

IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please read all the information and the back of this form to help you complete your Change of Member Details correctly. This request will be invalid if not signed and dated. See Instructions on page 3.

1. AMENDMENT TO EXISTING MEMBER DETAILS

Member Number (mandatory)

Mr/Mrs/Ms/Miss (mandatory) Surname (mandatory)

Given names (mandatory) Date of Birth

Street Address/PO Box

Suburb/Town/City State Postcode

Contact Name

Home Phone Number Mobile Phone Number Business Phone Number

Email Address (upper and lower case)

NOTE: If our records show an incorrect date of birth, evidence must be provided (e.g. copy of driver's license or birth certificate). Evidence of a name change must be attached (e.g. copy of marriage certificate, deed poll or decree nisi). Do not send originals.

2. AMENDMENT TO PREFERRED BENEFICIARY/IES

Mr/Mrs/Ms/Miss	Surname	Given Names	Relationship (e.g. wife, son)	Benefit Portion
				%
				%
				%
				%

Must be whole numbers and add to 100 %. I nominate the above person(s) as my preferred beneficiary/ies for the payment of my death benefit. I understand that my nomination will be used by the Trustee as a guide only and the Trustee is not in any way bound by my nomination when exercising its absolute discretion to pay my benefit. If you wish to make a binding nomination you can obtain the form by downloading a copy from the website www.powerwrap.com.au

3. VARIATION TO INSURANCE COVER

I wish to apply for additional insurance cover as follows:

Death Only Fixed Amount \$

Death & TPD Fixed Amount \$

Income Protection Insurance Yes No

Waiting Period 30 days 60 days 90 days

Please note that any application to increase your insurance cover is subject to acceptance by the Insurer. The increased cover will not apply until you have received written confirmation from DIY Master that the Insurer has accepted your application. The cover will require you to provide details of your health or undergo medical checks as determined by the Insurer. The Administrator will advise you of the Insurer's requirements on receipt of the application.

4. 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

5. AMENDMENT TO EMPLOYMENT DETAILS

Occupation Hours worked per week

6. AMENDMENT TO FEES

Adviser Fees

Adviser Service fee % excl. GST or \$ excl. GST (maximum 5.0% of initial contribution excl. GST)
- Initial Contribution*

Adviser Service fee % excl. GST or \$ excl. GST (maximum 2.0% p.a. excl. GST)
- Ongoing (ASX listed only)

Adviser Service fee % excl. GST or \$ excl. GST (maximum 2.0% p.a. excl. GST)
- Ongoing (Managed Funds and cash)

Signature of Advisor

Date

***The Adviser fee - Initial Contribution is a once-off upfront fee and does not apply to regular contribution plans or any other contribution types.**

7. AMENDMENT TO CASH MANAGEMENT ACCOUNT NUMBER

Account number

8. 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.

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 Superannuation Account.

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

OFFICE USE ONLY

SIGNATURES VERIFIED

PROCESSED

PW AUTHORISED SIGNATURE..... DATE

HOW TO COMPLETE THE CHANGE OF MEMBER DETAILS FORM

1. AMENDMENT TO 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. AMENDMENT TO PREFERRED BENEFICIARY/IES

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

Who can I nominate?

- Your spouse (including defacto);
- 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 the 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 INSTRUCTIONS

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

5. AMENDMENT TO EMPLOYMENT DETAILS

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

6. AMENDMENTS TO FEES

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

7. AMENDMENT TO CASH MANAGEMENT ACCOUNT NUMBER

Complete this section if you wish to change your Cash Management Account Details

8. MEMBER DECLARATION

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

Return completed original form to
Powerwrap Limited
PO Box 16071 Collins Street West VIC 8007