

5. CHANGE OF PENSION DETAILS

Complete this section if you wish to change the frequency and/or amount of your income payments.

Change amount to:

Minimum allowable pension **OR**

Specific amount

\$, .

OR

No change in amount

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

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:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

By Fax: 08 9481 4318

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS

1800 819 935

FAX

08 9481 4318

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE

ASSET MANAGEMENT



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