

Investment Choice Application Form



Use this form to advise First Super of your investment choice. Choosing how to invest your superannuation is an important decision. We recommend reading the **First Super Product Disclosure Statement (PDS)** before making any decisions. You can obtain a copy of the PDS by visiting firstsuper.com.au/pds.

Please complete this form using BLOCK LETTERS and a blue or black pen. Once completed, remember to sign and date your form before returning it to us at First Super, PO BOX 666, Carlton South, VIC 3053 or email the form to forms@firstsuper.com.au.

i Investment switches are generally processed each Friday or the next working day if it falls on a public holiday. Your completed form must be received by the Fund no later than 5pm (AEST) the day prior.

Section 1 – Your personal details

| | | | | |
|--|----------------------|--|--|----------------------|
| Title | Member number | Account number (if known) | Date of birth (DD/MM/YYYY) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Account type (tick one): | | <input type="checkbox"/> Super Account | <input type="checkbox"/> Allocated Pension Account | |
| Surname | | | | |
| <input type="text"/> | | | | |
| Given name(s) | | | | |
| <input type="text"/> | | | | |
| Residential address | | | | |
| <input type="text"/> | | | | |
| Town/Suburb/City | | State | Postcode | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Postal address (if different from above) | | | | |
| <input type="text"/> | | | | |
| Town/Suburb/City | | State | Postcode | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | |
| Telephone (home) | Telephone (work) | Mobile number | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Email | | | | |
| <input type="text"/> | | | | |

Section 2 – Your investment choice

You can invest in any or one or a combination of up to five investment options.

Please use whole numbers and ensure your choice equals 100%.

i If your Investment Application Form is received unsigned or incomplete, your request will not be processed. If the options you choose do not equal 100%, any difference may be adjusted through the Balanced (default) option.

- I have a super account and would like to:
- Change my **current account balance**: Complete column A only
 - Change my **future contributions**: Complete column B only
 - Change my **current account balance** and **future contributions**: Complete columns A & B

- I have a pension account and would like to:
- Change my **current account balance**: Complete both columns A & C

| Investment Option | Risk Band | Risk Label* | Estimated number of negative annual returns over any 20-year period | A. Invest my Current Account balance in: | | B. Invest my Future Contributions in: | | C. Allocated Pension – Withdrawals from: |
|-----------------------|-----------|----------------|---|--|---|---------------------------------------|---|--|
| Shares Plus | 6 | High | 4 to less than 5 | | % | | % | |
| Growth | 5 | Medium to High | 3 to less than 4 | | % | | % | |
| MySuper Balanced | 4 | Medium | 2 to less than 3 | | % | | % | |
| Conservative Balanced | 3 | Low to Medium | 1 to less than 2 | | % | | % | |
| Cash | 1 | Very low | Less than 0.5 | | % | | % | |
| Total | | | | 100 | % | 100 | % | |

* The Risk Label is a standard measure that allows you to compare investment options on the basis of investment volatility. The lower the risk band number, the less likely it is that an investment option will deliver a negative return. Please see the PDS for further information.

Section 3 – Declaration

By signing this form, I request that First Super change my investment choice for my current account balance and/or any future contributions I make to the Fund.

- > I have obtained and read the information on Investments contained in the current PDS and related documents.
- > I understand the effect of, and any risk involved in, switching my investment option(s) and agree that the Fund has no liability for my choice.
- > I understand that past performance is not a guarantee of future performance and have considered the need for specific advice before making an investment decision.
- > I acknowledge that the Trustee may maintain one or more Reserves in the course of operating the Fund and understand that conditions including fees, switching costs, and the timing of switching (including possible suspension during volatile periods) are subject to variation from time to time at the Trustee’s discretion.

By signing this form you acknowledge receipt of the First Super Product Disclosure Statement (PDS) and documents referred to in the PDS. You can obtain these and other information by calling First Super on **1300 360 988** or visiting firstsuper.com.au/pds.

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Please sign here

Date (DD/MM/YYYY)

This application MUST be received within 30 days of the date you sign it.

The advice provided in the PDS is general in nature and you should seek financial advice in relation to your personal situation. First Super is able to provide you with limited advice on the investment options that may suit you best or we can arrange for you to speak to one of our Financial Planners. Call us on **1300 360 988** for more information or to obtain a PDS.

Please return this completed form by

Mail First Super
PO Box 666
Carlton South, VIC 3053

OR

Email forms@firstsuper.com.au

Want to know more? We’re here to help.

Call 1300 360 988
Email mail@firstsuper.com.au
Website firstsuper.com.au