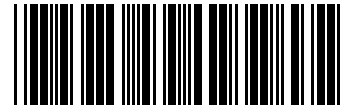


FirstChoice Employer Super Change of Details Form



Please phone Colonial First State Employer Services on 1300 654 666 with any enquiries.

Please complete this form using BLUE OR BLACK PEN and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross [X]. Start at the left of each answer space and leave a gap between words.

Please indicate your reason(s) for completing this form:

- ☐ I want to change my contact details – complete sections 1, 2 and 7
- ☐ I want to provide my Tax File Number – complete sections 1, 3 and 7
- ☐ I want to update or change bank account details – complete sections 1, 4 and 7
- ☐ I want to update or change my name – complete sections 1, 5 and 7

SAVE FORM

PRINT FORM

1 INVESTOR DETAILS

FirstChoice Employer Super account number

0 6 5

If you do not know your account number, please fill in your details below.

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Date of birth

dd/mm/yyyy

Given name(s)

Surname

Employer name

Only complete sections that require changing.

2 USE THIS SECTION TO UPDATE YOUR CONTACT DETAILS

Postal address

Unit number Street number PO Box Street name
 Suburb State Postcode
 Country

Work phone number

Home phone number

Fax number

Mobile phone number

Email address

If you are updating your email address and/or mobile number, we are required to verify you. Please complete section 7.
 Not completing this section may cause delays in processing your request.

We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices, education and market updates via email, your account online, SMS, mobile phone app or other electronic means. You are also consenting to receive marketing communications about our products and services.

Please note, you are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy.

3 USE THIS SECTION TO PROVIDE YOUR TAX FILE NUMBER (TFN)

Tax File Number (Please refer to attached instructions for information about the collection of your TFN and the implications of not providing your TFN. This could mean that you will pay more tax or that certain contributions will not be accepted).

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Do you consent to Avanteos Investments Limited (AIL), the trustee of your super fund, acting on your behalf and using your TFN to search the ATO's SuperMatch program for your other super accounts? This consent will be held into the future and will allow us to complete periodic searches on your behalf. For further information on how we use your TFN, see the 'Taxation' section of the PDS.

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

You may withdraw your consent at any time by calling us on 13 13 36.

4 USE THIS SECTION TO NOMINATE YOUR BANK ACCOUNT DETAILS

Name of Australian financial institution

| |
|--|
| |
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Branch name

| |
|--|
| |
|--|

Branch number (BSB)

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Account number

| | | | | | | | | | |
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| | | | | | | | | | |
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Name of account holder

| |
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Please note that by providing bank details in this section you authorise Colonial First State Investments Limited (CFSIL) to retain these details for all future transaction requests that you nominate. Please see the terms and conditions in the current Product Disclosure Statement (PDS).

5 USE THIS SECTION TO UPDATE OR CHANGE YOUR ACCOUNT NAME

If your name has changed, please attach a copy **certified** by a Justice of the Peace, solicitor or notary of the documentation by which you registered your change of name, such as a Marriage Certificate, Deed Poll or Decree nisi (in the case of divorce). Additional certification options are available from our 'Certification of documents - list of prescribed persons' form at www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

| |
|--|
| |
|--|

Surname

| |
|--|
| |
|--|

Date of birth

| |
|------------|
| dd/mm/yyyy |
|------------|

Old signature of member

| |
|--|
| |
|--|

Print name

| |
|--|
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| |
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Date signed

| |
|------------|
| dd/mm/yyyy |
|------------|

New signature of member

| |
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| |
|--|

Print name

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Date signed

| |
|------------|
| dd/mm/yyyy |
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6 USE THIS SECTION TO CHANGE YOUR ONLINE SERVICES

You can elect to access your investment details over the internet through FirstNet. Online access is provided under the terms and conditions outlined in the PDS. Transactional access is not available to certain investors, and will vary across our product range. Any selection you make in this section will apply to all investments you hold with us.

What type of online access do you require?

☐ Transactional access ☐ Enquiry access ☐ No online access

7 PROVING YOUR IDENTITY

When updating your details we are required to verify your identity. If you have not recently provided certified ID please complete one of the options below to prove your identity

If you have not previously provided proof of your identity to us, you will need to do so before we can pay you your benefit. Proving your identity ensures your benefit is paid to you and no one else. There may be times we need to contact you to further verify your identity.

Select one option to prove your identity:

☐ **Option 1 – I want to use electronic verification**

Provide details of EITHER your current valid Australian Driver Licence or Australian Passport.

