

# 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											
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 t	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												
				П			П							
suburb (if relevant) <b>OR</b> 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 num	nber	street nu	ımber										
street name														
					Г			Г						
suburb (if relev	ant) <b>OR</b> city													
state	postcode	country												

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# 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.

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			
Dranch			
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 t	he 27th of			month											
Please specify month – subject to all documents be	ing received 5 I	ousiness days in	advance.												
I would like to receive my pension payments:															
I would like my specified payments to automatically no	increase each	year (not applica	able to TTR pensi	ons):											
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 \$	F	per payment												
Term Allocated Pension Only															
'Standard' amount															
less 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%.

Invest	tment options	investment strategy %
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	Total	100%

## 7. 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 a	uthorised rep	resentative										
c/- (if applicable)						П		Π			П	
po box	unit numb	er stre	et number									
street name												
suburb												
state pos	code	country										
signature of authorised representative						dat	D	D /	MM	/ Y )	YY	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.





### 9. Member signature (must be completed)

signature							date	D	D /	Μ	Μ	/ ]	ΥY	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 Product Disclosure Statement, 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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