш	Tax file number- s	section 2				Ц	Cha	nge o	f aut	horis	ed re	epres	entati	ve a	ppoir	ntme	ent –	secti	on 5
	Change of bankin	g instructio	ons – secti	on 3			Cha	nge o	f fina	ncial	adv	iser –	sect	ion 6	6				
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street	name							Ţ	Ţ				7					Ţ	
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subur	b (if relevant) OR	city																	
state	postcode	9	country																

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.

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tax file number						
0 0 h						
3. Change of b	anking instruc	ctions				
Must be an Australian ba	ank, building society o	r credit union acco	ount.			
use this account for	withdrawals	savings plan o	lirect debits (Sup	per Plan only)	future payments	
financial institution						
branch						
BSB	-		acc	ount number		
account name						
4. Pension pay Please note that change I would like to change in Please specify month— I would like to receive in	es are effective 5 busing my pension payment consumers and comment to all docume	day to the 27th of			month	
Account Based Pensio	n Only					
Pension payment amount or an amount (before ta		pa or	\$	per payment		
Term Allocated Pensio	n Only					
'Standard' amount						
less than 'Standard	l' amount (maximum 1	0%) %	ó			
more than 'Standar	rd' amount (maximum	10%) %	Ó			

4. Pension payment details (continued)

Pension payment drawdown

Inves	ment 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				ш				ш	
Postal address of a	Postal address of authorised representative								
c/- (if applicable)									
po box	unit number	street numbe	er						
street name									
suburb									
state posto	code coun	try							
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		
Perpetual adviser number		
dealer group	dealer branch	
email address		
financial adviser signature		ADVISER STAMP
IL GN	/	

Member signature (must be completed)

signaturo	
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.