

Retirement income streams Investment choice form

Please complete this form if you wish to change your investment options.
Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable.
This form must be completed in full.



SECTION 1 – MEMBERSHIP INFORMATION

Member Number

Date of Birth (DDMMYYYY)

Tax File Number (optional)

Surname

Title

 Mr Mrs Miss Ms Dr

Given Names

Gender

 Male Female

Residential Address

Town/Suburb/City

State

Postcode

Phone Number

Fax Number

Mobile Number

Email

SECTION 2 – INVESTMENT CHOICES

Please indicate below where you would like your money invested.

Managed growth	%	Australian shares	%
Balanced	%	International shares	%
Conservative	%	Property	%
Alternatives	%	Fixed interest	%
Cash	%	Total (must add up to 100%)	%

Note: Total choices must add up to 100%. Otherwise we will have to return the form.

What investment option(s) do you wish to have your income stream payments drawn from?

Your income stream payments will normally be made in the same proportions as your selected investment options. However you may select to have payments made from a particular investment option until the holdings in that option are exhausted.

(Please tick if yes)

☐ Please make payments in the same proportions as my account balance

OR

☐ Please make payments from my: option



SECTION 3 – MEMBER DECLARATION

I declare that:

- I have read and understood the current *Prime Super Short-Form Product Disclosure Statement – Retirement income streams* available at www.primesuper.com.au
- I understand that if I fail to complete this form correctly, the Trustee will be unable to process my choice.
- This investment choice will take effect on the first day of the month after the Trustee receives a correctly completed *Prime Super Retirement income streams investment choice form*.
- I understand that the Trustee does not undertake to have any choices completed within a particular time frame.
- This authority replaces all previous investment choice authorities and I authorise the Trustee to change my investment options in accordance with this authority.
- I understand my personal information will be used in accordance with Prime Super's Privacy Policy (available at www.primesuper.com.au) which I have read and understood.

Full Name

[illegible]

Member Signature

Date (DDMMYYYY)

--	--	--	--	--	--	--	--

ADDITIONAL INFORMATION

YOUR PRIVACY

The information you provide on this form is collected by and held for Prime Super by the fund Administrator, and may be disclosed to third parties who are involved in activities related to your membership or provided to lawfully authorised government agencies in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*. We only use the information for the purpose of administering your membership or related purposes. For further information about privacy or to obtain a free copy of our Privacy Policy, please visit our website www.primesuper.com.au, contact us on 1800 675 839, write to us at Locked Bag 5103, Paramatta, NSW 2124 or email us at administration@primesuper.com.au.

WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

Mail Prime Super
Locked Bag 5103
Parramatta NSW 2124

Freecall 1800 675 839
Fax 1800 023 662
Email administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).