

## Changing your distribution payment details

Use this form to:

- change how you receive your distribution payments (select **Reinvest** or **Direct Credit**), and/or
- change the details of your nominated bank account for receiving distribution payments.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

### 1. Investor details

Investment account number

Title

Date of birth

Surname

Given name(s)

Residential address

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

### 2. Distribution payment method

Please place a cross  in one of the boxes below to change how you receive your future distribution payments.

- a.  **Reinvest** all my distribution payments into my investment option(s).
- b.  **Direct Credit** all my distribution payments to my nominated bank account in section 3 below.

### 3. Account details

Please place a cross  in this box if the bank account below is to replace your existing nominated bank account with us.

Name of financial institution

Address of financial institution

### 3. Account details (continued)

Name of account holder(s)

BSB

Account number

### 4. Authority and signature

- I declare that ‘I’, ‘my’ and ‘me’ also mean ‘we’, ‘our’ and ‘us’ respectively.
- I declare that I have received and been given the opportunity to read the current Flexible Lifetime – Investments **Product Disclosure Statement (PDS)**.
- I declare that I want to change my distribution payment details for the investment option(s) comprising Flexible Lifetime – Investments in accordance with the current **PDS**, and agree to be bound by the terms of the Constitution(s) (as amended) and the current **PDS**.

**If you are signing as a trustee:**

- I declare that I warrant that, at the time of signing, I am authorised under the relevant trust deed to apply and to do all things necessary as a result of becoming a unitholder.

**If you are signing under Power of Attorney:**

- I declare that I verify that, at the time of signing, I had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, I must submit this with the completed form.

Investor A or Company Director/Sole Director/Power of Attorney

Date

Investor B or Company Director/Secretary

Date

**Where to send this form**

Mail (no stamp required), fax or email this completed form to:

**Flexible Lifetime – Investments**

Reply Paid 79281  
PARRAMATTA NSW 2124  
02 8837 7860  
trustinfo@amp.com.au

**Any questions?**

133 267 (133 AMP)

**Office/Planner use only**

Client number

Request ID

Planner ID