## Advance Allocated Pension Account

**Account Amendment** 

Trustee: BT Funds Management Ltd (BTFM) ABN 63 002 916 458 AFSL 233724



## **GUIDE TO COMPLETING THIS FORM**

- > Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Where there is a reference to a fee excluding GST, a net GST expense recovery amount (after reduced input tax credits) of the fee is payable and will be added to the amount deducted from your account.
- > To change your adviser fee, contact your financial adviser to complete a fee amendment.
- Questions? Call our Customer Relations team on 1800 819 935 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email <a href="investorservices@advance.com.au">investorservices@advance.com.au</a>
- Note: Privacy laws protect your privacy. Read our Privacy Policy for more information. You can obtain a copy from our website advance.com.au

1. ACCOUNT DETAILS			
Account number			
7 3			
Title			
Mr Mrs Miss Ms Other			
Surname			
Given names			
2. CHANGE OF CONTACT DETAILS			
Change my contact details to:			
Residential address (PO Box is <b>not</b> acceptable)			
State Postcode			
Postal address Same as residential address			
State Postcode			

Home phone number		
Work phone number		
Mobile phone number		
Fax number		
Email address		
Liliali addless		
3. CHANGE OF NAME		
Change my name to:		
Title		
Mr Mrs Miss Ms Other		
Surname		
Given names		
INCLUDE AN ORIGINAL CERTIFIED COPY OF YOUR  MARRIAGE CERTIFICATE OR DEED POLL AS EVIDENCE OF YOUR CHANGE OF NAME.		
TOOK CHANGE OF NAME.		
4. REPORTS AND INFORMATION		
Send investor reports to (cross [¥] one):		
Investor		
OR		
Financial adviser		
I'd like to receive information, special offers and exclusive opportunities about products and services.		
Yes		
OR		
No		



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**Note:** If you do not cross either box, we will use your information as set out in our Privacy Brochure. A copy can be obtained at **advance.com.au** 

5. CHANGE OF PENSION DE TAILS	7. NOMINALED BENEFICIARIES	
Complete the 'pre-retirement pension' nomination section if you have a pre-retirement pension. Otherwise, complete the 'other pension' section.	For information on who you can nominate and the effect of making a nomination, refer to the Product Disclosure Statement (PDS).	
Pre-retirement pension	Discretionary nomination	
Minimum allowable pension <b>OR</b>	Reversionary pension option	
	In the event of my death I request the pension be paid to the	
Maximum allowable pension <b>OR</b>	person nominated below. (For full details on who can receive a reversionary pension, refer to the PDS.)	
Pay me	Name	
\$ • X X	Name	
Gross amount (before tax) to be received each pension payment.#		
$^{\#}$ This amount must be within your pension limits prescribed by superannuation law.	Date of birth (dd/mm/yyyy)	
Other pension		
Minimum allowable pension <b>OR</b>	Account holder's signature	
Maximum allowable pension <b>OR</b>		
Pay me		
\$ X X	Date (dd/mm/yyyy)	
Gross amount (before tax) to be received each pension payment.#		
$^{\#}$ This amount must be within your pension limits prescribed by superannuation law.	OD.	
Make my pension payments	OR Nominated dependents entire	
monthly OR quarterly OR annually	Nominated dependants option  In the event of my death, pay my death benefit to my estate	
Pay my pension to the following account:	and/or nominated dependants as follows:	
Name of Australian financial institution	Dependant	
Traine of Additional Indicators in Strategy		
	Relationship	
Branch name		
BSB number Account number	Allocation%  Dependant	
	Dependani	
Account holder's name(s)	Relationship	
	Allocation	
/ MONTHLY ADVISED DENTINED ATION	AND/OR	
6. MONTHLY ADVISER REMUNERATION	Estate Allocation	
Specify the monthly remuneration your financial adviser will receive for servicing your account:	The allocations must total 100 %	
No monthly adviser remuneration	If one or more of your nominated dependants is a child under 18	
OR	years of age and you would like them to be paid a child pension, cross this box and complete a child pension nomination which	
	must accompany this account amendment. Your financial adviser	
Flat percentage remuneration of % per annum (excluding GST) of your total account value.	can download this form from AdviserNET.	
OR	OR	
	Binding death benefit nomination	
Flat dollar remuneration of \$,	Complete the Binding Death Benefit Nomination Form.	
Apply annual increase in line with the Consumer Price Index	A copy can be obtained at advance.com.au	
(CPI) released for the previous quarter commencing:		
January April July October		
Year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		



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8. CHANGE OF FINANCIAL ADVISER
I have changed my financial adviser. My new financial adviser is:
Adviser's company
Adviser's name
Adviser's phone
Adviser's email
Adviser's code
B A
I authorise the Trustee to change my financial adviser on my account. This authorisation revokes my previous financial adviser's right to information relating to my account and now authorises the Trustee to provide information relating to my account, and pay adviser remuneration, to my new financial adviser.
Dealer stamp

9. SIGNATURES		
Please make the changes as marked in sections 1 to 8 to my account.		
Name (please print)		
Signature		
	Date (dd/mm/yy)	
	-	

## SEND THIS COMPLETED FORM TO US:

Online: Using our secure Document Upload facility on

Investor Online or AdviserNET

(accessed from Forms > Document Upload menu)

By Post: Advance Asset Management

GPO Box B87, Perth WA 6838

By Email: investorservices@advance.com.au

**By Fax:** (08) 9481 4834

If you submit online, email or fax, you don't need to post us the original.

FOR FURTHER ASSISTANCE CONTACT:

**CUSTOMER RELATIONS** 

1800 819 935 **FAX** 

(08) 9481 4834

**EMAIL ADDRESS** 

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au



