

Switch Form

Use this form to switch between your investment options.
 Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**.
 Start at the left of each answer space and leave a gap between words. Please **CROSS X** appropriate answer boxes. Fields marked with an asterisk (*) must be completed in order for us to action your request.

A. Investor and Joint Investor details

My ClearView Managed Investments account, or

My ClearView Savings Bond account

*My account number / (e.g. TSAV / 100000)

*My account number / (e.g. TINV / 100000)

*Title (Investor)

Mr Mrs Ms Miss Dr Other

*Gender

Male Female

*Date of birth

*Given name(s)

*Surname

*Title (Joint Investor)

Mr Mrs Ms Miss Dr Other

*Gender

Male Female

*Date of birth

*Given name(s)

*Surname

*Account name (for Company, Trusts or Partnerships)

B. Switch Request

Full or Partial Switch	From investment option	To investment option
<input type="checkbox"/> Full switch <input type="checkbox"/> Partial switch <input type="text"/> . <input type="text"/> %		
<input type="checkbox"/> Full switch <input type="checkbox"/> Partial switch <input type="text"/> . <input type="text"/> %		
<input type="checkbox"/> Full switch <input type="checkbox"/> Partial switch <input type="text"/> . <input type="text"/> %		
<input type="checkbox"/> Full switch <input type="checkbox"/> Partial switch <input type="text"/> . <input type="text"/> %		

C. Declaration

By signing this request form, I/we make the following statements:

- declare that all the details given in this form are true and correct; and
- declare that, if signing under a power of attorney, I/we verify that, at the time of signing, I/we have not received a notice of revocation of that power.

We are committed to handling your personal information and sensitive information in a secure manner and in accordance with the Privacy Act 1988 (Cth). For a copy of our Information Handling Policy, please visit www.clearview.com.au.

Full name (print clearly in block letters)

Type of investor

- Individual Joint investor 1 Director 1 Sole director and sole company secretary
 Trustee 1 Power of Attorney

Signature of Investor

Date

Full name (print clearly in block letters)

Type of investor

- Joint investor 2 Director 2 Trustee 2 Power of Attorney

Signature of joint investor

Date

Sending your Form

Please send the form to us via email or mail.

Mailing address:

ClearView Wealth
Reply Paid 4232
Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.