



For Perpetual: WealthFocus Super Plan, Term Allocated Pension Plan and Account Based Pension Plan

Change of instructions form

4. Pension payment details

I would like to receive my first pension payment on the:

6th 13th 20th 27th day of

Please choose only one date and specify month – subject to all documents being received 5 business days in advance.

I would like to receive my pension payments: monthly quarterly half-yearly annually

Account Based Pension Only

Pension payment amount minimum
or an amount (before tax) of: \$ pa or \$ per payment

Term Allocated Pension Only

'Standard' amount
 less than 'Standard' amount (maximum 10%) %
 more than 'Standard' amount (maximum 10%) %

5. Change of authorised representative appointment

I have read the Conditions of Appointment of an Authorised Representative set out in the Perpetual WealthFocus Super Plan and Pension Plan Product Disclosure Statement, and agree to the Conditions therein.

Company applicants may execute this appointment in accordance with its constitution or under Power of Attorney.

name of authorised representative	<input type="text"/>
signature of authorised representative	<input type="text"/>
signature of applicant(s)	<input type="text"/>

6. Change of financial adviser

I have a new financial adviser whose details appear below. I acknowledge that Perpetual will hold personal information about me and will disclose this information to my financial adviser. I acknowledge that Perpetual will cease to disclose this personal information if I notify Perpetual that the financial adviser below no longer acts on my behalf.

adviser name																															
Perpetual* adviser number											or																				
1. dealer group* and																															
2. dealer branch* adviser mailing address																															
suburb																state			postcode												

*Please ask your adviser for this information as we require it to identify your adviser and process your request.

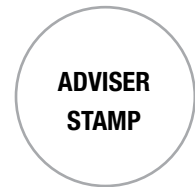
InvestmentLink information

IL GN // (Group)

IL GN // (Group)

IL AN // (Adviser)

IL CN // (Client)



7. Investor signature (must be completed)

signature of investor																date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>									
print name																														

Important notes:

Please ensure that you sign the form above 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 Perpetual if not previously provided. For enquiries or a copy of a current Product Disclosure Statement, call Perpetual on 1800 022 033 during business hours (Sydney time).

Forward your completed form to your financial adviser or post the form to: **Reply Paid 4171, Perpetual WealthFocus Super Plan and Pension Plan, GPO Box 4171, Sydney NSW 2001, Australia.** No stamp required if posted in Australia.