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

Card number

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

☐ **Option 2 – I want to provide paper copies of certified documents**

Please ensure that you provide photocopies of your original identification document and that they are correctly certified on each page as true copy. This also includes international documentation. For more information refer to our website on [Identification and Verification – Certification of Documents](#).

8 DECLARATION AND SIGNATURE

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 1300 654 666. You can find more information about the Document Verification Service at www.dvs.gov.au

I declare that:

- all details in this form are true and correct
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it)
- I release and indemnify AIL against any liabilities whatsoever arising out of AIL acting on any communications received by phone, fax or other electronic means including without limitation transactions effected through the internet in respect of my investments.

Signature of member

Date signed

DIRECT DEBIT REQUEST AUTHORISATION

- I authorise and request CFSIL (User ID 011802 & 619909) to arrange for funds to be debited from my/our account at the financial institution identified in **section 5** above and as prescribed through the Bulk Electronic Clearing System (BECS);
- I have read the 'Direct Debit Request Service Agreement' provided with this form and agree with its terms and conditions;
- I request this arrangement to remain in force in accordance with details set out in **section 5** and in compliance with the 'Direct Debit Request Service Agreement'.

Investments in Colonial First State FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL).

Print name

Please send the completed form to:

Colonial First State
Reply Paid 27, Sydney NSW 2001

OR via the secure online system (e-Post) with FirstNet Investor

Important information about changing your account details

How do I change my account details?

As an investor with Avanteos Investments Limited (AIL) there are a number of ways you can make changes to your account including over the internet, by phone, letter, fax or by using the pre-printed form attached.

The following circumstances may constitute a change of account details:

- Updating your contact details (address, phone number etc)
- Changing or providing your Tax File Number
- Changing your Australian financial institution account
- Updating or changing your account name

Warning: Your Tax File Number (TFN)

Under super law (Superannuation Industry (Supervision) Act 1993), we can collect, use and disclose your TFN. If you provide your TFN, it will be treated confidentially.

If you give us your TFN, you are giving us consent to use it for legal purposes, including:

- calculating the tax on any benefits you're entitled to
- providing information, including your TFN, to the Commissioner of Taxation
- unless you opt out, searching for your other super accounts.

With your consent, when we search for your other super accounts, you are consenting to us acting on your behalf and using your TFN to search the ATO's SuperMatch program for super amounts held on your behalf by the ATO or by other super funds (and seeking more information from those funds about the accounts found). This consent will be held into the future and will allow us to complete periodic searches. If at any time you wish to withdraw your consent, please contact us on 13 13 36.

We will let you know the results of all searches of the SuperMatch program, and we will contact you to see if you would like us to consolidate your super accounts with us.

If you ever ask us to roll over your benefits to another super fund, we may also give your TFN to that fund.

What are the advantages of providing it?

You don't have to give us your TFN – it's not required by law and it is not an offence to decline to give us your TFN. But giving us your TFN has the following advantages:

- we will be able to accept all permitted types of contributions to your account(s);
- other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your super and benefit payments when you start drawing down your super benefits; and
- it will make it much easier to find different super accounts in your name so that you receive all your super benefits when you retire.

When will we be checking and updating your TFN?

Under current legislation, we are required to check whether you have supplied us with a valid TFN whenever we roll over or transfer your account balance. We may do this more often, to ensure that we have the most current and valid data for you. Where you don't provide us with a valid TFN, we may update our records with a valid TFN provided by the ATO. In such an event, we will not inform you of this update. If we receive a TFN from the ATO, you will be taken to have provided your TFN.

If you don't provide your TFN and you roll over your balance from another fund, the trustee of the other fund may provide your TFN. If so, we will update our records accordingly.

Note: The legal purposes may change in the future following legislative change and the consequences of not providing your TFN may also change.

This document provides general information only and is not financial advice or a recommendation. It does not take into account your individual objectives, financial situation or needs. Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the issuer of interests in FirstChoice Employer Super. Product Disclosure Statements (PDS) and the Financial Services Guide (FSG) are available from our website cfs.com.au or by calling 13 13 36. You should read the relevant PDS and FSG to assess whether the information is appropriate for you and consider talking to a financial adviser before making an investment decision. The investments are subject to investment and other risks, including possible delays in repayment and loss of earnings. 30935/FS949/0525

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 011802 & 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.

- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

Please phone Colonial First State Employer Services on 1300 654 666 with any questions or email employer@cfs.com.au