



Return completed original form to
SMARTwrap
 c/- Powerwrap Limited
 PO Box 16071
 Collins Street West VIC 8007

or email scanned originals to
clientservices@powerwrap.com.au

5. Variation to Pension Payment Instructions

Pension payments can only be made to a nominated cheque or savings account by direct credit.

Complete Details of your Financial Institution

Name of Institution

Account Name

BSB Account Number Cheque Savings

6. Employment Details

Occupation Hours worked per week

7. Amendments to Fees

Adviser Fees (Australian Equities)

Ongoing Adviser Fee . % OR \$, . p.a. (maximum 2.2% per annum incl. GST)

Contribution Fee . % p.a. (maximum 5.5% of each purchase incl. GST)

Adviser Fee (Managed Funds)

Ongoing Adviser Fee . % OR \$, . p.a. (maximum 2.2% per annum incl. GST)

Contribution Fee . % p.a. (maximum 5.5% of each purchase incl. GST)

8. CGT Disposal Method

Select the default CGT disposal method to be applied to your portfolio.

Minimise Gains Maximise Gains First in First Out Manual Parcel Selection

9. Privacy

Please note that by sending Powerwrap Limited personal information about yourself you are agreeing that Powerwrap Limited can use it for the purposes of operating your SMARTwrap Superannuation Account.

If you have any questions about your rights under the privacy legislation, please call Powerwrap Limited on 03 8681 4600.

10. Member Declaration

I declare that all of the above details are correct.

MEMBER TO SIGN HERE

DATE

If signing under Power of Attorney, you verify that, at the time of signing, you had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, you must submit this with the completed form.

11. Adviser Declaration

I declare that all of the above details are correct.

ADVISER TO SIGN HERE

DATE

OFFICE USE ONLY

SIGNATURES VERIFIED

PROCESSED

PW AUTHORISED SIGNATURE.....DATE / /



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How to complete the Change of Member Details form

1. Existing Member details

Complete this section in full for all changes. Please do not use initials. Your full name and date of birth will help us to identify your account.

2. Preferred Beneficiary/ies

Complete this section to change your nominated beneficiary/ies. To make sure that your nomination of preferred beneficiary/ies is valid, please read the following information.

Who can I nominate?

- your spouse (including de facto);
- your children of any age (including step, adopted or ex-nuptial); or
- any other person who is or was wholly or partially financially dependent on you.

Who decides?

Under the Trust Deed, the Trustee alone is responsible for deciding to whom, and in what proportion, your death benefit should be paid. In making this decision however, the Trustee will naturally take into account your nomination of preferred beneficiary/ies. For your nomination to be effective, it is important that you keep it up to date, particularly if your family or marital circumstances change.

3. Variation to Insurance Cover

Complete this section if you want to apply to increase your Death & TPD cover or apply for Income Protection Cover.

4. Variation to Pension Payment Amount

Complete this section if you wish to change the amount and date of your pension payment you wish to receive. (Client signature is not required if this section is the only amendment on the form).

5. Variation to Payment Instructions

Complete this section if you wish to change the bank account your pension payments are paid into.

6. Employment Details

Complete this section if you wish to change your employment details and hours worked.

7. Amendments to Fees

Complete this section if you wish to change fees payable to your financial adviser.

8. Amendments to CGT Disposal Method

Complete this section if you wish to change the default CGT disposal method on your account.

10. Member Declaration

The member must sign and date the Declaration before returning this form.

11. Adviser Declaration

The financial adviser must sign and date the Declaration before returning this form.