



Account alteration

CHECKLIST

- 1. Please complete all sections of this form in BLOCK LETTERS. Done
 - 2. Please ensure the form is signed by the client or their authorised signatory. Done
 - 3. If the client has the fax transaction facility, this form can be faxed to 1800 780 081. Done
 - 4. If the client has opted out or not previously requested the fax transaction facility, mail this form to Summit Service, GPO Box 2754, MELBOURNE VIC 3001. Done
 - 5. To avoid duplicate transactions, please indicate whether this form has been faxed to us. Done
- Has not been faxed Has been faxed Date faxed

Please complete and sign the relevant sections of this form and the authorisation section before submitting. Incomplete requests will require follow up and are likely to result in processing delays.

STEP 1 YOUR CLIENT DETAILS

	<input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>
Client name	Client reference number (eg 0012345-D9-01)

STEP 2 CHANGE OF ADDRESS

New residential address

Street number and name	Town/Suburb	State	Postcode

Postal address (if different from above)

Street number and name	Town/Suburb	State	Postcode

()	()	()
Home telephone	Work telephone	Facsimile

Mobile	Email address

The fax and email details provided will be used for the Transaction Service Request in Step 5.

STEP 3 CHANGE OF NAME

To be enclosed: Copies of relevant documentation, such as:

- 1. a copy of the marriage certificate, if the change of name is due to marriage
- 2. a copy of the certificate of change of name, if the change of name is by deed poll.

New name: Dr Mr Mrs Miss Ms

Surname (please print)	Given name(s)

X	X
Former signature	New signature

X	/ /
Client signature	Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

STEP 4 CHANGE/CANCELLATION OF POWER OF ATTORNEY

I wish to revoke my existing Power of Attorney and confirm that I will take responsibility for all future notifications or changes.

I wish to revoke my existing Power of Attorney and nominate the person(s) below as my new attorney(ies).

To be enclosed: A certified copy of the new Power of Attorney.

Mr Mrs Miss Ms

Power of Attorney one surname (please print)

Given name(s)

Power of Attorney two surname (please print)

Given name(s)

Street number and name

Town/Suburb

State

Postcode

Home telephone

Work telephone

Facsimile

Mobile

Email address

Power of Attorney one specimen signature

Power of Attorney two specimen signature

STEP 5 FAX AND EMAIL TRANSACTION SERVICE REQUEST

Yes, I would like to accept the fax transaction service.

Yes, I would like to accept the email transaction service.

To advise or change the email details for this service, complete Step 2 Change of address.

Please note: If you wish to use the fax and/or email transaction facility to request a withdrawal, you must also supply your bank account details in Step 9.

Terms and conditions

Summit will accept instructions by fax, provided the following conditions are met:

- Instructions must bear your Summit client reference number.
- Faxed instructions must be clear, legible and signed by you.
- Email instructions must be received from an email address previously nominated by you in the application form or subsequently nominated by you in writing.
- Withdrawal proceeds will only be transferred into a bank or financial institution account previously nominated by you in the application form or subsequently nominated by you in writing.

We reserve the right to confirm the receipt of instructions either by telephone, fax or email prior to the request being processed. If you use this facility, we may act on any instructions that we reasonably believe to have been provided by you. We are not obliged to act on an instruction if we doubt the authenticity of the instruction or if the instruction is unclear.

Client signature

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

STEP 6 ESTABLISHMENT OR ALTERATION OF REGULAR SAVINGS PLAN

Please indicate the **regular** amount and frequency of deposit that you wish to make. (Minimum of \$100 per fortnight/month or \$500 per quarter)

For **Money Master** investment only: Amount of **regular** deposit \$

For **superannuation** contributions only: Detail components of **regular** contribution amount

Personal contributions* \$

Employer contributions \$ = Components
\$ Superannuation Guarantee or award contribution
\$ Salary sacrifice
\$ Employer additional

Spouse contributions \$

Total amount to invest \$

If you have standing purchase instructions, all contributions will be invested according to these instructions unless otherwise specified.

Payment frequency

Fortnightly Monthly Quarterly

Date of payment (1st to 28th) / / OR Last day of the month Commencement month

Regular savings plan indexation

Indexation: Yes Type: CPI rate OR % Nominated percentage (up to 7.0%)
 No

Cancellation of regular savings plan

I wish to cancel my regular savings facility.

(Note: You will also need to cancel the regular payment with your bank/building society/credit union.)

STEP 7 CHANGE TO REGULAR WITHDRAWAL FACILITY

Regular withdrawal amount (Money Master only)

Would you like to establish or change a regular withdrawal plan on your working cash account? Yes No

If yes, please provide details:

Amount of each regular withdrawal \$ Payments to be made: Monthly Quarterly Half-yearly Yearly
Commencing month

Please ensure that you complete the 'Change to standing instructions' Step 11 of this form to establish new standing instructions.

Note: Please nominate your bank/financial institution account for crediting withdrawal proceeds (see Step 9).

Cancellation of regular withdrawal facility

I wish to cancel my regular withdrawal facility.

