

1. Personal Details

Member Number

Member's Name (Title) (First Name) (Middle Name) (Surname)

Postal Address (PO Box OR Street No. and Name) (Suburb) (State) (Postcode)

Telephone: Home () Business () Mobile

Date of Birth / / Sex

✓ Please tick the variations you are requesting

2. Change Of Name

To change your name, please attach a copy of your marriage or deed poll certificate and fill in sections below.

Previous Name

New Name

3. Tax File Number

Member's Name (First Name) (Surname) Date of Birth / /

Tax File Number (Note: Please see the Taxation section in the Product Disclosure Statement before completing)



4. Investment Selection (please read Product Disclosure Statement: Part 2 of 2 - Investment Choices before completing)

If neither of the following two boxes are ticked, your existing account balance will be invested and future pension payments made as indicated below.

Please alter my investment choice as follows:

Please switch my existing account balance to the following option(s); or

Please make future pension payments from the following option(s).

Investment Code		Investment Options
Capital Guaranteed Portfolio		
CA	<input type="text" value=""/> %	TOWER Australia Capital Assured Fund
Cash Portfolio		
CM	<input type="text" value=""/> %	TOWER Australia Cash Fund
Fixed Interest Portfolio		
SC	<input type="text" value=""/> %	Citigroup Australian Bond Trust
SA	<input type="text" value=""/> %	TOWER Australia Fixed Interest Fund
ZH	<input type="text" value=""/> %	UBS Diversified Fixed Income Fund
Capital Stable Portfolio		
RD	<input type="text" value=""/> %	Perpetual's Wholesale Conservative Growth Fund
RB	<input type="text" value=""/> %	TOWER Australia Security Focus Fund
ZB	<input type="text" value=""/> %	UBS Defensive Investment Fund
Balanced Portfolio		
RH	<input type="text" value=""/> %	Colonial First State Wholesale Balanced Fund
RW	<input type="text" value=""/> %	Perpetual's Wholesale Diversified Growth Fund
ZD	<input type="text" value=""/> %	TOWER Australia Conservative Balanced Fund

Investment Code	Investment Options
Growth Portfolio	
RR	<input type="text"/> % Colonial First State Wholesale Diversified Fund
RT	<input type="text"/> % ING Wholesale Managed Growth Trust
RM	<input type="text"/> % Perpetual's Wholesale Balanced Growth Fund
RY	<input type="text"/> % Schroder Balanced Fund Standard Class
RF	<input type="text"/> % TOWER Australia Balanced Growth Fund
RP	<input type="text"/> % TOWER Australia Growth Maximiser Fund
ZF	<input type="text"/> % UBS Balanced Investment Fund
Property Portfolio	
WS	<input type="text"/> % BT Wholesale Property Investment Fund
WQ	<input type="text"/> % Deutsche Paladin Property Securities Fund
Australian Shares Portfolio	
SL	<input type="text"/> % Advance Sharemarket Fund - Wholesale Units
SN	<input type="text"/> % Colonial First State Wholesale Imputation Fund
ZM	<input type="text"/> % Eley Griffiths Group Small Companies Fund
ZP	<input type="text"/> % Investors Mutual Australian Share Fund
ST	<input type="text"/> % IOOF/Perennial Wholesale Value Shares Trust
WA	<input type="text"/> % Perpetual's Wholesale Industrial Fund
WC	<input type="text"/> % Schroder Wholesale Australian Equity Fund
SG	<input type="text"/> % TOWER Australia Australian Shares Fund
SJ	<input type="text"/> % TOWER Australia Ethical Growth Fund
ZK	<input type="text"/> % Vanguard Australian Shares Index Fund
International Shares Portfolio	
ZR	<input type="text"/> % Credit Suisse Asset Management International Shares Fund
WL	<input type="text"/> % Perpetual's Wholesale International Share Fund
WN	<input type="text"/> % Platinum International Fund
ZT	<input type="text"/> % TOWER Australia International Shares Fund
ZW	<input type="text"/> % Vanguard International Shares Index Fund
Total	100%

Note: A maximum of 20 investment options can be chosen.



5. Nomination of Dependants

I request that in the event of my death the Trustee consider paying any benefit to the dependants nominated below in the proportions indicated. I understand that:

- the Trustee is not bound by this nomination but will take it into account in deciding how and to whom any death benefit will be distributed; and
- the Trustee can only pay a death benefit from the Fund to my estate or a dependant. (Please see the Product Disclosure Statement for details).

Name	Street No. & Name	Suburb	Postcode	Relationship	Proportion
					%
					%
					%
TOTAL					100%

Please note that this nomination will replace any existing nomination you have made in respect of your ARC Allocated Pension membership.

Applicant's Signature

X

Date / /

6. Member Declaration (this declaration must be completed)

Please read the following acknowledgments and declarations carefully and sign at the bottom of this section.

- I have read all questions and answers contained in this Member Variation and Investment Switch Form, and any other forms submitted to the Trustee which are relevant and confirm that the answers are true, correct and complete whether or not they are in my own writing.
- I have made no statement to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Member Variation and Investment Switch Form, or any other forms submitted to the Trustee which are relevant.
- I direct the Trustee to invest on my behalf in the manner (if any) set out in Section 4 of this form.
- I have read and understood the Privacy information contained in the Product Disclosure Statement, which sets out important details of how the Trustee may use my personal information.

Applicant's Signature

X

Date / /