



# 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)

client number	account number
<input type="text"/>	<input type="text"/>
investor name	
<input type="text"/>	
I wish to change my instructions for (please tick relevant box(es)):	
Superannuation Plan <input type="checkbox"/>	Pension Plan <input type="checkbox"/>

### 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.

#### 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"/>

### 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 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

### 4. Change of banking instructions

I wish to change my instructions for (please tick relevant box(es)):

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

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

### 5. Pension payment details (Pension Plan only)

please advise whether this change is for:  Allocated Pension (AP)  Term Allocated Pension (TAP)  Account Based Pension (ABP)

pension payment amount (AP only)  minimum  maximum **or** an amount (before tax) of \$

pension payment amount (TAP only)  'standard' amount

less than 'standard' amount (maximum 10%) \$

More than 'standard' amount (maximum 10%) \$

pension payment amount (ABP only)  minimum **or** an amount (before tax) of \$

I would like to receive my first pension payment on the 25th day of   
(please specify month and year – subject to all documents being received seven [7] business day in advance)

I would like to receive my pension payments  monthly  quarterly  half-yearly  yearly

### 6. 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)	<input type="text"/>												
last name	<input type="text"/>												
authorised representative's signature	<input type="text"/>						date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
investor's signature	<input type="text"/>						date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COMPANY SEAL**

