iQ Retirement

Russell Investments

Change Personal Details Form

Use this form to advise any changes to your personal details, bank account or beneficiaries. Print clearly in BLOCK LETTERS.

Please note:

» If you are using this form to advise the Russell Investments Master Trust (the Fund) of a change to your name, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. Suitable linking documents are a certified copy of your marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.

» If you are using this form to update the Fund's record of your date of birth, you will need to provide a certified copy of your birth certificate, valid driver's licence or valid passport.

1. Member details

Complete this section to update your contact details.

☐ Tick this box if there is NO change to your contact details.

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ >

b. Surname

c. First name(s)

d. Date of birth (DD MM YYYY)

e. Sex (please select)

Male ☐ Female ☐

f. Address

State

Postcode

g. Work telephone

h. Home telephone

i. Mobile telephone[1]

j. Primary/personal email address[2] (Give us your email address to receive all future communications electronically.)

Secondary/work email address[2]

1 We may SMS you from time to time.

2 **By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at russellinvestments.com.au/login**

2. Family linking

Complete this section to update family linking.

☐ Please tick this box if there is NO change to family linking details.

☐ Please tick this box if you would like to cancel your link to another family member.

☐ Please tick this box if you would like to apply for family linking for the purpose of calculating rebates that may be applicable to your accounts and complete the table with the relevant family member's details. You must provide evidence of your relationship with this form.

Please provide the name, relationship and member number (if applicable) below:

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ >

b. Surname

c. First name(s)

d. Relationship to you

d. Member number (if applicable)

We ultimately have discretion to determine whether you qualify for family linking on a case by case basis. The family linking rebate is offset by any rebate you may receive if your own account is larger than $500,000.

3. Bank account

Complete this section to update your bank account details.

☐ Tick this box if there is NO change to your nominated bank account.

I request that my regular pension payments and any ad hoc payments be deposited in the following account:

a. Financial institution (bank, building society or credit union)

b. Address of the financial institution

State Postcode

c. BSB

–

d. Account number

e. Account type

Cheque ☐ Savings ☐ Other ☐ >

f. Account in the name of

Important! You must provide evidence that the bank account is yours. Acceptable evidence is either a pre-printed bank deposit slip, a recent* bank statement or confirmation letter from the bank. If you do not provide the required evidence, your cash benefit will automatically be paid by cheque.

* Refers to recent bank statement dated within the last six months.

4. Nomination of beneficiaries

Complete this section to update your beneficiary nomination.

☐ Tick box if there is NO change to the nomination of beneficiaries.

Please read on and complete the following information to change your nominated beneficiaries.

The Trustee will consider who should receive the lump sum value of your Pension Account(s) (unless you have nominated a reversionary beneficiary to continue receiving the pension) and the balance of your Contribution Account as required by law by taking into account any nominations you might make. Nominations made on this form apply to the Pension and Contribution Accounts you have under the member number specified by you.

You have the choice of making the following nominations:

Option 1: Preferred nomination (Non-binding) – the Trustee considers your nomination, but has ultimate discretion to determine who receives your Death benefit; OR

Option 2: Binding nomination – the Trustee is bound by your nomination as long as it is valid and hasn't expired.

Your beneficiaries should be people with whom you have a close personal relationship or who are financially dependent on you. You could also nominate your estate or legal personal representative. If you do this, your benefit will be paid according to your Will (or according to the law of your state or territory if you have no Will). Be sure to specify the percentage of your benefit you wish to allocate to each person.

Your beneficiaries/dependants include:

- your spouse (including de facto of the same or different sex);
- your children (including step, adopted or ex-nuptial children and children of your spouse);
- any other person the Trustee considers is wholly or partially financially dependent on you at the date of your death;
- any person with whom you have an interdependency relationship including:
  - any person with whom you have a close personal relationship and live with, where one or both of you also provides ongoing financial support, domestic support and personal care; and
  - any person with whom you have a close personal relationship, where because of a disability, the above requirements of living together, financial support, domestic support and personal care are not able to be satisfied.

It is important that you complete the section below with your beneficiaries or dependants for the payment of your Contribution Account and/or your Pension Account(s) in the event of your death. Note that the total proportions nominated must equal 100% and only whole percentages may be used.

