Prime Super Retirement income streams Investment choice form

Please complete this form if you wish to change your investment options.
Please complete in pen using **BLOCK** letters. Print *'X'* to mark boxes where applicable.
This form must be completed in full.

Part of your Community

SECTION 1 – MEMBERSHIP INFORMATION

Member Number

Date of Birth (DDMMYYYY)

Tax File Number (TFN)

Surname

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Given Names

Gender

☐ Male ☐ Female

Residential Address

Suburb/City/Town

State

Postcode

Phone Number (BH)

Phone Number (AH)

Mobile Number

Email

SECTION 2 – INVESTMENT CHOICES

Please indicate below where you would like your money invested.

Managed growth	%	Australian shares	%
Default	%	International shares	%
Conservative	%	Property	%
Target return	%	Fixed Interest	%
Cash	%	**Total** (must add up to 100%)	100%

Note: Total choices must add up to 100%. Otherwise we will have to return the form.

What investment option(s) do you wish to have your income stream payments drawn from?
Your income stream payments will normally be made in the same proportions as your selected investment options. However you may select to have payments made from a particular investment option until the holdings in that option are exhausted.

(Please tick if yes)

☐ **YES** Please make payments in the same proportions as my account balance

OR

☐ Please make payments from my: option

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we're an INDUSTRY Superfund

SECTION 3 – MEMBER DECLARATION

I declare that:

- I have read and understood the *Prime Super Short-Form Product Disclosure Statement – Retirement income streams* dated 3 January 2012.
- I understand that if I fail to complete this form correctly, the Trustee will be unable to process my choice.
- This investment choice will take effect on the first day of the month after the Trustee receives a correctly completed *Prime Super Retirement income streams investment choice form.*
- I understand that the Trustee does not undertake to have any choices completed within a particular time frame.
- This authority replaces all previous investment choice authorities and I authorise the Trustee to change my investment options in accordance with this authority.

Full Name

Member Signature

Date (DDMMYYYY)

WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

Mail Prime Super
Locked Bag 5103
Parramatta NSW 2124

Freecall 1800 675 839
Fax 1800 023 662
Email administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).