

Investment Options Change Form for Beneficiary Account members

Who should use this form?

You should complete this form if:

- You are a **Beneficiary Account** member, and
- You want to change your investment choice for your **Beneficiary Account**.

Note: This change will only apply to your *Beneficiary Account*. If you want to change your investment choice for an *Accumulation Plan* or *Income Stream* account, you need to complete the relevant Investment Options Change Form for that product.

Before you start


Your completed form must be received by ESSSuper by close of business on the 20th day of the month to take effect from the first day of the next month (e.g. if received by 20 June, the effective date will be 1 July). If the 20th day of the month is not a business day, your completed form must be received by close of business on the last business day prior to the 20th.

If you have a Member's Online Account, confirmation of your investment option selection can be found in your transaction history and once the selection takes effect it can be viewed on your investment summary page.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1 Your personal details

Member number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) <input type="text"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>
	<input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.
Residential address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/> Postcode <input type="text"/>
Telephone (business hours)	(<input type="text"/>) <input type="text"/> (after hours) (<input type="text"/>) <input type="text"/>
Telephone (mobile)	<input type="text"/>
Email address	<input type="text"/>

 By providing your email address you are authorising ESSSuper to send communications to that address. This authorisation will apply until it is revoked by you.

Section 2

Investment Choice for existing account balance

Please indicate how you want your account to be invested

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"/>	%
Total (must equal 100%)	1	0	0	%

Section 3

Declaration and signature

- I acknowledge that information regarding my investment options is contained in the *Beneficiary Account Product Disclosure Statement* and *Investment Guide (BA.1)* available from ESSSuper.
- I understand the information provided by ESSSuper is of a general nature and does not constitute personal financial advice.
- I accept the investment risks and returns of the investment choice I have made and understand that neither the Emergency Services Superannuation Board nor the Victorian Government is responsible for the decision I have made.
- I understand that the investment choice I have made on this form will apply until I make a new investment choice.
- I have read and accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) which appear in the *Beneficiary Account Product Disclosure Statement* available from ESSSuper.

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

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 go to our website at esssuper.com.au