



INVESTMENT MANAGER INSTRUCTIONS

To: Date:
Fund Manager/Registrar

Investment Name:

Trustee Name:

As Trustee For:

Account No/Investor No/SRN/HIN:

1) Authority to Release Information:
This authority expressly approves and authorises the release by you to Tranzact Super of all information relating to my/our account/shares/units referred to above.

2) Please change my/our address in your records to:
Tranzact Super
GPO Box 849
Brisbane Qld 4001

3) Please cancel my/our participation in the income reinvestment plan (if applicable)

4) Please direct all income to:
Account Name:
Bank Name:
BSB: Account Number:

5) My Investor Tax File No is:

6) My Investor ABN is:

7) Please note...

I/we do not wish to receive copies of Annual Reports

OR

I/we do wish to receive Annual Reports

Emailed to:

Please note that a fax/copy/scanned copy of this authority is as valid as the original.

AUTHORISATION OF TRUSTEE/DIRECTOR/SOLE DIRECTOR

Signature:
Trustee/Director/Sole Director

Signature:
Trustee/Director/Sole Director

Signature:
Trustee/Director/Sole Director

Signature:
Trustee/Director/Sole Director

ON COMPLETION PLEASE FAX OR SCAN & EMAIL TO
TRANZACT SUPER contact@tranzacttotalsuper.com.au
FAX: 07 3211 1455