



# 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.

### 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

## 2. Change of contact details

### Residential address

unit number	street number	street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
suburb (if relevant) <b>OR</b> city		
<input type="text"/>		
state	postcode	country
<input type="text"/>	<input type="text"/>	<input type="text"/>
phone (business hours)	phone (after hours)	mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

If you are updating your mobile phone number, we will also require certified identification.

### Postal address (if different to residential address)

po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
suburb (if relevant) <b>OR</b> city		
<input type="text"/>		
state	postcode	country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

use this account for	<input type="checkbox"/>	withdrawals	<input type="checkbox"/>	savings plan direct debits (Super Plan only)	<input type="checkbox"/>	future payments	<input type="checkbox"/>
financial institution	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	account number	<input type="text"/>
account name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	month
Please specify month – subject to all documents being received 5 business days in advance.										
I would like to receive my pension payments:	<input type="checkbox"/>	monthly	<input type="checkbox"/>	quarterly	<input type="checkbox"/>	half-yearly	<input type="checkbox"/>	annually		

### Account Based Pension Only

Pension payment amount	<input type="text"/>	minimum											
or an amount (before tax) of: \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	pa	or	\$	<input type="text"/>	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"/>	%							

## 4. Pension payment details (continued)

### 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	
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### 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 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

financial adviser name																												
phone (after hours)													phone (business hours)															
mobile													fax															
postal address																												
AFSL licensee name													AFSL number															
adviser number																												
dealer group													dealer branch															
email address																												
financial adviser signature													date			/			/									

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 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: **Reply Paid 4171, Perpetual WealthFocus Super Plan and Pension Plan, GPO Box 4171, Sydney NSW 2001, Australia.** No stamp required if posted in Australia.