* If you intend to claim a tax deduction for personal superannuation contributions, you must provide the trustee valid notice of your intent to claim the deduction which will be sent to you at the end of each financial year. If the trustee does not receive a valid notice, all personal contributions will be allocated as non-concessional. The trustee is required to acknowledge receipt of the notice and you must have this acknowledgement before you claim a tax deduction.

Client signature

 /

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

STEP 8 ALLOCATED PENSION ANNUAL PENSION

Payment frequency Monthly Quarterly Half-yearly Yearly

Date of first pension payment (5th to 28th) / / OR Last day of the month

Note: Payments will not commence until all requirements are received and a default date of the 15th applies if not indicated above.

Allocated Pension nominated gross payment amount

Minimum pension (Indexation not available) OR Specified annual pension \$ OR Specified pension at the payment frequency indicated above \$
Indexation (only available if a specified annual pension has been selected):
 No Yes ▶ Type: CPI rate OR % Nominated percentage (up to 7.0%)

Non-commutable allocated pension nominated gross payment amount

Minimum pension (Indexation not available) OR Specified annual pension \$ OR Specified pension at the payment frequency indicated above \$
 Maximum pension (Indexation not available) OR Specified pension at the payment frequency indicated above \$
Indexation (only available if a specified annual pension has been selected):
 No Yes ▶ Type: CPI rate OR % Nominated percentage (up to 7.0%)

STEP 9 CHANGE OF NOMINATED BANK/FINANCIAL INSTITUTION ACCOUNT

This account will be used for your regular savings plan direct debit request and crediting withdrawal proceeds.

I/We would like amounts to be drawn under the direct debit system from my/our account held with:

Payee account name

Name of bank/financial institution

Bank/Institution branch name

 -

BSB number

Account number

Signature of account holder(s)

Date

Signature of account holder(s)

Date

If you are nominating new bank/financial institution account details, this form must be received by Summit as an original. We cannot accept faxed or emailed copies of this instruction.

Client signature

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

Your nominated bank/financial institution account details

This account will be used for your regular savings plan direct debit request, regular withdrawal facility and fax or email withdrawals. Please read the following Direct Debit Service Agreement.

Direct Debit Service Agreement

This agreement outlines our responsibilities as operator and your responsibilities with regard to direct debit requests.

Our and your responsibilities to ensure the smooth and secure operation of our Direct Debit Agreement are:

Our responsibilities

- We will only deduct investments from your chosen account. We will confirm in writing the contribution amount, and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- We will debit your account on your nominated day of the month. If the payment date is a weekend or public holiday, we will debit your account on the next business day.
- We will give you at least 14 days notice when changes to the terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your instalments when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- The financial institution may charge you a small fee for the direct debit arrangement. This will be reflected in your financial institution account statement.

Changing your payment details

- You may cancel or change direct debit deductions at any time by completing a direct debit request form. Contact your financial adviser or call us on 1800 622 772.

Can we help?

- If you have any queries about your direct debit agreement, please contact your financial adviser or call Summit Client Service on 1800 622 772.
- We undertake to respond to queries concerning disputed transactions within five working days of receipt of notification.

Declaration and signature

I acknowledge I have read and agree to be bound by the above conditions under which Summit will use the direct debit to draw on my account as authorised.

STEP 10 CANCELLATION OF DOLLAR COST AVERAGING

I wish to cancel my dollar cost averaging facility.

Client signature

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

STEP 12 CHANGE TO COMMISSION BASED REMUNERATION

(applies only to open accounts as at 30 June 2010 that are still on commission based terms).

Up-front remuneration

Entry fee option

Subsequent investment(s) % 0 – 4.40% pa (including GST)

Trail remuneration

(up to \$1 million)

Cash account % 0 – 0.55% pa (including GST)*

Summit Select % 0 – 0.55% pa (including GST)*

Investor Select % 0 – 0.55% pa (including GST)*

Adviser review fee

% 0 – 1.65%pa (including GST) OR \$ (Where a dollar amount is requested, Summit will pay the lesser of the required amount or 1.65% pa)

STEP 13 CHANGE TO ADVICE FEE REMUNERATION

(applies to accounts opened, transitioned or seeking to transition to member advice fee and client advice fee terms from 1 July 2010).

All member/client advice fees nominated should be inclusive of GST. The actual amount payable by the member/client from their account will be less due to the benefit of RITC.

Pension and Superannuation only

Member advice fee – Ongoing

Regular dollar \$ (incl GST)

Frequency Monthly Quarterly*

Note: The dollar figure selected is per the frequency selected (eg \$100 at a frequency of monthly equals \$1,200 pa).

Indexing

None CPI Agreed %

Applies yearly in (month)
(defaults to anniversary month-end if not provided)

AND/OR

Portfolio based (incl cash account) % 0 – 2.69% pa (incl GST)

Frequency Monthly Quarterly*

OR

Asset based

Cash Account % 0 – 2.69% pa (incl GST)

Summit Select % 0 – 2.69% pa (incl GST)

Investor Select % 0 – 2.69% pa (incl GST)

Frequency Monthly Quarterly*

Member advice fee – Additional advice*

MAF – additional advice \$ (incl GST)

Member advice fee – Contributions

MAF – contributions % 0 – 4.40% pa (incl GST)

* These features will be available no later than November 2010. If applying for these features prior to November 2010, please check with your financial adviser.

