Member number 2  Account number*  Title							
Account number* Title	Account number* Title	Account number* Title	Account number* Title	Account number* Title	Account number* Title	Account number* Title	

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Postal a	ddress	(if di <b>f</b> er	ent from	vour h	nome ac	ldress)						
		7										
		_										

How do you want your funds to be withdrawn Please select ( ) one option only:  The default order – refer to 'Withdrawal pro OR  Withdraw in the following percentage allocators  Withdraw in the following fund order Specify the percentage allocation OR fund order applicable if you are completing a full withdraw	fle' section in this PDS for the default or ation er amounts that you wish to withdraw fr	
Fund name	Percentage allocation OR	Fund Order
Cash Fund	<u> </u>	
Capital Stable Fund	%	
Moderate Fund		
Balanced Fund	<u> </u>	
Growth Fund	<u> </u>	
Australian Equities Fund	<u> </u>	
International Equities Fund	<u> </u>	
Total (must add to 100%)	1 0 0 %	
Step 5. Change income distrib	oution details	
Please alter my/our income distribution details Please select ( ) one option only:	as below.	
☐ Reinvest all distributions in additional units OR	s in the fund from which the income wa	is earned.
$\hfill \square$ Pay all distributions to my bank account (p OR	rovide your bank details below).	
Distribute my income as indicated in table either "Reinvest distribution" or "Pay to bar		plies. Only select from
Fund name	Reinvest distribution P	ay to bank account
Cash Fund	OR	
Capital Stable Fund	OR	
Moderate Fund	OR	

OR

OR

OR

OR

These instructions will override all previous instructions.

Balanced Fund

Growth Fund

Australian Equities Fund

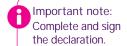
International Equities Fund

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Step 7: Monthly regular s	avings plan	
Monthly regular savings plan amount (mir	nimum deposit amount is \$100)	
\$		
When would you like your regular savings	s plan to commence?	
Next instalment date (DD-MM-YYYY)	End date (DD-MM-YYYY)	
		OR No end date
	Type of change requested, select ( ) only  Commence Alter Cease  Monthly regular savings plan amount (min  When would you like your regular savings	Monthly regular savings plan amount (minimum deposit amount is \$100) \$,

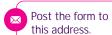
Step 9: Provide proof of identity
Please complete ( ) one of the options below.
I have previously provided certifed proof of identity documents or provided the electronic verification information below to Aware Super and I am not changing my name, date of birth or mobile phone number, providing bank details for the frst time or changing a previously nominated bank account.
☐ I will provide proof of identification for electronic verification.  Please provide any TWO of the following:
1. Full name exactly as it appears on my Medicare card
My Medicare number is Valid to (MM-YYYY)  My r



### Step 11: Declaration

- All information provided on this form is true and correct.
- I have read the current Product Disclosure Statement for the relevant product as well as any supplements or on-line updates. The relevant PDS can be found at aware.com.au/pds.
- I understand that where joint account holders have not advised the Trustee in writing that no instruction in respect of the account will be valid and binding unless it is executed by all the joint account holders, the Trustee may act in reliance on, and all the joint account holders will be bound by, any instruction in respect of the account held jointly which is executed by any one of the joint account holders.
- I have read and understood the Direct Debit Service Agreement (if applicable).
- I have read, understood and accept the Aware Super privacy policy.

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## Direct Debit Service Agreement

Aware Super Investment Fund

This agreement outlines our service commitment to you regarding Direct Debit Request (DDR) arrangements made between Aware Financial Services Australia Limited (APCA ID: 023481) and you. It sets out your rights, our commitment to you and your responsibilities, together with where you should go for assistance.

#### 1. Our commitment to you

- a) If Aware Financial Services Australia Limited (APCA ID: 023481), "we" or "us" makes any material change to the terms of the Direct Debit arrangements, we will give you at least 14 days written notice of these changes.
- b) We will keep information relating to your nominated Financial Institution account ("Nominated Account") confidential, except where required for the purposes of conducting Direct Debits with your Financial Institution or providing information to the Financial Institution in connection with a claim made on us relating to an alleged incorrect debit.
- c) For a Regular Savings Plan Direct Debits will be processed by us on the nominated day(s) ("Due Date"). For any other deposit request Direct Debits will be processed on the day the request is authorised by you ("Process Date"). Where the Due Date or Process Date is not a business day, we will process the Direct Debits on the next business day. As it is not certain that your Nominated Account will be debited on the same day that we processes the Direct Debit, you should contact your Financial Institution directly to check when your Nominated Account will be debited.
- d) The amount debited will be invested into your account in the Investment Fund, in accordance with the most recent investment instructions received from you.

#### 2. Your commitment to us

It is your responsibility to:

a) Ensure that your Nominated Account can accept direct debits, as direct debits are not available on all types of accounts. You should contact your Financial Institution if you are uncertain whether your Nominated Account can accept direct debits.

- Ensure there are sufficient cleared funds available in the Nominated Account to meet each Direct Debit on the Due Date.
- Advise us immediately if the Nominated Account is transferred or closed or the account details change.
- d) Ensure that all account holders on the Nominated Account sign the form.
- Meet any Financial Institution charges resulting from the use of the Direct Debit system.

#### 3. Your rights

- a) You may alter the Direct Debit arrangements at any time by telling us in writing. We must receive your written notification at least 5 business days before the Due Date, for any of the following:
  - stopping an individual Direct Debit
  - · deferring a Direct Debit
  - suspending future Direct Debits
  - altering the DDR Schedule
  - cancelling the Direct Debits completely.
- b) Where you consider that a Direct Debit on your Nominated Account has been initiated incorrectly, we encourage you to contact us directly by calling our Member Support Team on 1300 650 873.

#### 4. Other information

a) We reserves the right to cancel Direct Debit arrangements if two consecutive Direct Debits are dishonoured by your Financial Institution. If this occurs, we will contact you to arrange an alternate payment method which is suitable to you and us.

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# Notes

#### Certification of personal documents

All copied pages of original personal identity documents (including any change of name documents) must be certifed as true copies by an authorised person with the appropriate qualifications or registration (see below) who cannot be the owner or addressee of the document.

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#### If you are outside Australia

The following people can certify copies of the originals:

- consular staf at an Australia Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or a f rmation or to authenticate documents in the country you are visiting or living in.

The professions listed under If you are in Australia can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certifed outside Australia, the certifer must quote their registration number or the relevant law that qualifes them to authenticate your documents.

#### Overseas residents

If you change your address to an overseas address, reside overseas or direct Aware Super to make your payment to an overseas address, you must provide verification proof.

What proof of identity information must be provided?

A passport issued by the Commonwealth,

OR