

# Superannuation Reinvestment Plan form

The reinvestment plan gives you the option of nominating to have the income such as dividends, distributions and interest automatically reinvested into the same investment option. Investment options available for reinvestment are identified on the List of Investment Strategies. To change your election, please notify us in writing. Please allow 10 business days for your request to be implemented.

Superannuation Plan     Super Essentials

## 1. Personal details

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

ABN	TFN
<input type="text"/>	<input type="text"/>

## 2. Reinvest income (dividends, distributions and interest)

Please list the existing investment options that you wish to have the income automatically reinvested.  
(Please refer to the List of Investment Strategies for availability).


### 3. Pay income to my cash management account

Please pay income to my cash management account for the following investment options.


### 4. 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.

### 5. Signature(s) and confirmations

- I confirm my acceptance of the terms of the reinvestment plan.
- I understand that by signing this form that any income will be reinvested in the investment option(s) or paid to my cash management account as I selected until such time as I instruct the Trustee to stop the facility or the facility is terminated or I change the options.
- I acknowledge that reinvestment can occur before I receive a revised offer document for any relevant investment option(s). The Trustee agrees to make available to you any updated offer document(s) as soon as practicable after the document's issue.

Signature

Date

Name	Phone number
<input type="text"/>	<input type="text"/>
AFSL holder	PortfolioNet account number
<input type="text"/>	<input type="text"/>
Referring source	Financial institution's BSB number
<input type="text"/>	<input type="text" value="0000-0000"/>
<ul style="list-style-type: none"> <li>• I have given the member the current offer document and/or investment report for each investment option selected and the current Product Disclosure Statement (for either Super Essentials or Superannuation Plan) which I believe they considered</li> <li>• I have reviewed the member'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.</li> </ul>	
Financial planner signature	Date
<input type="text"/>	<input type="text" value="/ /"/>