

Investment alteration advice

Connelly Temple Super Savings Plan



Super Plan Allocated Pension Plan

Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

1. Personal details

Mr Mrs Miss Ms Other Male Female

Surname Member number

Given names (in Full)

Home address Postcode

Postal address (Tick if same as above) or Postcode

Phone no.s Home () Work () Mobile

Date of birth / /

Please complete only the sections that are relevant to your investment decision. Please also ensure that you clearly write the full name of the investment portfolios that you have selected. This will aid the timely and accurate processing of your request, as per your instructions.

2. Future contributions (complete this section to change your future contribution strategy)

Super Plan members only
Please execute the investment portfolios nominated below as my future investment strategy.

Portfolio name	% Allocation
Cash account	3
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
If there is insufficient room on this form to nominate your investment strategy, please attach further instructions.	100%

3. Full account balance switch (complete to change the investment strategy of your entire account balance)

Please execute the attached investment authority and accept this nomination to change my entire account balance; or
 Please change my entire account balance to the investment portfolios nominated below.

Portfolio name	% Allocation
Cash account (3% for Super Plan, 5% for Allocated Pension Plan)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Please apply the investment strategy in this section to my future contributions. This instruction relates to Super Plan members only.	100%

4. Partial account balance switch (please complete this section to change part of your account balance)

Please write the full names of the investment portfolios that you wish to switch between.

From: Portfolio name	% of account balance	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

To: Portfolio name	% of account balance	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Top-up portfolio

If you have not already done so, please nominate below an investment portfolio to top-up your Cash account to the minimum required level, for the payment of fees and charges and pension payments (if applicable). If you do not nominate a top-up portfolio, we will top-up your Cash account from your least volatile investment portfolio(s).

I nominate the following investment portfolio to top-up my Cash account.

6. Further instructions (complete this section to expand on your request, if necessary)

Notes

The investment managers available may be changed or withdrawn, new investment portfolios may be added or the asset composition of investment portfolios may be changed. If any portfolio is withdrawn, the Trustee will endeavour to notify you in advance. If you require assistance in completing this form, please call Asteron Client Services on 1300 361 755.

7. Declaration

I fully understand, or my financial adviser has fully explained, the investment portfolios in which I wish to invest as outlined in the Connolly Temple Super Savings Plan Product Disclosure Statement and Investment Choice brochure.

I understand the Trustee will act on this request but is not liable for any delays as a result of external managers completing the transaction.

Member's signature

X

Date

/ /

Please forward form to: Connolly Temple Super Savings Plan
GPO Box 1576 Sydney NSW 2001