



Change of Details Form

OneAnswer Personal Super and Pension

12 March 2014

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

OnePath MasterFund (Fund)

ABN 53 789 980 697 RSE R1001525 SFN 2929 169 44

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341 GPO Box 5306, Sydney NSW 2001

Customer Services Phone 133 665

Email customer@onepath.com.au

Website onepath.com.au



Did you know that it's faster and more secure completing this request online? Visit onepath.com.au to see all of the online transactions available.

This form is to be used to change account details by existing members in the following products:

- **OneAnswer Frontier Personal Super**
- OneAnswer Personal Super Entry Fee, Nil Entry Fee and //Select
- **OneAnswer Frontier Pension**
- OneAnswer Pension Entry Fee, Nil Entry Fee and //Select
- OneAnswer Term Allocated Pension

Instructions

1. Member details

- If you hold both a Personal Super and Pension account, one form will need to be completed for each account that you are making changes to
- · For any changes relating to pension payments, please use the Pension Payment Update Form.
- Please complete the form and send it to: OneAnswer, OnePath, GPO Box 5306, Sydney NSW 2001

Member number	
Title	Mr Mrs Ms Miss Dr Other
Surname	
Given name(s)	
Only complete sections t	hat require changing
2.11	•1
2. New contact deta	IIIS
Residential address (this cannot be a PO Box)	
Suburb/Town	State Postcode
Country	
Postal Address (if different from above)	
Suburb/Town	State Postcode
Country	
Phone Home	Business
Mobile	Fax
Preferred Email	



3. Change of name	Mr Mrs Ms Miss Dr Other				
Surname	···· ··· ··· ··· ··· ··· ··· ··· ··· ·				
Given name(s)					
	hy a Justice of the Peace Solicitor or notary of the documentation by which you registered your change of				
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 or Deed Poll.					
If you are changing your signature as a result of changing your name, please supply both your current and new signatures below.					
Current signature (sign clearly within the box)	X				
New signature	x x				
(sign clearly within the box)					
1 Change of pageingto	ad financial institution assessment				
	ed financial institution account				
The following financial institut	tion account will be debited for the Regular Investment Plan:				
Name of financial institution					
Branch where account is held					
Account holder name(s)					
BSB number	Account number Account number				
Direct debit request (must be	e signed by bank account holder(s))				
I/We request and advise OnePath Life (user ID number: 219412) to debit my/our nominated account in terms of the payment arrangement made between us.					
I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement contained in the OneAnswer Frontier Personal Super and Pension Additional Information Guide and I/we agree to be bound by, consent to and acknowledge such terms.					
I/We understand that where a Regular Investment Plan payment is dishonoured, a fee of \$11.76 is charged and that a processing fee may also be charged by my/our financial institution each time a regular investment is made.					
All bank account signatories must sign below.					
Signature of account holder (sign clearly within the box)					
(sign clearly within the box)	Date (dd/mm/yyyy)				
Signature of account holder	В Х				
(sign clearly within the box)	Date (dd/mm/yyyy) / /				
Note: If the nominated accoun	nt above is transferred, closed or the account details have changed, please advise us 10 business days before				

Note: If the nominated account above is transferred, closed or the account details have changed, please advise us 10 business days before the next direct debit date.

5. Auto-rebalance/Regular Investment Plan/Dollar Cost Averaging Plan					
Please update my account as follows:					
I wish to cancel my Regular Investment Plan (Personal Super members only).				
I wish to cancel my auto-rebalance facility.					
I wish to cancel my Dollar Cost Averaging Plan.					
I want a Dollar Cost Averaging (DCA) switch to occur (select one):	Start date of DCA (dd/mm/yyyy): 22 / /				
Monthly Quarterly	End date (optional) (dd/mm/yyyy): 22 / /				
Fund name Switch ou (\$ amount per					
Switch from \$,					
Switch to	\$				
6. Insurance premium deduction					
Please deduct my insurance premiums from:					
all my investment funds*					
or					
the following investment fund (except ANZ Term Deposits)					
(insert investment fund name).					
* The insurance premiums will be deducted proportionately across all investment funds, (except ANZ Term Deposits and MoneyForLife funds.)					
7. Account Linking (OneAnswer Frontier only)					
If you are eligible to request a waiver of the Member Fee because the total value of your OneAnswer Frontier accounts that you wish to link					
is greater than \$100,000 then please list the eligible account numbers* below.					
* Conditions apply as to which accounts can be linked, the calculation of their total value, and when this linking can be nominated. Please refer to the OneAnswer Frontier Personal Super					
and Pension Fees Guide for more information.					

8. Declaration and signature

Please ensure that you have read the entire current OneAnswer Personal Super and Pension PDS or OneAnswer Frontier Personal Super and Pension PDS.

By completing this form, I:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in
 OnePath's Privacy Policy which is available at onepath.com.au, or by calling Customer Services. If I have provided information about
 another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I
 understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy
 Policy which is located at onepath.com.au
- acknowledge that an investment in the Fund is not a deposit or liability of ANZ or any other member of the ANZ group companies (ANZ
 Group) and none of them stands behind or guarantees OnePath Custodians or the capital or performance of the Fund, and that my
 investment is subject to investment risk, including possible delays in repayment and loss of income and principal invested
- accept that OnePath may send me information about its products or services from time to time. I understand that I may notify you of my
 decision not to receive further information by contacting you directly
- authorise my financial adviser to receive and access my personal information for the purposes of managing my investment and to use the InvestmentLink service and/or the online service. Where there is any change relating to my financial adviser, I will notify you of the change in writing
- acknowledge that the performance of any investment fund is not guaranteed by OnePath Custodians or any other person, unless otherwise stated
- acknowledge that for transactions by direct debit, the unit price will be the one determined on the day funds are received in our bank account
- · confirm that I have read the above declarations and the conditions and acknowledgements in the current PDS
- declare that the statements made in this form are true and correct.

decidie that the statem		
Signature of member (sign clearly within box)	×	Date (dd/mm/yyyy) / /