Superannuation Change of details

Please use BLACK pen and BLOCK letters.

You cannot change your correspondence and transaction method online and the offline transaction fee will not apply to these changes. All other changes allowed on this form can be performed online. The offline transaction fee will apply if you choose to make these changes offline using this form.

If you do not currently have online access to your Netwealth account you can contact your adviser to arrange the change or arrange online access for future transactions in Step 3 of this form.



1 You should read the current Product Disclosure Statement for the product in which your account is held as there may have been changes to the terms and conditions governing this transaction. The current Product Disclosure Statement is available on our website.

Step 1. Provide member details

| Client name | | | | | | | | | | | |
|----------------------------------------------|----------|----------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| Client number | Ac | ccount number | | | | | | | | | |
| Client number | Ad | ecount number | | | | | | | | | |
| Step 2. New contact details¹ (if applicable) | | | | | | | | | | | |
| Residential address ² | | | | | | | | | | | |
| | | | | | | | | | | | |
| Suburb/town | | | | | | | | | | | |
| State | Postcode | Country (if not Australia) | | | | | | | | | |
| Postal address (if different from above) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Suburb/town | | | | | | | | | | | |
| State | Postcode | Country (if not Australia) | | | | | | | | | |
| Phone | Home () | Work ()) | | | | | | | | | |
| Mobile ³ | | | | | | | | | | | |
| Email ³ | | | | | | | | | | | |
| | | | | | | | | | | | |



If you currently receive communications by post and provide an email address above, you will automatically receive communications electronically unless you select 'Post' as your communication method in Step 3.

- 1 These contact details cannot be the contact details of your adviser.
- 2 If you now reside in the European Union or United Kingdom, we are unable to accept any future requests to transfer international securities to your account.
- 3 If a new mobile phone number and/or email address is provided above this form must be signed by the client and cannot be completed by an Adviser Representative.

OR

OR

110% of the fixed calculated amount

Nominated annual amount in allowable 90-110% range

| Step 3. Update online access and communic | ation election | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| To change your preferred online access and | communication method | | |
| Level of online access (please select one) | Transact | Browse only | |
| Communication method (please select one) | Electronically ⁴ | Post ⁵ | |
| You elect to receive your Annual Member Statem | ent and to confirm transact | ions by accessing your online account, unless you | u choose the following: |
| I request that my Annual Statements and C | Confirmation Statement be s | ent to me by the communication method selecte | d above. |
| To stop having regular statements sent to y | ou | | |
| If you have online access and your Annual Memb post, you can elect to access the information onli | • | • | ı, either electronically or by |
| I elect to access my Annual Member Stater Statement or monthly Confirmation Statem | | cransactions in my online account and I do not wa | nt my Annual Member |
| 4 Receiving communications electronically means by a SMS se notification to you by email or SMS that the communication i confirmations and other notices. | | n email sent to your email address, an attachment to an email so secure online account or on our website. Communications incl | = |
| 5 If you select to receive communications by post you must pro | ovide a mobile phone number in Ste | p 2. | |
| Step 4. Provide new Income Stream payment | t details (gross of any tax) |) (if applicable) | |
| Nominate payment frequency | | | |
| Payment frequency (please tick one box) | | ortnightly Monthly Alf yearly Yearly | |
| Payment to commence | Quarterly Ha | Teally [] really | |
| If you are investing between 1 June and 30 June, | you can defer the commenc | J rement of your nayments until next financial year. | |
| If the scheduled payment date is not a busi | | | |
| Standard Income Stream / Transition to Ret | | · · · · · · · · · · · · · · · · · · · | |
| Amount of income stream now required (please t | | re applicable, nominate the amount you wish to re | eceive per payment). |
| Nominated amount – specify the amount ye | | | per period |
| OR | | | |
| Minimum annual income stream ⁶ | OR Maximur | m annual income stream ⁷ | |
| | (Note the maxi | imum option is applicable to Transition to Retire | ment income streams only) |
| | | num annual income stream, we will pay your minin amount greater than your maximum annual inco | |
| 6 If there is less than a full year from the start of your income st 7 If there is less than a full year from the start of your income st | | | |
| Term Allocated Pension | | | |
| Term selected years | | | |
| Amount of pension required (please tick one box) |) | | |
| Fixed calculated amount | | | |
| OR 90% of the fixed calculated amount | | | |

Step 5. Add, change or remove a reversionary pensioner nomination (if applicable)

Please provide reversionary pensioner details if you wish to add or change a reversionary pensioner. A reversionary pensioner must be a superannuation dependant (however, special rules apply to children). See 'Information Guide 2: Additional Information about Superannuation' for details. An attorney acting under a Power of Attorney is unable to nominate themselves as a reversionary.

