



Perpetual's Select Superannuation Plan
Perpetual's Select Pension Plan

Change of instructions form

4. Pension payment details (Pension Plan only)

please advise whether this change is for: Allocated Pension (AP) Term Allocated Pension (TAP) Account Based Pension (ABP)

pension payment amount (AP only) minimum maximum or an amount (before tax) of \$

pension payment amount (TAP only) 'standard' amount

less than 'standard' amount (maximum 10%) \$

More than 'standard' amount (maximum 10%) \$

pension payment amount (ABP) only minimum or an amount (before tax) of \$

I would like to receive my first pension payment on the 25th day of
(please specify month and year – subject to all documents being received seven [7] business day in advance)

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

5. Change of authorised representative appointment

I have read the conditions of appointment of an authorised representative set out in the Product Disclosure Statement for Perpetual's Select Superannuation Plan or Perpetual's Select Pension Plan (as applicable) and agree to the conditions therein.

first name(s)	<input type="text"/>
last name	<input type="text"/>
authorised representative's signature	<input type="text"/> date <input type="text"/> / <input type="text"/> / <input type="text"/>
investor's signature	<input type="text"/> date <input type="text"/> / <input type="text"/> / <input type="text"/>

COMPANY SEAL

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	<input type="text"/>
Perpetual adviser number*	<input type="text"/>
or 1. Dealer Group* and	<input type="text"/>
2. Dealer Group Branch location*	<input type="text"/>
* Please ask your adviser for this information as we require it to identify your adviser and process your request.	
adviser postal address	<input type="text"/>
suburb	<input type="text"/> state <input type="text"/> postcode <input type="text"/>



7. Investor's signature (must be completed)

Important notes: Please ensure that you sign the form 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 003 001 during business hours (Sydney Time).

investor's signature		date <input type="text"/> / <input type="text"/> / <input type="text"/>
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8. Mailing instructions

Return this form to:

Perpetual's Select
GPO Box 4204
Sydney NSW 2001