

Investment Switch request form

Please complete this form if you wish to switch between investment option(s).

Please indicate which Plan the switch is to be made from:

Personal Investment Plan

Investment Essentials

1. Personal details

Investor 1

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company/Trust name

Address

Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (home)	Telephone (business)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth (dd/mm/yy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Email address <input type="text"/>
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ABN	TFN
<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"/>

Investor 2

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (home)	Telephone (business)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth (dd/mm/yy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Email address <input type="text"/>
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ABN	TFN
<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"/>

2. Switch details

The minimum switch amount (sale and purchase) is:

- \$1,000 per investment option for Investment Essentials
- \$500 per investment option for Personal Investment Plan

Transaction fees apply.

Please list the investment option(s) to be sold.

Investment options	Number of units

Please list the investment option(s) to be purchased.

Investment options	Reinvest dividends <input checked="" type="checkbox"/>	Number of units* (listed investments)	Amount
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
IMPLEMENTATION FEE (up to 4%)			\$

* Please note you must sell down or purchase listed investments in whole units.

3. Privacy

Please tick this box if you do not wish to receive information on other products and services that may be of benefit to you. Please see the current Product Disclosure Statement for details on privacy and personal information.

4. Signature and confirmations

- I have received, read and understood the current offer document or investment report for each investment option I have selected or considered
- I authorise the deduction from my plan of any fees, expenses and taxes payable

Signature Investor 1/director Date

	/ /
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Signature Investor 2/director/company secretary Date

	/ /
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Financial planner only

Name

Phone number

AFSL holder

PortfolioNet account number

- The implementation fee applicable to the investment option to be purchased is recorded in section 2 of this form.
- I acknowledge that any liability to pay an adviser service fee (to an AFSL holder approved by the Responsible Entity and stated on this form) will not exceed the amount detailed on this form (except for a GST provision) and that the investor or Responsible Entity may cancel or reduce this amount at any time without notice.
- I indemnify the Responsible Entity against any claim arising pursuant to the advice given by me to the investor(s) named on this form.
- I have given the investor(s) a current offer document and/or investment report for each investment option selected and the current Product Disclosure Statement (for either Investment Essentials or the Personal Investment Plan) which I believe they considered.
- I have reviewed the investor's financial situation, needs and objectives and confirm the investment options selected are appropriate and provide, when the investment portfolio is taken as a whole, adequate diversification.

Financial planner signature

Date