

ACCOUNT ALTERATION FORM



FLEXiPLAN
a u s t r a l i a

Please complete these details

1 ACCOUNT DETAILS

Account Number

Account Name *Surname* *Given Name(s)*

Please provide details of new address. If blank, no change will be made to your address details

2 CHANGE OF ADDRESS

Postal Address *Street Address*

City/Suburb *State* *Postcode* *City/Suburb* *State* *Postcode*

Home () Work () Fax ()
Telephone

3 TAX FILE NUMBER

Tax File Number

In order to change your insurance cover you must complete and sign the required health evidence forms available from FlexiPlan or your financial adviser

4 INSURANCE

I wish to effect the following insurance in my: ☐ FlexiSuper Fund Account ☐ Private Deed Account

Type of insurance ☐ Death or ☐ Death and Total and Permanent Disability

Amount of Cover \$ Commission Payable %

☐ Salary Continuance \$ Per month Current Salary \$

If blank no change will be made to your bank account details.

If you are making a regular contribution via a PDC and you have changed your bank account details, please also complete a new PDC form. If you are receiving a regular withdrawal or pension, then any payment processed after receipt of this form will be paid to your new account.

5 BANK ACCOUNT DETAILS

Bank Name Branch

Account Name

BSB Number - Account Number

6 REGULAR SAVINGS/DIRECT DEBIT

☐ FlexiSuper Fund ☐ Private Deed ☐ FlexiInvestment Fund

Please amend my existing contribution amount to \$

If Superannuation, SGC & Salary Sacrifice (Employer Contribution) \$

Deducted (Self Employed) \$

Undeducted (Member Contribution) (Restricted Non Preserved) \$

Undeducted (Spouse Contribution) (Preserved) \$

CGT Rollover \$

Please amend the frequency of my contributions to:

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

☐ Please cancel the current regular contributions arrangements within my account.

In this section you should provide details of the person you wish to nominate as the beneficiary of your investment in the Personal Superannuation Plan in the event of your death. This person can only be a dependant and may be your spouse, a child less than 18 and/or any other person(s) who is financially dependant upon you. If necessary attach an additional list. The Trustee has the final decision as to whom the benefit is paid and in what form.

7 NOMINATION OF BENEFICIARY (Superannuation only)

Surname of Beneficiary (1) *Given Name(s)* *Date of Birth* *% of Benefit*

Postal Address *Relationship to Member*

Surname of Beneficiary (2) *Given Name(s)* *Date of Birth* *% of Benefit*

Postal Address *Relationship to Member*

If regular withdrawals are to be paid to your bank account, then they will be paid to the bank account shown on this form. If no details are provided then they will be paid to the bank account details held for your account.

If regular withdrawals are sent to you, then they will be sent to the address shown on this form. If no details are provided then they will be sent to the address held for your account.

Where assets need to be sold to fund a withdrawal, please complete an Investment Authority.

If the withdrawal is to be paid to your bank account, then it will be paid to the bank account shown on this form. If no details are provided then it will be paid to the bank account details held for your account.

If the withdrawal is to be sent to you, then it will be sent to the address shown on this form. If no details are provided then it will be sent to the address held for your account.

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(08) 9481 8199
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8 REGULAR WITHDRAWALS/PENSION PAYMENTS

☐ Pension Account No. ☐ FlexiInvestment Fund

Please change my regular withdrawal/pension amounts to \$ per annum

Payment frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Month of 1st Payment:

Please make payments to: ☐ My bank account (as detailed on this form or as recorded for my account) ☐ By cheque to my address (as detailed on this form or as recorded for my account)

9 WITHDRAWAL REQUEST

☐ Superannuation Account ☐ Pension Account No. ☐ FlexiInvestment Fund

Please withdraw from my account \$

☐ Before tax ☐ After tax

I/we acknowledge that all redemptions are subject to the investment manager's withdrawal restrictions and that any sale could result in Capital Gains Tax realisation.

Please pay the withdrawal to me by:

☐ Crediting it to my bank account (as detailed on this form or as recorded for my account) ☐ Sending a cheque to me at my address (as detailed on this form or as recorded for my account); or ☐ Rolling the benefit over to the following:

Name of Fund

Address of Fund

If superannuation please specify if you would like the withdrawal to be made from specific superannuation balances

Undeducted Component \$

Pre/Post Component \$

CGT Exempt Component \$

Other \$

NOTES ON WITHDRAWALS

Tax File Number

I authorise FlexiPlan to quote my TFN to the Insurance and Superannuation Commissioner and the Australian Tax Office. I understand that the provision of my TFN is not compulsory, but if not provided it will result in any lump sum tax being deducted at the maximum applicable rate.

Insurance

If you have terminated your membership, then, subject to conditions as set out in the KFS, the insurers offer a continuation option, which can be accepted within 30 days of your termination.

Preservation

Preserved benefits can only be paid where a condition of release has been satisfied.

If you are transferring benefits to another superannuation fund, then a letter of compliance is required from that fund.

DECLARATION FOR WITHDRAWAL FROM SUPERANNUATION

I declare that I am eligible to receive the above benefit because:

☐ I am over the age of 65

☐ I am over the age of 60, and have ceased an arrangement where I was gainfully employed

☐ I am over the age of 55 and have permanently retired

☐ The money is not preserved.

10 CHANGE OF ADVISER

Please change my financial adviser to:

Adviser

Company

Phone Fax

I authorise the provision of financial data with regard to my investment, and the payment of ongoing service brokerage to the above adviser.

ADVISER STAMP

11 FEES AND REPORTING

Please set the entry fee on % maximum of 5%

Please amend the annual review fee to % maximum of 1%, or \$ maximum of \$2,000 (whichever is greater)

Please set month & year of next review to 19

Frequency of subsequent reviews ☐ Twice a year ☐ Yearly

Please change my nominated fee option to: ☐ Fee Option A ☐ Fee Option B

12 CLIENT AUTHORISATION

Member's Signature

Member's Signature

Adviser Name

/ /

Date

Telephone Number

Company Seal if appropriate

Fax Number