



## Section 2

## Payment and contribution details

Contribution amount \$    ,    .  

Payment made by BPAY

**Note:** To obtain your **Biller Code** and **Customer Reference Number** for BPAY, or for more information about BPAY, please call our Member Service Centre.

## Section 3

## Investment Choice

I would like to invest my lump sum contribution.

 In accordance with my current investment choice

OR

 As specified below (the investment choice you make below only applies to this lump sum deposit):

## Standard Options

Shares Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
High Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Growth (DEFAULT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Balanced	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Conservative	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Defensive	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

## Alternative Options

Basic Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethically Minded	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<b>Total</b> (must equal 100%)	<b>1</b>	<b>0</b>	<b>0</b>	%

**Note:** If you do not make an investment choice, this contribution will be invested in accordance with your most recent investment allocation for future contributions into your account or if you are a new member and you have not made an investment choice, the contribution will be invested in the default option, Growth.

## Section 4

## Authorisation

I acknowledge and agree:

- I understand and accept the investment risks and returns of my investment choices and acknowledge that the benefits in the Accumulation Plan are not guaranteed or underwritten by the Victorian Government or ESSSuper and that ESSSuper does not come under the jurisdiction of the Australian Financial Complaints Authority (AFCA).
- I fully understand and accept the implications of the elections I have made on this form (including that this contribution must be preserved in the superannuation system until I become eligible to access my superannuation benefit) and I declare that the information provided on this application is true and correct.

Signature

 PLEASE SIGN HERE

Date

  /   /    

## Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001  
T 1300 650 161 | [esssuper.com.au](http://esssuper.com.au)At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's *Privacy Policy* and *Privacy Collection Statement*, please visit our website at [esssuper.com.au](http://esssuper.com.au)