# Education Investment Fund Switch Option Form

Please phone the Customer Service Team on 1300 133 285 if you have any questions.
**Please PRINT clearly in BLACK pen keeping well within the boxes.**
**Start at the left, write one letter in each box and leave one box between words.**
**Use crosses in the boxes marked with an "X".**

## Step One Your Details

Surname

First Name(s)

Address

Suburb

State Postcode

Phone

Student

## Step Two Investment Option Alteration Request

Plan Number Switch Amount $ .

| Option Code | From Existing Details | | To New Details | |
|---|---|---|---|---|
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | $ . | % | $ . | % |
| | **$** | **%** | **$** . | **%** |

Funds transferred - from existing options must equal transferred to new options. Total % must equal 100%.

Note
- Please refer to the Product Disclosure Statement for information on investing transaction costs and up to date investment option information.

## Step Three Declaration and Signature

I/We confirm that I/we have a copy of the currrent Product Disclosure Statement and that I/we have read, understood and retained for future referrence.

Investor Date DDMMYYYY

Investor Date DDMMYYYY

Lifeplan Funds Management is a business name of
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Return by Fax to:
Fax us the completed
form on (08) 8212 2790

Return by Post to:
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