

# Switching Notification

For State Super Personal Retirement Plan, Allocated Pension Fund, Term Allocated Pension Fund or Investment Fund use only.

Complete the form using a BLACK PEN and print in clear CAPITAL LETTERS. Mark answer boxes with a cross (X). Call your State Super Financial Services office if you have any questions.



## 1. INVESTOR DETAILS

Client code  Account number

Investor name(s)

Contact phone number (include area code)

Product – **Please cross (X) one box only**

Personal Retirement Plan       Term Allocated Pension Fund  
 Investment Fund                       Allocated Pension Fund

## 2. IMPORTANT – SWITCHING INSTRUCTIONS

- We strongly recommend that you discuss any switch with your financial planner, as this switch may significantly alter your taxation position.
- If you wish to switch a specific dollar amount, please complete the “Switch in Dollars” section below. Please ensure that the total amount switched from equals the total amount switched to.
- If you wish to re-allocate your investment across one or more Funds by percentages, please complete the “Re-Allocation By Percentage” section below. Please ensure that the total of all percentages equals 100%.
- You can choose to either “Switch in Dollars” or to “Re-Allocate By Percentage”, but you cannot complete both sections at the same time.
- Please sign and date this form.

## 3. SWITCH IN DOLLARS

Complete this section to switch dollar amounts from one Fund to another.

Please specify the amount you wish to switch in dollars

From		
Cash Fund	\$	
Capital Stable Fund	\$	
Balanced Fund	\$	
Growth Fund	\$	

To		
Cash Fund	\$	
Capital Stable Fund	\$	
Balanced Fund	\$	
Growth Fund	\$	

## 4. RE-ALLOCATION BY PERCENTAGE

Complete this section to re-allocate your investment so that **after** the re-allocation it has the profile you require.

Please specify how you want your investment to look **after** re-allocation

Cash Fund	<input type="text"/>	%
Capital Stable Fund	<input type="text"/>	%
Balanced Fund	<input type="text"/>	%
Growth Fund	<input type="text"/>	%
	<input type="text"/>	%

+

## 5. AUTHORISATION

**ALL INVESTOR(S) MUST SIGN AND DATE THIS FORM**

Signature of Investor 1

X  / /

Signature of Investor 2 (if applicable)

X  / /

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## 6. OFFICE USE ONLY

Signature verified by  Date verified  / /