Additional Investment and Change to Distribution Instructions form

ClearView Managed Investments

Please use this form to make additional investments, start or amend a Regular Savings Plan.

Fields marked with an asterisk (*) must be completed in order for us to action your request.

If you need any assistance in completing this form please call our Service Centre on **132 977**.

*I want to
- ☐ Make an additional investment
- ☐ Start or amend a Regular Savings Plan
- ☐ Cancel my existing Regular Savings Plan (Complete section A and F only)
- ☐ Change my Distribution Instructions

A. Account details

My account number ______ / ______ (e.g. TINV / 100000)

*Title (Investor) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ______

*Gender ☐ Male ☐ Female

*Date of birth D D M M Y Y Y Y

*Given name(s)

*Surname

*Title (Joint Investor) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ______

*Gender ☐ Male ☐ Female

*Date of birth D D M M Y Y Y Y

*Given name(s)

*Surname

*Account name (for Company, Trusts or Partnerships)

B. Nominated bank account

☐ Deposit into my existing linked bank account

☐ Deposit into the following bank account

Name of Australian financial institution

Address of Australian financial institution

Name of account

BSB number ______ - ______ Account number

I request and authorise ClearView Financial Management Limited (User ID number 101077) to debit my nominated account in accordance with the addional and/or regular payment arrangement made between us as set out in this Additional Investment and Change to Distribution Instructions Form.

I acknowledge that this debit will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution I have nominated in this Additional Investment and Change to Distribution Instructions Form and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. (For further information, refer to the section titled 'Direct Debit Request Service Agreement' in the ClearView Managed Investments Additional Information document.)

By signing and/or providing you with a valid instruction in relation to my Direct Debit Request, I understand and agree to the terms and conditions governing the debit arrangement between myself and ClearView Financial Management Limited as set out in this request and in the Direct Debit Request Service Agreement. I understand that where an additional and/or regular deduction is dishonoured, a fee is charged and a processing fee may be charged by my financial institution each time a contribution is made. All bank account signatories must sign below.

Signature of account holder

X

Date

D D M M Y Y Y Y

Name of account holder **PRINT CLEARLY IN BLACK LETTERS**

Signature of account holder (if joint account)

X

Date

D D M M Y Y Y Y

Name of account holder (if joint account) **PRINT CLEARLY IN BLACK LETTERS**

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Section 2: Money In Choice

Use this section to tell us where you want to invest money coming into your account. You can nominate different instructions for your additional investment and/or Regular Savings Plan.

A. Additional investment

Additional Investment amount $ ___ , ___

☐ Direct debit (please provide direct debit instructions in section 1B)

OR

☐ Cheque (the cheque must be payable to: ClearView Financial Management Limited)

If you are paying via Cheque, your additional investment will be allocated in accordance with your Default Money In Choice as nominated in your Application Form.

If you are paying by direct debit, your additional investment allocation can be different to your Default Money In Choice. You can choose how you wish to allocate your additional investment by providing your additional investment instructions in the table below.

Investment Option	%
	. %
	. %
	. %
	. %
Total additional investment allocation	1 0 0 . 0 0 %

The total allocation must equal 100%.

Note: You can also make additional investments using BPay or TeleAccess.

B. Set up or change a Regular Savings Plan via Direct Debit

If you wish to set up or change a Regular Savings Plan, please nominate the date of payment (allow at least 6 business days).

☐ Next available OR ☐ Nominated date D D M M Y Y Y Y OR ☐ Not applicable

Frequency

☐ Monthly OR ☐ Quarterly OR ☐ Not applicable

Regular Savings Plan amount $ ___ , ___

Please select how you would like your money to be invested

☐ In accordance with my Default Money In Choice OR

☐ In accordance with my instructions in the table below OR

☐ Not applicable

Investment Option	%
	. %
	. %
	. %
	. %
Total Regular Savings Plan allocation	1 0 0 . 0 0 %

The total allocation must equal 100%.

Section 3: Distribution instructions

Use this section to tell us where you want your distributions paid. Please ensure you have provided direct debit instructions in section 1B if you want your distributions paid into your nominated financial institution account.

Investment option	Distribution options	
	Reinvest	Paid into nominated account
	☐	☐
	☐	☐
	☐	☐
	☐	☐

☐ Please tick this box if you have provided 3rd party financial institution details (i.e. a financial institution account where you are not listed as an account owner) in section 1B above. By ticking the box you acknowledge and accept that any amount paid into this account is treated as being made to you. If you have included 3rd party account details, please complete an Identification form for each account owner which is available from **clearview.com.au** or from your financial adviser.

Section 4: Declaration Acknowledgement and signature(s)

By signing this form, I/we:

- declare that I/we have received a copy of the Target Market Declaration (TMD) for this product;
- declare that I/we have read the TMD and believe I am/we are within the product's target market and wish to proceed;
- declare that all the details given in this form are true and correct; and
- declare that, if signing under a power of attorney, I/ we verify that, at the time of signing, I/ we have not received a notice of revocation of that power.

We are committed to handling your personal information and sensitive information in a secure manner and accordance with the Privacy Act 1988 (Cth). For a copy of our Information Handling Policy, please visit **clearview.com.au.**

Full name (print clearly in block letters)

Type of investor

☐ Individual ☐ Joint investor 1 ☐ Director 1 ☐ Sole director and sole company secretary
☐ Trustee 1 ☐ Power of Attorney

Signature of Investor

X

Date

D D M M Y Y Y Y

Full name (print clearly in block letters)

Type of investor

☐ Joint investor 2 ☐ Director 2 ☐ Trustee 2 ☐ Power of Attorney

Signature of joint investor

X

Date

D D M M Y Y Y Y

Sending your form

Please send the form to us via email or mail.

Mailing address:
ClearView Wealth
GPO Box 4232
Sydney NSW 2001

Email address:
client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.

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CVW_0365 10/21