

Wealth Plus Switching Form

Please use **CAPITAL** letters. We recommend you read and retain the current Wealth Plus Product Disclosure Statement prior to completing this form.

Part 1: Investor Details

Member Number:

Title: Mr Mrs Ms Miss Other:

First Name: Middle Name:

Last Name:

Date of Birth:

Street Address:

Suburb:

State: Postcode:

Email: Contact Number:

Part 2: Switch Details

Please note that this switching form can only be used when switching between investment options within the Foresters Financial Flexible Insurance Fund. **The minimum switch amount is \$500 and the minimum remaining balance in an investment option is \$500 if you wish to keep an active investment in that option.**

Switching FROM:

For a full investment option switch please allocate 100% in the table below against your relevant investment option(s).

Policy Number	Investment Option	Percentage (%)	Amount (\$)
<input type="text"/>	Capital Guaranteed	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	Balanced Fund	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	Growth Fund	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	High Growth Fund	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	Ethical Fund	<input type="text"/> %	\$ <input type="text"/>

OR

Switching TO:

Please ensure your chosen investment options add to 100%.

Policy Number	Investment Option	Percentage (%)	Amount (\$)
<input type="text"/>	Capital Guaranteed	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	Balanced Fund	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	Growth Fund	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	High Growth Fund	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	Ethical Fund	<input type="text"/> %	\$ <input type="text"/>

OR

Part 3. Declaration and Investor Signature(s)

- I/We confirm that I/we have a copy of the current Product Disclosure Statement (PDS) for the Wealth Plus Investment Bond and that I/we have read, understood and retained a copy for future reference.
- I/We understand my investment option switch request will be processed using the unit price as at the close of business of the last business day of the month in which it is received.
- I/We acknowledge that Foresters Financial has absolute discretion to accept or reject any investment option switch request.

Please Note:

- This form should be signed by the Policy Owner.
- For Joint Policy Owners, all Policy Owners must sign.
- If signed under power of attorney, the attorney certifies they have not received notice of revocation of the power of attorney and will provide a certified copy of power of attorney along with this form, if not previously provided to Foresters Financial.
- Once the investment option switch is processed, a confirmation will be forwarded by email.

Signature of Investor 1

Full name of Investor 1

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Investor 2 (if applicable)

Full name of Investor 2 (if applicable)

Date:

D	D	M	M	Y	Y	Y	Y
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RETURN BY EMAIL

Ensure to include identification documents where relevant to:
service@forestersfinancial.com.au

OR

RETURN BY POST

Ensure to include identification documents where relevant to:
PO Box 7702
Melbourne VIC 3004

Our privacy policy covers how we handle your personal information and is available at www.forestersfinancial.com.au/privacy or by calling us on 1800 773 427.