

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	r details (m	ust be com	pleted)														
client number		acco	unt numbe	r													
investor name																	
					П			Т	П		Т	П	П	Т	Т		
Lwich to change	ny instructions	for (places	tick releva	at bay(as)													
i wish to change	e my instructions	or (please	lick releval	nt box(es),	•												
Superannuation	on Plan		Pension P	lan													
2. Change	of contac	t details	S														
Residential add unit number	Iress street numb	or otro	et name														
unit number	Street Hullib	5116	et name		П			Т		т	т	П	П	т	т	П	
suburb (if releva	int) OR city					Ш					4		ш	4		ш	
Casars (II Tolova		тт	ТП	т	П		П	Т	П		т	Т	П	Т	т	П	
state p	ostcode	country															
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phone (business	s hours)		phone (af	ter hours)					m	obile							
						Т	П						П	Т			
email address																	
									Ш								
By providing my statements, repo notifications adv myPerpetual. I a	orts and other marising me when n	aterials or no	otifications tion regardi	required I	oy the (estmen	Corpo it is av	ration vailabl	ns Act le for) elec	tronio	cally.	This	may	inclu	ıde ei	mail	
Postal address	-																
po box	unit nur	mper	street nu	imber													
atroot name																	
street name				TT				T				П		T			
suburb (if releva	int) OR city										4	L					
Subuin (ii reieva	ini) On City			TT	T			T			T	П		T			
state p	ostcode	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 It
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 bar	nkin	g instr	uctions							
I wish to change my instru	uctions	for (pleas	e tick relevant	box(es))	:					
use account for w	/ithdrav	wals	savings pla	ın direct	debits (Superannu	uation Pla	an only)	p	ension p	payments
institution										нн
branch										нн
account name	н	44								нн
branch number (BSB)					account r	number				шш
Must be an Australian ban	nk, buile	ding socie	ty or credit un	ion acco	unt.					
5. Pension paym	ent	details	S (Pension Pl	an only)						
		aotan	y (i chision i i		erm Allocated Pe	ncion				
please advise whether this change is for:		Allocated	Pension (AP)	-	AP)	1151011	Acc	ount Bas	sed Pens	sion (ABP)
pension payment amount (AP only)		minimum		m	aximum or an a	amount (before tax)	of \$		
pension payment amount (TAP only)	t	'standard	' amount							
		less than	'standard' am	ount (ma	ximum 10%) \$					
		More than	ı 'standard' ar	nount (m	aximum 10%) \$					
pension payment amount (ABP) only	t	minimum			n amount (before		\$			
I would like to receive my	/ first p	ension pa	vment on the	25th dav	of					
,			,		(please specify me seven [7] business		•	to all docur	ments beir	ng received
I would like to receive my payments	/ pensi	on	month	ly	quarterly		half-yea	rly	yea	arly
6. Change of aut	thori	ised re	nresents	ntive s	annointme	nt				
I have read the conditions			-				roduct Discl	osura St	atement	for
Perpetual's Select Supera										
first name(s)	П		тт	П	Ш	П			П	
last name										
authorised										
representative's signature					date	/	/			COMPANY
investor's signature					date	/	/			SEAL
J.g. lataro										

7. 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. Dealer Group* and					
	2. Dealer Group Bran	nch location*				
	* Please ask your adviser	for this information	as we require it t	to identify your ad	lviser and process	your request.
adviser postal address						
suburb				state		postcode

8. 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 011 022 during business hours (Sydney Time).

investor's signature		date	/		

9. Mailing instructions

Return this form to:

Perpetual Select Super Plan GPO Box 4171 Sydney NSW 2001 Australia