Advance Allocated Pension Account

Account Amendment

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

ADVANCE
ASSET MANAGEMENT

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 investorservices@advance.com.au
- **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 **not** acceptable)

State Postcode

Postal address ☐ Same as residential address

State Postcode

Home phone number

Work phone number

Mobile phone number

Fax number

Email address

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.

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

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**

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5. CHANGE OF PENSION DETAILS

Complete the 'pre-retirement pension' nomination section if you have a pre-retirement pension. Otherwise, complete the 'other pension' section.

☐ Pre-retirement pension

☐ Minimum allowable pension **OR**

☐ Maximum allowable pension **OR**

☐ Pay me

$, • X X

Gross amount (before tax) to be received each pension payment.#

This amount must be within your pension limits prescribed by superannuation law.

☐ Other pension

☐ Minimum allowable pension **OR**

☐ Maximum allowable pension **OR**

☐ Pay me

$, • X X

Gross amount (before tax) to be received each pension payment.#

This amount must be within your pension limits prescribed by superannuation law.

Make my pension payments

☐ monthly **OR** ☐ quarterly **OR** ☐ annually

Pay my pension to the following account:

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)

6. MONTHLY ADVISER REMUNERATION

Specify the monthly remuneration your financial adviser will receive for servicing your account:

☐ No monthly adviser remuneration

OR

☐ Flat percentage remuneration of ☐ • ☐ ☐ % per annum (excluding GST) of your total account value.

OR

☐ Flat dollar remuneration of $ ☐☐ , ☐☐☐ • ☐☐ per month (excluding GST).

☐ Apply annual increase in line with the Consumer Price Index (CPI) released for the previous quarter commencing:

☐ January ☐ April ☐ July ☐ October

Year ☐☐☐☐

7. NOMINATED BENEFICIARIES

For information on who you can nominate and the effect of making a nomination, refer to the Product Disclosure Statement (PDS).

☐ Discretionary nomination

☐ Reversionary pension option

In the event of my death I request the pension be paid to the person nominated below. (For full details on who can receive a reversionary pension, refer to the PDS.)

Name

Date of birth (dd/mm/yyyy)

Account holder's signature

Date (dd/mm/yyyy)

OR

☐ Nominated dependants option

In the event of my death, pay my death benefit to my estate and/or nominated dependants as follows:

Dependant

Relationship

Allocation ☐☐☐.☐☐ %

Dependant

Relationship

Allocation ☐☐☐.☐☐ %

AND/OR

Estate Allocation ☐☐☐.☐☐ %

The allocations must total 100 %

☐ If one or more of your nominated dependants is a child under 18 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 can download this form from AdviserNET.

OR

☐ Binding death benefit nomination

➤ Complete the Binding Death Benefit Nomination Form. A copy can be obtained at **advance.com.au**

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

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

FAX
(08) 9481 4834

EMAIL ADDRESS
investorservices@advance.com.au

INTERNET ADDRESS
advance.com.au

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

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