| under a Power of Attorney is unable to nomir | | | | | | | | | | luui | LIUII | ai iiii | 101 | Παικ | ЛΙα | 1000 | 11. | Jupi | ciai | IIIua | LIUI | 1 101 | uei | Lanc | ». AII | all | OITIC | y ac | , unig | |
|----------------------------------------------------------------------------------------------------------|-------|-----------------|------|--------|-------|-------|-------|-------|--------|------|--------|---------|-------|---------|------|-------|------|-------|--------|--------|-------|-------|-------|-----------|--------|-----------|--------------|----------------|--------|--|
| ⚠ This will override any binding death ber | nefit | non | nina | ation | cur | rent | ly re | COI | rded | on | youı | acc | :0L | ınt. | | | | | | | | | | | | | | | | |
| Full name | | | | | | | | | | | | | | | | | | | | | | | | | | | \mathbb{L} | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | \Box | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb/town | | | | | | | | | | | | | | | | | | | | | | | | | | | \perp | | | |
| State | | | | P | ostc | ode | | | | | | Cour | ntr | y (if n | ot A | Aust | tral | ia) | | | | | | | | | | | | |
| Date of birth | D | D D / M M / Y Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | S | роі | use/ | de fa | cto | | | C | hilo | d | | | | | Inte | erde | epe | nde | nt | | | F | inaı | ncial | de | pen | dent | | |
| If you wish to remove a reversionary pe | nsio | ner, | ple | ease | tick | this | box | | | | | | | | | | | | | | | | | | | | | | | |
| Step 6. Read and sign this client declarat | ion | (wh | ere | e thi | s for | m is | s co | mp | olete | ed b | by a | n Ac | lvi | ser R | ер | res | ent | tati | ve c | n t | he : | acc | oun | ıt, g | o to | St | ep 7 | ⁷) | | |
| (If a new mobile phone number and/or email | add | ress | is | prov | ided | at S | Step | 2 o | r a n | ew | reve | rsio | na | ry pe | nsio | one | r is | pro | vide | ed a | t St | ep 5 | , the | e cl | ent | mu | st si | gn.) | | |
| By submitting this instruction, I represent to | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have received, read and understood and Netwealth Superannuation Master Fund of | | | | | | | | | | | | ions | S S e | et out | in t | the | rel | eva | nt P | rodı | uct | Disc | losu | ure | Stat | eme | ent f | or th | 10 | |
| I authorise Netwealth to disclose to my N held through the Netwealth Superannuat | | | | | | Advi | iser | (if a | applio | cab | le) ir | nforr | na | tion r | ega | ardir | ng t | this | trar | isac | tior | n an | d/or | · my | inve | estr | nent | ts | | |
| Member full name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | L | | | | | | | | | | | | | | | | | | | Da | ate | D | D |]/ | M | 1 M / Y Y | | | | |
| It is recommended that you retain a copy of t | he c | om | plet | ted fo | orm | for y | our | OW | n red | cord | ds. | | | | | | | | | | | | | | | | | | | |
| Step 7. Read and sign this adviser declara | atio | n (T | o b | e co | mp | lete | d by | / aı | n Ad | lvis | er R | epr | es | enta | tive | e pr | ovi | idin | ıg in | strı | uct | ion | on l | beh | alf | of t | he c | lien | t) | |
| (If a new mobile phone number and/or email by the client and cannot be completed by an | | | | | | | | 2 o | r a n | ew | reve | rsio | na | ry pe | nsid | one | r is | pro | vide | ed a | t St | ep 5 | this | s fo | rm n | nus | t be | sign | ed | |
| By submitting this instruction, I represent to | | | | - | | | | s ir | n this | tra | ınsa | ctior | ı a | re tru | e aı | nd c | cori | rect | and | dId | ecla | are t | hat: | | | | | | | |
| 1. I am the nominated Adviser Representative instruction as the client's agent; and | /e fo | or th | is c | lient | , my | арр | oint | me | ent h | as r | not b | een | re | voked | d ar | nd tl | ne (| clie | nt h | as a | uth | orise | ed n | ne t | o su | bm | it th | is | | |
| 2. I acknowledge that this transaction is gov Statement for the Netwealth Superannua | | | | | | | | | | | | | | | | IS Se | et c | out i | n th | e re | leva | ant F | 'rod | luct | Dis | clos | sure | | | |
| 1 You should give your client the current | Prod | duct | Di | sclos | sure | Stat | teme | ent | fort | he | prod | uct | in | which | ı th | is a | ccc | oun | t is h | neld | | | | | | | | | | |
| Adviser Representative | | | Τ | | | | | Τ | | Τ | | | | | | | | | | | | | | Τ | T | Τ | Τ | Τ | T | |
| | | | Ì | | | | | | | Ī | | | Ť | | | | | | | | | | | Ī | Ī | Ī | Ī | Ī | | |
| | | | | | • | • | • | | • | | | | | | | | | | | | | • | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | Da | ate | D | D | 7 | IV | I N | 1 / | Υ | Υ | |
| Step 8. Once complete please send to us | | | | | | | | | | | | | | | | | | | • | | | | - | | | | | | • | |
| Send to us: | | alth | .00 | m au | | 0 | N | etv | vealt | h S | Unei | ann | lla. | tion N | /las | ter | Fin | nd | Ren | lv P: | aid ' | 336 | Soi | ith i | Melt | יייט(| rne \ | | 3205 | |
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For more information: netwealth.com.au

1800 888 223

Your adviser