Change my investment option

healthsuper

The industry fund for the **people who care**

Use this form to change your investment option. You must read the Investments and risk section of the Member Guide (Product Disclosure Statement) before making a decision about your investment choice. Your choice will apply to both your account balance and future contributions.

Your details

Your 7 or 8 digit Health Super member number

Mr Ms Mrs Miss Dr Other (please specify)

Given name(s)

Surname

Date of birth D D M M Y Y Y Y

Full residential address (PO Box not acceptable)

Suburb

Country

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address

Your investment option

Please invest my existing super benefits (if any) and future contributions into the option selected below. Tick one of the following boxes:

Long-Term Growth	Standard option	SRI option
Medium-Term Growth	Standard option	SRI option
Balanced	Standard option	SRI option
Short-Term Conservative	Standard option	SRI option
Stopover*	Standard option	

*Socially Responsible Investments (SRI) are not available for the Stopover option.

Your request to switch your investment choice must be received at least one business day before the end of the month to take effect from the first day of the next month.

Note: When you make an investment choice, it will be effective on the first day of the following month. In the event of a partial payment occurring after the first day of the month but before the monthly returns are declared for the investment options (which can be up to three weeks) your new investment choice will take effect after the date of the partial payment.

Sign and send

By signing this form, I acknowledge that:

- I have carefully read the information about investments (including risks, fees and costs) in the Member Guide. I understand that the information is general advice only and does not constitute personal financial advice. I acknowledge that Health Super has informed me that that it may be beneficial if I seek financial advice (from a licensed financial planner) before making a decision about acquiring a Health Super product or making an investment choice relevant to my needs and circumstances. I also understand there are circumstances in which my nominated investment choice will not apply.
- Health Super is not responsible for my investment choices and, if I do not select one of the options available on this form, my super will be invested according to the Lifecycle Strategy until such time as I make my own choice.
- The Trustee has absolute discretion to change underlying managers and asset allocations utilised in each of Health Super's investment options, as it considers appropriate from time to time.
- Investment returns are not guaranteed and may be positive or negative. Past performance is not an indicator of future returns.

By signing this form I certify that:

- I have read the Privacy Statement contained in the Member Guide and/on our website and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy.

Your signature

Date D D M M Y Y Y Y

The original form must be sent to:

Health Super Pty Ltd, Locked Bag 2900,
Collins Street West VIC 8007

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).