



Your Super Choices Form

for Defined Benefit members

If you are a Defined Benefit member, you can use this form to **CHANGE** your super choices in IPE Super.

How to complete this form

To change your super choices, you must complete **Parts A and E** together with:

Part B to change your rate of member contributions,

Part C to change your rate of additional voluntary contributions, and/or

Part D to make or change your investment choice.

When you have completed and signed your form, return it to:

The Fund Administrator
IPE Super
PO Box 1442
Parramatta NSW 2124

PART A Personal details (please print)

Title (please tick):

Dr

Mr

Ms

Mrs

Miss

Membership no.:

Given name:

Surname:

Home address:

Telephone:

(Business hours)

()

Date of birth:

/ /



PART B Member contributions

I wish to make or change* my rate of member contributions.

Please tick ONE box below to indicate your preferred rate of member contributions and whether you wish to make these member contributions from your before-tax salary (i.e. by salary sacrifice**) or after-tax salary.

Deductions from your salary will begin from the next pay period after this form is processed by IPL Payroll.

I wish to make member contributions from my
after-tax salary at the following rate:

OR

I wish to make member contributions from my
before-tax salary at the following rate:

0%

1%

2%

3%

4%

5%

6%***

7%***

0.00%

1.18%

2.35%

3.50%

4.71%

5.88%

7.06%***

8.24%***

Notes:

* Before changing your level of before-tax member contributions, contact the IPE Super Fund Administrator on **1800 257 135** to discuss the potential impact (if any) on your notional contribution.

** The option to make member contributions by salary sacrifice is subject to approval by your employer.

*** The member contribution rates of 6% and 7% from after-tax salary or 7.06% and 8.24% from before-tax salary are only available to members who have contributed at less than 5% for any period of their membership and subsequently wish to increase their level of contributions to "catch up" on benefits previously missed out on when contributing at the lower rate. If you choose to contribute at these rates, your contribution rate will automatically return to the normal maximum rate of 5% of your salary once the "catch up" is complete.

PART C Additional voluntary contributions

I wish to make or change my rate of additional voluntary contributions. (Note: These contributions are in addition to the contribution rate you have nominated in Part B).

Please tick ONE box below to indicate your preferred rate of additional voluntary contributions and how you wish to make these contributions.

- I wish to cease making additional voluntary contributions.
- I wish to contribute a lump sum amount of \$
- I wish to contribute % of my superannuation salary each pay period (please write a whole percentage, e.g. 5%).

If you have indicated that you wish to contribute via regular salary deduction, now please tell us whether you wish to contribute from your before-tax salary (i.e. by salary sacrifice*) or after-tax salary. (Please tick ONE box below).

- Before-tax salary (i.e. by salary sacrifice*)
- After-tax salary.

Deductions from your salary will begin from the next pay period after this form is processed.

* Note: The option to make member contributions by salary sacrifice is subject to approval by your employer.

PART D Your investment choice

How do you want your additional voluntary contributions and/or rollover accounts to be invested?

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

OR

Choice 2 – Design your own investment option

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

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%

For information about each investment option, read *IPE Super's Investment Guide*.

PART E Declaration

Please sign and date your approval of the instructions provided on this form.

I hereby acknowledge that:

- I have received and read the booklet, *Your Benefits in IPE Super for Defined Benefit Members*, and understand the contribution choices that are available to me. (Note: This booklet can be downloaded from the Fund's website at www.ipesuper.com.au or obtained by calling the IPE Super Helpline on **1800 257 135**).
- I understand that my additional voluntary contribution account and rollover account will be invested in the investment option(s) of my choice. If I do not make an investment selection, these accounts will be invested in the Active Balanced option, which is the default option.
- I understand that investment returns are based on the actual earnings of the investment option(s) I have selected and that returns can be positive or negative.
- I understand that neither the Trustee nor any of its affiliates (including my employer), guarantee the investment returns in my chosen option or the default option, and that my voluntary and rollover account balance may fluctuate both upwards and downwards over time.
- I can change my investment option at any time, subject to any fees imposed by the IPE Super Trustee.
- Contributions will be made into my accounts with IPE Super in accordance with my stated wishes.
- The choices I have made on this form supersede any previous choices that may have been made by me.
- Any section of this form that is not completed signifies that I wish to maintain my existing arrangement.
- I have read the information in the booklet, *Your Benefits in IPE Super for Defined Benefit Members*, about the protection of my privacy and agree to the use of my personal information as disclosed in this booklet.

I declare that the information I have provided on this form is correct and complete to the best of my knowledge.

Signature:

Date:

Return your completed form to:

**The Fund Administrator
IPE Super
PO Box 1442
Parramatta NSW 2124**