



Retained Benefits Member Change Form

Please complete this form if you wish to **update** your choices as a Retained Benefits member in IPE Super. For more information on your choices, please refer to the Product Disclosure Statement, available on the IPE Super website at www.ipesuper.com.au or by calling the IPE Super Helpline on **1800 257 135**.

PART A Personal details (please print)

Title (please tick): Dr Mr Ms Mrs Miss Membership no.:

Given name: Surname:

Home address:

Telephone: () Date of birth: / /

(Business hours)

Email address:

Providing your email address

The Trustee may decide to provide information about IPE Super or your benefits electronically in the future. This might include Product Disclosure Statements, Benefit Statements, Exit Statements, Annual Reports, newsletters or information on material changes to your super or significant events. If you'd like to receive information electronically, where available, please provide your email address.

PART B Your investment choice

How do you want your super to be invested?

Choice 1 – Choose from the “pre-packaged” options

Please tick ONE box below for both your balance and future contributions to be invested in this way.

- Conservative
- Active Balanced* (default option)
- Assertive
- Assertive Plus

OR

Choice 2 – Design your own investment option

You can make a different choice for your existing balance and future contributions. (Must total 100%.)

Conservative	<input type="text"/>	%
Active Balanced*	<input type="text"/>	%
Assertive	<input type="text"/>	%
Assertive Plus	<input type="text"/>	%
Cash	<input type="text"/>	%
Diversified Fixed Interest	<input type="text"/>	%
Australian Shares	<input type="text"/>	%
International Shares	<input type="text"/>	%
Total	<input type="text"/>	100%

* This is also the option for MySuper members.

For information about each investment option, read the Product Disclosure Statement, available on the IPE Super website at www.ipesuper.com.au or by calling the IPE Super Helpline on **1800 257 135**.

please turn over to complete



PART C Your insurance choice

As a Retained Benefits member, you have the option to decrease your life insurance and total and permanent disablement insurance cover. You can also cancel your life insurance and total and permanent disablement insurance cover or cancel your total and permanent disablement cover and retain your life insurance cover only.

To decrease your cover:

I wish to decrease my life insurance cover to \$ (Please write a dollar amount. This must be less than your current level of cover.)

I wish to decrease my total and permanent disablement cover to \$ (Please write a dollar amount. This must be less than your current level of cover.)

Note: your total and permanent disablement cover cannot be greater than your life insurance cover.

To cancel your cover:

I wish to cancel my life insurance and total and permanent disablement insurance cover in the Retained Benefits section.

I wish to cancel my total and permanent disablement insurance cover in the Retained Benefits section.

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

PART D Declaration

- I agree to be bound by the terms and conditions contained in the Trust Deed and Rules governing the Incitec Pivot Employees Superannuation Fund ("IPE Super").
- I have received and understood the Product Disclosure Statement for IPE Super for my category of membership.
- All of my super will be invested in the investment option/s of my choice.
- I have the option of changing my investment selection at any time, subject to any fees imposed by IPE Super.
- The choices I have made on this form supersede any previous choices that may have been made by me.
- I acknowledge that I have received and understood a summary of the Privacy Statement for IPE Super as set out in the Product Disclosure Statement. I agree to the use of my personal information as disclosed therein.
- If I have provided my email address on page 1, I agree that the Trustee may use that email address to send me information including Product Disclosure Statements, Benefit Statements, Exit Statements, Annual Reports, newsletters or information on material changes to my super or significant events, electronically.
- I declare that the information that I have provided on this form is true to the best of my knowledge and belief.

Signature

Date

Please return the completed form to:

The Fund Administrator
IPE Super
PO Box 1442
Parramatta NSW 2124