

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.

[illegible]

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 the 27th of month

Please specify month – subject to all documents being received 5 business days in advance.

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

I would like my specified payments to automatically increase each year (not applicable to TTR pensions):

no

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 \$ per payment

Term Allocated Pension Only

<input type="checkbox"/>	'Standard' amount	
<input type="checkbox"/>	less than 'Standard' amount (maximum 10%)	%
<input type="checkbox"/>	more 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%.

Investment 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	
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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	D D / M M / Y Y Y Y
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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.

Financial adviser details

financial adviser name																																							
phone																																							
postal address																																							
AFSL licensee name																			AFSL number																				
adviser number																																							
dealer group																			dealer branch																				
email address																																							
financial adviser signature																			date	D	D	/	M	M	/	Y	Y	Y	Y	<div>ADVISER STAMP</div>									

9. Member signature (must be completed)

signature																									date	D	D	/	M	M	/	Y	Y	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**