

SUPERANNUATION

TOWER Master Fund – Unit Linked Change of Details Form

Dated 1 January 2010
 TOWER Australian Superannuation Limited
 ABN 69 003 059 407 AFSL No. 237851
 TOWER Master Fund ABN 20 891 605 180

1. PERSONAL DETAILS

Member number (if known)	<input type="text"/>		
Name	Title <input type="text"/>	Surname <input type="text"/>	
	Given name(s) <input type="text"/>		
Date of birth	<input type="text" value=" / /"/>		
Address	Street address <input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
	Country <input type="text"/>		
Contact details	Home <input type="text"/>	Business <input type="text"/>	
	Mobile <input type="text"/>	Email <input type="text"/>	

2. CHANGE OF NAME

To change your name, please attach a certified copy of your marriage certificate or deed poll certification and complete the sections below.

Previous name	<input type="text"/>	New name	<input type="text"/>
Previous signature	<input type="text" value="X"/>	New signature	<input type="text" value="X"/>

3. INSURANCE COVER CANCELLATION

Please indicate below what type of insurance cover you would like to cancel.

I wish to cancel my insurance benefits as follows:

- Total and Permanent Disablement only benefit
 Death and Total and Permanent Disablement benefit
 Income Protection benefit

4. NOMINATION OF BENEFICIARIES

To nominate beneficiaries, please complete this section. Please note the Trustee of the Fund is only able to pay your death benefit to one or more of your Dependant(s) and/or your Legal Personal Representative. In the event of your death, the Trustee will seek to determine all your Dependant(s) and, considering your nomination, will determine whom and in what proportions to pay your benefit.

I request that in the event of my death, the Trustee consider paying any benefit to the Dependant(s) or Legal Personal Representative nominated below in the proportions indicated:

Name of dependant	Address of Dependant	Date of birth	Dependant relationship	Benefit (%)
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
Legal Personal Representative (your estate)				
TOTAL (must add up to 100%)				

Please note this nomination will replace any existing nomination you have made in respect of your TOWER Master Fund account.

5. INVESTMENT SELECTION

Please complete this section if you would like to select or switch the investment option(s) in which you wish to have your monies invested.

If you do not choose your own investment option(s), your account balance will be invested in your employer's default investment option.

Please indicate the percentage (%) of your current super account balance and the percentage (%) of future contributions to be allocated to the investment options you have selected.

Investment option	Current super account balance (%)	Future contributions (%)
TOWER Cash		
TOWER Security Focus		
TOWER Balanced Growth		
TOWER Ethical Growth		
TOTAL (must add up to 100%)		

6. AUTHORISED REPRESENTATIVE

Please complete this section only if you wish to nominate an Authorised Representative. The following persons, in addition to yourself (and your Financial Adviser), are authorised to access information in relation to your TOWER Master Fund account. Please note this nomination will replace any existing nomination you have made in respect of your TOWER Master Fund account.

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input checked="" type="text"/>	Signature	<input checked="" type="text"/>

Director Sole Director and Secretary

Company signatories must indicate their correct capacity

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Company signatories must indicate their correct capacity.

7. PRIVACY

Information on the collection, use and disclosure of your information is contained in the Privacy Policy Statement on our website at www.toweraustralia.com.au, or is available on request. A copy of the PDS for this product is available on our website www.toweraustralia.com.au or call us for a copy.

If you have any questions about your privacy rights, or wish to access the personal information we hold about you, please contact:

The Privacy Officer
PO Box 142
Milsons Point NSW 1565
Telephone: 1800 812 922

8. MEMBER DECLARATION

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

If I am applying to cancel my insurance cover:

- I understand my insurance cover will cease once TOWER receives my written request.
- I understand that if I decide to apply for insurance at a later stage, the Fund's insurer will require information about my state of health.

If I have made or updated my nomination of beneficiaries, I understand that:

- This nomination will replace any existing nomination made in respect of my TOWER Master Fund account.
- 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.
- The Trustee can only pay a death benefit from the Fund to my Legal Personal Representative or one or more Dependant(s); meaning my legal or de facto spouse or other person with whom I am in a relationship where we are living together on a genuine domestic basis as a couple, my child (including adopted child, step-child, ex-nuptial child and child of a member's spouse), any person financially dependent on me or with whom I have an interdependency relationship at the date of my death. The Trustee is only able to pay another individual if no Dependants and no Legal Personal Representative can be identified.

Member signature

X

Date

/ /

Contact us

TOWER Master Fund Customer Service Consultants

Call 1800 812 922

Monday to Friday 8.30am-5.30pm (EST)

Email: corporate.super@toweraustralia.com.au

Website: www.toweraustralia.com.au

Please return your completed form and any supporting paperwork to:

TOWER Master Fund

PO Box 142

Milsons Point NSW 1565