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setting up for your future

HEIDELBERG AUSTRALIA SUPERANNUATION FUND

# Change form

## for Retained Benefits Division members

The Heidelberg Australia Superannuation Fund gives you a number of options as a Retained Benefits Division member.

You can use this form to change your investment and insurance choices.

For more information on your choices, please refer to the Fund's Product Disclosure Statement.

### Your personal details

Title: Mr/Mrs/Miss/Ms (please circle)

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

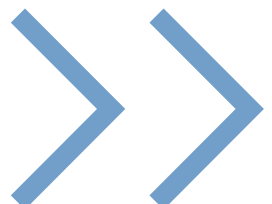
Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Member number: \_\_\_\_\_

### Your investment choice

Please invest the current balance of my super account with the Fund, together with any future contributions and rollovers, in the following investment option (please tick ONE option only):

Cash     Capital Stable     Balanced     Growth     Diversified Shares

You should note that the Trustee permits switching on a monthly basis. You must return your form **five days** prior to the end of the month in order for your switch will be made with effect from the first day of the following month. Otherwise, your request to switch investment options will be held over until the first day of the next month. Note that fees may apply. Refer to the Fund's Product Disclosure Statement for more information on switching options.





## Your insurance choice

**You have the option to decrease or cancel your insurance cover in the Retained Benefits Division (please tick ONE option only):**

- I wish to decrease my cover to \$ \_\_\_\_\_ (Please write a dollar amount. This must be less than your current level of cover.)
- I wish to cancel my insurance cover in the Retained Benefits Division.

**Your change in cover will take effect from the date that this form is received by the Fund Administrator.**

## Declaration

I hereby acknowledge that:

- I have received and understood the Product Disclosure Statement from the Heidelberg Australia Superannuation Fund.
- I understand the superannuation options available to me for investment and insurance.
- All of my super will be invested in the investment option of my choice and I accept full responsibility for the investment earnings achieved by my chosen investment option, whether positive or negative.
- The investment choice nominated on this form will become effective from the first day of the month following receipt of this form, provided it is received within five days of the end of the month.
- The choices I have made on this form supersede any previous choices that may have been made by me.
- I have received, read and understood the summary of the *Privacy Policy* for the Fund as set out in the PDS. I agree to the use and disclosure of my personal information as disclosed therein.

**Signature:** \_\_\_\_\_ **Date:**     /     / \_\_\_\_\_

**Please return your completed form to:  
The Fund Administrator  
Heidelberg Australia Superannuation Fund  
PO Box 1442  
Parramatta NSW 2124**

If you have any questions, please contact the Fund Administrator on 1800 127 953.