Client signature

 / /

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

Shared remuneration (if applicable)

Adviser's name	Number	% MAF – ongoing to receive	% MAF – additional advice* to receive	% MAF – contributions to receive
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Investment only

Client advice fee – Ongoing

Regular dollar \$ (incl GST)

Frequency Monthly Quarterly*

Note: The dollar figure selected is per the frequency selected (eg \$100 at a frequency of monthly equals \$1,200 pa).

Indexing

None CPI Agreed %

Applies yearly in (month)
(defaults to anniversary month-end if not provided)

AND/OR

Portfolio based (incl cash account) % 0 – 2.69% pa (incl GST)

Frequency Monthly Quarterly*

OR

Asset based

Frequency Monthly Quarterly*

Cash Account % 0 – 2.69% pa (incl GST)

Summit Select % 0 – 2.69% pa (incl GST)

Investor Select % 0 – 2.69% pa (incl GST)

Client advice fee – Additional advice*

CAF – additional advice \$ (incl GST)

Client advice fee – Contributions

CAF – contributions % 0 – 4.40% pa (incl GST)

Shared remuneration (if applicable)

Adviser's name	Number	% CAF – ongoing to receive	% CAF – additional advice* to receive	% CAF – contributions to receive
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

* These features will be available no later than November 2010. If applying for these features prior to November 2010, please check with your financial adviser.

Client signature

 / /

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

STEP 14 ADVISER DETAILS

 - -

Adviser number (If you do not have an existing Summit adviser number, please complete the details below.)

Surname

Given name(s)

Licensee

Company

Postal address

Street number and name

Town/Suburb

State

Postcode

Home telephone

Work telephone

Facsimile

Mobile

Email address

Please note: If you do not have a Summit adviser number, a written request to 'Add an Authorised Representative' must be received from your Licensee before we can process this application. Until this request is received, your client's funds will be retained in cash.

Client signature

Date

Account alteration

Client name

 - -

Client reference number (eg 0012345-D9-01)

STEP 15 AUTHORISATION

I/We agree to release and indemnify NMMT Limited, Summit or any other member of the Global AXA Group from and against all actions, proceedings, accounts, costs, claims and demands in respect of any liabilities arising directly or indirectly as a result of the use of the services offered. This release and indemnity does not apply to the extent that such liability is attributable to the negligence or default of NMMT Limited, Summit or any other member of the Global AXA Group.

I/We acknowledge that where I/we have invested in a illiquid investment option, any withdrawal or transfer which required the sale of all or part of this investment may be processed in a period longer than 30 days.

I/We agree that neither I/we nor any other person claiming through me has any claim against NMMT Limited or any other member of the Global AXA Group in relation to a payment made or instructions effected by NMMT Limited, Summit or any other member of the Global AXA Group under any of the services if the payment or instructions are made in accordance with the relevant conditions and including circumstances where the instructions are later shown not to have been made by me or my authorised representative.

I/We acknowledge that NMMT Limited, Summit or any other member of the Global AXA Group is entitled either to cancel or change the terms and conditions of the services but may not do so without giving me/us prior written notice. I/We may cancel the use of any of the services at any time by giving NMMT Limited and Summit notice.

I confirm that I have received and read the most current PDS (for Personal Superannuation and Personal Pension) or IDPS Guide for (Summit Money Master)

For Personal Superannuation and Personal Pension members only

I authorise the Trustee to pay any nominated member advice fees from my account to my financial adviser.

I acknowledge that my financial adviser may, in some circumstances, decide to transfer the advisory services they provide me to another financial adviser (for example, by retiring, changing roles, merging advice practices or selling all or part of their practice). If such circumstances arise, and unless I instruct otherwise:

- (a) I understand that I will be notified within 30 days of Summit becoming aware of any such change, and my member advice fee arrangements will be reconfirmed, and
- (b) I authorise the Trustee to continue to pay any nominated member advice fees from my account to my new financial adviser, from the date of transfer of advisory services.

For Investment accounts only

I/We authorise NMMT Limited to pay any nominated client advice fee from my/our account to my financial adviser.

I/We acknowledge that my/our financial adviser may, in some circumstances, decide to transfer the advisory services they provide me/us to another financial adviser (for example, by retiring, changing roles, merging advice practices or selling all or part of their practice). If such circumstances arise, and unless I/we instruct otherwise:

- (a) I/We understand that I/we will be notified within 30 days of Summit becoming aware of any such change, and my/our client advice fee arrangements will be reconfirmed; and
- (b) I/We authorise NMMT Limited to continue to pay any nominated client advice fees from my/our account to my/our new financial adviser, from the date of transfer of advisory services.

Client one signature

Date

Client two signature (only applicable to investment)

Date

Financial adviser use only

Adviser name

 - B A -

Adviser number

Client signature

Date