Prime Super Investment Switch Form

This form is issued together with a Product Disclosure Statement (PDS) dated 4 January 2010.
Please complete this form if you wish to change your investment option.

PRIME SUPER
Part of your Community

SECTION 1 – PRIME SUPER MEMBERSHIP DETAILS

Membership Number

Title (Please tick one)
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Surname

Date of Birth
D D M M Y Y Y Y

Given Names

Gender
☐ Male ☐ Female

Street Address

City/Town

State

Postcode

Phone Number (BH)

Phone Number (AH)

Mobile Number

Email

SECTION 2 – YOUR INVESTMENT CHOICE

Please choose how you would like your money invested. Your choices must be in whole numbers and must total 100%.
If you do not complete this form correctly we will be unable to process it.

1. To change the investment option for your **existing balance only** please complete the existing balance column in the table below.
2. To change the investment option for your **future contributions** only please complete the future contributions column in the table below.
3. To change the investment option for your existing **balance and future contributions** please complete both columns in the table below.

INVESTMENT OPTIONS	EXISTING BALANCE	FUTURE CONTRIBUTIONS
Pre-mixed Options		
Conservative	☐☐☐ %	☐☐☐ %
Balanced	☐☐☐ %	☐☐☐ %
Managed Growth	☐☐☐ %	☐☐☐ %
Target Return	☐☐☐ %	☐☐☐ %
Sector Options		
Cash	☐☐☐ %	☐☐☐ %
Fixed Interest	☐☐☐ %	☐☐☐ %
Property	☐☐☐ %	☐☐☐ %
Australian Equities	☐☐☐ %	☐☐☐ %
International Equities	☐☐☐ %	☐☐☐ %
TOTAL	**100%**	**100%**

PS06_0410

SECTION 3 – MEMBER DECLARATION

I declare that:

- I have read and understood the PDS dated 4 January 2010.
- I understand that if I fail to complete this form correctly, the Trustee will be unable to process the switch.
- This investment switch will take effect on the first day of the month after the Trustee receives a correctly completed Investment Switch Form.
- I understand that the Trustee does not undertake to have any switches done within a particular time frame.
- This authority replaces all previous investment option authorities and I authorise the Trustee to change my investment options in accordance with this authority.

Signature

Print Full Name

Date

D	D	M	M	Y	Y	Y	Y

Please send your completed form to:
Prime Super
PO Box 2229
Wollongong, NSW 2500
Enquiries: Freecall 1800 675 839
8.00am to 8.00pm Monday to Friday EST
Email: administration@primesuper.com.au
Web: www.primesuper.com.au