

# Change of Investment Details Form

## ClearView Managed Investments

Use this form to request certain changes to your investment instructions. Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please **CROSS X** appropriate answer boxes. 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**.

### Section 1: Your details – all investors to complete

\*I want to:

- Change my Default Money In Choice       Change my Default Money Out Choice
- Start or amend a Regular Savings Plan       Change my Distribution Instructions
- Cancel my Fixed Payment Plan (tick this box and complete section 1 and 5 only)
- Cancel my existing Regular Savings Plan (tick this box and complete section 1 and 5 only)
- Start or amend a Fixed Payment Plan

#### A. Account details

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

\*Title (Investor)

Mr  Mrs  Ms  Miss  Dr  Other

\*Gender

Male  Female

\*Date of birth

\*Given name(s)

\*Surname

\*Title (Joint Investor)

Mr  Mrs  Ms  Miss  Dr  Other

\*Gender

Male  Female

\*Date of birth

\*Given name(s)

\*Surname

\*Account name (for Company, Trusts or Partnerships)

## B. Nominated bank account

We will use this account for any direct debits, distribution instructions or Money Out instructions that you set up as part of this form.

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 default and/or regular payment arrangement made between us as set out in this 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 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 default 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

Date

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

Signature of account holder (if joint account)

Date

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

## 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 Default Money In Choice and/or Regular Savings Plan.

### A. Default Money In Choice

Use this section to tell us how you want us to allocate money coming into your account (Default Money In Choice). You can nominate different instructions in Section 2B if you wish to set up a Regular Savings Plan.

Investment Option	%
	<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"/> <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"/> %
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<b>Total Default Money In Choice allocation</b>	<b>1 0 0 . 0 0 %</b>

The total allocation must equal 100%.

### 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          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 in Section 2A above, OR

in accordance with my instructions in the table below, OR

Not applicable.

Investment Option	%
	<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"/> <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"/> %
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<b>Total Regular Savings Plan allocation</b>	<b>1 0 0 . 0 0 %</b>

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 completed Section 1B if you want your distributions paid into your nominated financial institution account.

Investment option	Distribution options	
	Reinvest	Paid into nominated account
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Money Out Choice

Use this section to tell us where you want to deduct any money going out of your account.

### A. Default Money Out Choice

Please make sure you provide your bank account details in Section 1B.

**Note:** One-off withdrawals can also be specified at the time of withdrawal by completing the Application for Withdrawal Form. Partial withdrawals can be made using TeleAccess, we will send you details on how to do this as part of your welcome pack.

Investment Option	%
	<input type="text"/> . <input type="text"/> %
	<input type="text"/> . <input type="text"/> %
	<input type="text"/> . <input type="text"/> %
	<input type="text"/> . <input type="text"/> %
<b>Total</b>	<b>1 0 0 . 0 0 %</b>

The total must equal 100%.

### B. Fixed Payment Plan

If you wish to receive a regular fixed payment from your investment please complete this section.

#### 1. Timing of regular payments

Monthly (around the 15<sup>th</sup> of the month) OR  Twice monthly (around 1<sup>st</sup> and 15<sup>th</sup> of the month)

2. Payment amount

Investment Option	Regular payment amount to be deducted from your investment
	\$
	\$
	\$
	\$
<b>Total fixed regular payment</b>	\$

3. Payment instructions

To account nominated in Section 1B

OR

To account nominated below

Name of Australian financial institution

Address of Australian financial institution

Name of account

BSB number  -  Account number

## Section 5: 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.

Full name (print clearly in block letters)

Type of investor

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

Signature

Date

Full name (print clearly in block letters)

Type of investor

- Joint investor 2     Director 2     Trustee 2     Company Secretary     Partner 2     Power of Attorney

Signature

Date

### 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**.