1 Name of beneficiary

Address of beneficiary

State Postcode

Type of dependant % of benefit

.00%

2 Name of beneficiary

Address of beneficiary

State Postcode

Type of dependant % of benefit

.00%

Continued on next page

4. Nomination of beneficiaries (continued)

3 Name of beneficiary

Address of beneficiary

State

Postcode

Type of dependant

% of benefit

.00%

4 Name of beneficiary

Address of beneficiary

State

Postcode

Type of dependant

% of benefit

.00%

5 Name of beneficiary

Address of beneficiary

State

Postcode

Type of dependant

% of benefit

.00%

Continued on next page

4. Nomination of beneficiaries (continued)

6 Name of beneficiary

Address of beneficiary

State

Postcode

Type of dependant

% of benefit

.00%

7 Name of beneficiary

Address of beneficiary

State

Postcode

Type of dependant

% of benefit

.00%

8 Name of beneficiary

Address of beneficiary

State

Postcode

Type of dependant

% of benefit

.00%

Total = 1 0 0 .00%

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4. Nomination of beneficiaries (continued)

Please tick one option only and complete the relevant details:

☐ **Option 1 – Preferred nomination (Non-binding)**

The beneficiaries nominated by me on this form are people who I understand may receive my Death benefit in the event of my death, but I acknowledge that the Trustee of the Fund is not bound by my nomination(s).

Member signature

Date (DD MM YYYY)

OR

☐ **Option 2 – Binding nomination**

The beneficiaries nominated by me on this form are people who I understand will receive my Death benefit in the event of my death, because the Trustee is bound by my nomination as long as my nomination remains valid. Note: A binding nomination must be updated/confirmed at least every three years. I acknowledge that if my nomination becomes invalid or expires, the Trustee is not bound by my nomination.

You need to sign and date your nomination in the presence of two witnesses.

Member signature

Date (DD MM YYYY)

Member name

Witness 1 signature

Date (DD MM YYYY)

Witness 1 name

Witness 2 signature

Date (DD MM YYYY)

Witness 2 name

By completing the above, your witnesses make the following declarations:

- I am at least 18 years of age.
- I am not a beneficiary nominated in section 4 on pages 3, 4 and 5.
- I have witnessed the signing and dating of this form by the member.

Continued on next page

4. Nomination of beneficiaries (continued)

AND (if applicable)

☐ **Option 3 – Reversionary spouse pension**

If you update or add your reversionary nomination on your account, you will need to close your existing pension and recommence a new pension. You will not need to complete another form; we will automatically create a new pension based on your existing details.

☐ Tick this box if there is NO change to your reversionary nomination.

☐ Tick this box if, in the event of your death, you would like your pension to be paid to your spouse as a reversionary pension. Please also provide the following details for your spouse:

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ > ____

b. Surname

c. First name(s)

d. Date of birth (DD MM YYYY)

e. Sex (please select)

Male ☐ Female ☐

f. Address

State ____ Postcode ____

5. Adviser contact details (if you do not have a financial adviser, go to section 6)

☐ Tick this box if there are NO changes to your adviser's contact details.

☐ Tick this box to remove the current adviser on file. (You should speak to your adviser about this decision.)

If you would like to add a financial adviser to your account and have adviser service fees deducted, please complete the Adviser Details Form available at russllinvestments.com.au/forms. You should ask your adviser to complete their details (including their email address and fax number), sign and stamp this form. We will provide your adviser with a copy of information relating to your account.

6. Authorisation

If you have an adviser it is important that you consult them prior to effecting changes to your account. If you have consulted your adviser regarding this change or you would like to proceed with this request without speaking with your adviser please sign, date and return this form to us.

I understand that family linking will only apply to me and my family member, if I have completed this form accordingly and the Trustee accepts my proof of relationship.

If signed under Power of Attorney, the attorney verifies that no notice of revocation of power has been received.

Member signature

Date (DD MM YYYY)

Member number

Member name

Please return this form to:

iQ Retirement by Russell Investments
Locked Bag A4094
Sydney South NSW 1235

You can also contact us as follows:

Toll free on **1800 555 667**
Operating hours are from Monday to Friday, 9am – 5pm (AEST)

iq@russellinvestments.com.au

russellinvestments.com.au/retirement