

5. EMPLOYMENT DETAILS

Are you self employed?

Yes

OR

No – provide your employer’s name below

Employers name

[Text input field for employer name]

Date joined employer

[Date input field]

6. REPORTS AND INFORMATION

Send investor reports to (cross [X] one):

Investor

OR

Financial adviser

I'd like to receive information, special offers and exclusive opportunities about products and services.

Yes

OR

No

Note: If you do not cross either box, we will use your information as set out in our Privacy Brochure. A copy can be obtained at advance.com.au.

7. REGULAR DEPOSIT PLAN

IF YOU WISH TO COMMENCE A REGULAR DEPOSIT PLAN OR CHANGE YOUR FINANCIAL INSTITUTION ACCOUNT DETAILS, ALSO COMPLETE A DIRECT DEBIT REQUEST. ALSO SEE NEXT PAGE, DEFINITIONS OF CONTRIBUTIONS.

Establish a regular Deposit Plan or amend my existing plan as follows:

My regular deposit will be

\$ [] , [] . [X] [X]

commencing on (date)

[] [] [] [] [] []

Note: If no start date is specified in this section, the direct debit will start immediately. Please allow up to 5 days from receipt of Account Amendment.

The frequency of deposits will be (cross [X] one):

monthly quarterly half-yearly annually

Date of final payment (optional)

[] [] [] [] [] []

My contributions* will be made up of:

Employer contribution^

\$ [] , [] . []

Personal deducted contribution+^

\$ [] , [] . []

Personal undeducted contribution+#

\$ [] , [] . []

Salary sacrifice contribution^

\$ [] , [] . []

Superannuation guarantee contribution^

\$ [] , [] . []

Spouse contribution+^

\$ [] , [] . []

Total

\$ [] , [] . []

* Contribution caps apply to each financial year’s contributions. Contributions above these caps may be subject to additional tax, which is determined by the ATO after the end of the financial year. For information about these caps, please refer to our ‘Tax and your Retirement’ flyer.

+ We are unable to accept a single member contribution (personal deducted, personal undeducted or spouse contribution) where it exceeds the non-concessional contributions cap for your age or you have not supplied us with your TFN.

+ This type of contribution is also known as a non-concessional contribution.

^ This type of contribution is also known as a concessional contribution.



I wish to cancel my Regular Deposit Plan.

Under superannuation law, you must be eligible to make a contribution to this Account. The table below shows the circumstances under which you are eligible to make each type of contribution. Please tick the circumstances that apply to you.

Circumstances in which contributions may be made and the types of contributions that may be accepted by us:

Contribution types	Personal contributions (including those made by a self employed individual)	Mandated employer contributions (award and superannuation guarantee contributions)	Nonmandated employer contributions (including directed termination payments)	Eligible spouse contributions [#]
You are under age 65	✓	✓	✓	✓
You: > are 65 years of age or over, but not age 70, and > (other than for mandated employer contributions) have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made	✓	✓	✓	✓
You: > are 70 years of age or over, but not age 75, and > (other than for mandated employer contributions) have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made Other than for mandated employer contributions, the contribution must be received on or before the day that is 28 days after the end of the month in which you turn 75	✓	✓ Award contributions only)	✓	✗
You are 75 years of age or over	✗	✓ Award contributions only)	✗	✗

[#] If a spouse contribution is made, you confirm the person making the contribution is either legally married to you or living with you on a genuine domestic basis and is not entitled to a tax deduction for the contribution.

Definitions of contributions

All contributions are preserved.

Employer Contributions are contributions made by the employer which are more than the minimum Superannuation Guarantee Contributions (see below).

Personal Deducted Contributions are contributions made by employees that will be claimed as a tax deduction. Most employees don't qualify to claim a tax deduction for their own contributions as they must get 90% of their income from self-employment.

Personal Undeducted Contributions are contributions made by employees, and won't be claimed as a tax deduction by the employee.

Salary Sacrifice Contributions are contributions made by the employer from an employee's pre-tax salary. The employee sacrifices part of their salary and their employer pays an equivalent amount as a superannuation contribution. Although this type of contribution is considered to be an employer contribution, it belongs to the employee.

Superannuation Guarantee Contributions are the minimum contributions payable by employers. For the latest superannuation guarantee rate, please refer to the www.ato.gov.au. Superannuation paid under an Industrial Award or Agreement is also classified as this type of contribution.

Spouse Contributions are contributions made by a legally married or defacto spouse living with the member on a genuine domestic basis. These contributions won't be claimed as a tax deduction by the member or the spouse making the contribution.



8. NOMINATED BENEFICIARIES

For information on who you can nominate and the effect of making a nomination, refer to the Product Disclosure Statement (PDS).

Discretionary nomination

In the event of my death, pay my death benefit to my estate and/or nominated dependants as follows:

Dependant

Relationship

Allocation %

Dependant

Relationship

Allocation %

AND/OR

Estate

Allocation %

The allocations must total 100 %

If one or more of your nominated dependants is a child under 18 years of age and you would like them to be paid a child pension, cross this box and complete a child pension nomination which must accompany this account amendment. Your financial adviser can download this form from AdviserNET.

OR

Binding death benefit nomination

Complete the Binding Death Benefit Nomination Form. A copy can be obtained at advance.com.au.

9. INSURANCE

Reduce my insurance cover to:

Life protection
(minimum \$50,000)

Total & permanent disablement
(minimum \$50,000)

Salary continuance
(per month minimum \$1,000)

To increase insurance cover, complete a Short Form Amendment Application and if required, a personal statement available at advance.com.au, or from the Customer Relations team.

10. CHANGE OF SALARY

Only required if insurance is salary-based.

My current gross salary, excluding commissions, bonuses and overtime is

per annum.

SEND THIS COMPLETED FORM TO US:

Online: Using our secure Document Upload facility on Investor *Online* or AdviserNET (accessed from Forms > Document Upload menu)

By Post: Advance Asset Management
GPO Box B87, Perth WA 6838

By Email: investorservices@advance.com.au

By Fax: (08) 9481 4834

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

FAX
(08) 9481 4834

EMAIL ADDRESS
investorservices@advance.com.au

INTERNET ADDRESS
advance.com.au

ADVANCE
ASSET MANAGEMENT

If you submit online, email or fax, you don't need to post us the original.



DEC|X|AS31844

11. DECLARATION TO HAVE RESTRICTED NON-PRESERVED FUNDS MADE ACCESSIBLE

I resigned/retired from my employer on (date)

My employer made superannuation contributions to my account on my behalf.

ATTACH A COPY OF YOUR LETTER OF RESIGNATION PROVIDED TO YOUR EMPLOYER.

12. CHANGE OF FINANCIAL ADVISER

I have changed my financial adviser. My new financial adviser is:

Adviser's company

Adviser's name

Adviser's phone

Adviser's email

Adviser's code

I authorise the Trustee to change my financial adviser on my account. This authorisation revokes my previous financial adviser's right to information relating to my account and now authorises the Trustee to provide information relating to my account, and pay adviser remuneration, to my new financial adviser.

Dealer stamp

13. SIGNATURES

Please make the changes as marked in sections 1 to 8 to my account.

Name (please print)

Signature

Date (dd/mm/yy)