

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. Investor details (must be completed)

member number	
member name	
I wish to change my instructions for (please	tick relevant box(es)):
Superannuation Plan	Pension Plan

2. Change of contact details

Residential address

unit number	street numbe	r street name							
suburb (if relev	vant) OR city								
state	postcode	country							
phone (busine	ss hours)	phone (afte	er hours)		mob	ile			
email address	5								

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.



Postal address (if different to residential address)

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.



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 debits (Superannuation Plan only) pension payments											
institution													
branch													
account name													П
branch number (BSB)						account r	number						П
						account				-			

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 payment details (Pension Plan only)

please advise whether this change is for:	Transition To Retirement (TTR)	Term Allocated Pension (TAP)Account Based Pension (ABP)									
pension payment amount (TTR only)	minimum	maximum or an amount (before tax) of									
pension payment amount (TAP only)	'standard' amount										
	less than 'standard' amour	nt (maximum 10%) \$									
	More than 'standard' amou	unt (maximum 10%)									
pension payment amount (ABP) only	minimum	or an amount (before tax) of \$									
I would like to receive my fir	st pension payment on the 25t	h day of									
(please specify month and year – subject to all documents being re seven [7] business day in advance)											
I would like to receive my pe	ension payments monthly	quarterly half-yearly yearly									

7. Change of authorised representative appointment

I have read the conditions of appointment of an authorised representative set out in the Product Disclosure Statement for Perpetual's Select Superannuation Plan or Perpetual's Select Pension Plan (as applicable) and agree to the conditions therein.

first name(s)	
last name	
authorised representative's	SEAL
signature	

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*																				
or	1. Deal and	er Grou	с*																	
	2. Deal	2. Dealer Group Branch location*																		
	* Please	* Please ask your adviser for this information as we require it to identify your adviser and process your request.																		
adviser postal address																				
suburb											sta	te			p	ostc	ode			

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



9. Mailing instructions

Return this form to:

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