Date Stamp (Internal Office Use Only)



## Change in investment options - Super Solutions

Complete this form in pen using CAPITAL letters. When		th an X					
SECTION 1 - YOUR PERSONAL DETAILS							
Client number							
Last name			Mr ×	Mrs	Miss	Ms ×	Dr X
First name/s		Fe	male Ma	ale D	ate of Birtl	h	
		X	< >		D M	MY	Υ
Street address							
Suburb/town			St	ate	Pos	stcode	
Postal address (if different to street address)							
1 ostal address (il dillerent to street address)			TT	тт	$\top$		
Suburb/town			C+	ate	Pos	stcode	
Subulb/towii			31	ale	F 0 8	sicode	
Home phone	Day time phone	М	obile				
Email							
Would you like to receive all communictaions	s and documents electror	nically (where legally po	ssible)?				
X Yes X No							
SECTION 2 - CHANGE IN INVESTMENT OF	PTION						
a) Do you want to change the investment strategy for your account balance only?							
X Yes, please complete the account balance X No, please complete both sections. section (second column only).							
Future contributions							
Investment Strategy for your contributions		Investment Strategy for your account balance					
personal and employer contributions and a	ny lump	(ie. money you have already accumulated in your					

sum amounts you transfer into the Plan).

Investment Option	Pe	rcei	ntag	е
My WA Super (Default)				%
Diversified High Growth				%
Diversified Moderate				%
Diversified Conservative				%
Australian Listed & Private Equities				%
Global Listed & Private Equities				%
Sustainable Future				%
Property & Infrastructure				%
Bonds & Yield				%
Cash				%
Australian Listed Equities (Index)				%
Global Listed Equities (Index)				%
Total	1	0	0	%

account).

Investment Option		Percentage			
My WA Super (Default)				%	
Diversified High Growth				%	
Diversified Moderate				%	
Diversified Conservative				%	
Australian Listed & Private Equities				%	
Global Listed & Private Equities				%	
Sustainable Future				%	
Property & Infrastructure				%	
Bonds & Yield				%	
Cash				%	
Australian Listed Equities (Index)				%	
Global Listed Equities (Index)				%	
Total	1	0	0	%	

Please note: Interim interest rates may be used should a withdrawal of funds occur within 60 days of submitting this form. Your first two switches each financial year are free of charge, after which a fee may apply. Please see the PDS for details.

Future contributions can be changed in your online member portal at wasuper.com.au.



## SECTION 3 - EFFECTIVE DATE OF INVESTMENT SWITCH

All switches will be effective either from a date nominated by you or 5 days from the receipt of your correctly completed form, whichever is the latter.

a) Do you wish to nominate an effective date for your switch?

X Yes, nominate date below. X No (go to section 4)

D D M M Y Y Y

## SECTION 4 - ACKNOWLEDGEMENT AND DECLARATION

- I understand that in completing and signing this form that any previous investment options will be replaced by the new details on this form.
- I understand that the benefits of the Fund are not guaranteed, the value of investments may rise and fall and that I may not get back the amount originally invested. I further acknowledge that the Trustee has not made specific recommendations concerning membership or investments.
- I understand my first two switches each financial year are free of charge, after which a fee may apply. Please see the PDS for details.
- I acknowledge that if I am uncertain as to the most appropriate investment strategy for my personal needs, that I should seek professional financial advice from a licensed financial adviser before deciding upon my investment option(s).
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Trust Deed and Rules in all respects.

Signature	Date	ı
	D D	M M Y Y Y