

Changes to Standing Instructions or Switch Form

Purpose of this form

Use this form to request changes to your Standing Instructions or to switch between your Investment Pool and Guaranteed Cash. Sections marked with an asterisk (*) must be completed in order for us to action your request.

Please indicate what you would like to do:

- Change Standing Instructions Switch funds between Investment Pool and Guaranteed Cash

***A. Member details**

Account number / (e.g. CSUP / 100000)

Given name(s) Surname

Contact phone number

Email address

B. Changes to Standing Instructions

Money In/Out Choice

Please indicate what you would like to change:

Money In Choice to: Investment Pool OR Guaranteed Cash

Money Out Choice to: Investment Pool OR Guaranteed Cash

Note: if your Money In or Money Out Choice is your Investment Pool then you must also provide Investment Pool Instructions below.

Investment Pool Instructions

To change the target mix of investment options within your Investment Pool please nominate below:

Investment Option	%
Example: IPS Active Dynamic 30	<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 . <input type="text"/> 0 <input type="text"/> 0 %
	<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"/> %
Total allocation	<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 . <input type="text"/> 0 <input type="text"/> 0 %

C. Switch funds between your Investment Pool and Guaranteed Cash

<input type="checkbox"/> Investment Pool to Guaranteed Cash	<input type="checkbox"/> Full switch (no need to enter a dollar amount below)
<input type="checkbox"/> Guaranteed Cash to Investment Pool	<input type="checkbox"/> Partial switch
Total \$ <input type="text"/>	

*D. Member declarations and signature

By signing this request form, I am making the following statements:

- I declare that I have received a copy of the Target Market Declaration (TMD) for this product;
- I declare that I have read the TMD and believe I am within the product's target market and wish to proceed;
- I declare that all the details given in this form are true and correct;
- I declare that, if signing under a power of attorney, I verify that, at the time of signing, I 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 in accordance with the Privacy Act 1988 (Cth). For a copy of our Information Handling Policy, please visit clearview.com.au.

Signature of member

Date signed

Member full name (print clearly in block letters)

Note: If signing under a power of attorney, please provide an original certified copy of the power of attorney document and the attorney's identification, if not previously provided to ClearView.

Sending your form

Please send the form to us via your email address on file 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**.