

NAME: _____ ACCOUNT REF.# _____

I hereby request the following change(s) to my Member Account:

CUSTOMER INFORMATION

NAME **TRN**

<small>TITLE</small>	<small>FIRST NAME</small>	<small>MIDDLE</small>	<small>LAST NAME</small>	
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Where your name has changed proof of change must be submitted in the form of a Deed Poll, Marriage Certificate or other statutory document.

MARITAL STATUS **SELF-EMPLOYED**

	<input type="checkbox"/> Y	<input type="checkbox"/> N	<small>If self-employed state the nature of employment</small>
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BUSINESS NAME **BUSINESS ADDRESS** **BUSINESS TELEPHONE NUMBER**

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CONTACT DETAILS

EMAIL **TELEPHONE NUMBER**

<small>TITLE</small>	<small>HOME</small>	<small>MOBILE</small>
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MAILING ADDRESS **HOME ADDRESS**

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Where your home/residential address has changed, please submit proof of change in the form of a utility bill, letter or statement from a bank, insurance company or other financial institution.

CONTRIBUTION DETAILS

ANNUAL TAXABLE INCOME **ANNUAL MEMBER CONTRIBUTION** **ANNUAL EMPLOYER CONTRIBUTION**

<small>\$</small>	<small>%</small> <small>\$</small>	<small>%</small> <small>\$</small>
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FREQUENCY OF PAYMENT **AUTO-PAYMENT METHOD**

<small>MONTHLY / ANNUAL / OTHER</small>	<input type="checkbox"/> PAP	<input type="checkbox"/> SALARY DEDUCTION	<input type="checkbox"/> STANDING ORDER
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CONTRIBUTION ALLOCATION:		MEMBER SPECIFIED <input type="checkbox"/>	* DEFAULT ALLOCATION <input type="checkbox"/>
<small>PROVEN DIVERSIFIED POOLED FUND</small>	<small>PROVEN MONEY MARKET POOLED FUND</small>	<small>PROVEN EQUITY POOLED FUND</small>	<small>PROVEN FIXED INCOME POOLED FUND</small>
<small>%</small>	<small>%</small>	<small>%</small>	<small>%</small>

NOTE THAT:

<ol style="list-style-type: none"> To make a change to your Taxable Income proof of your new income must be submitted. To change your Auto-Payment Method, please complete and attach the relevant form. All future contributions made by you or on your behalf will be invested based 	<ol style="list-style-type: none"> on the Contribution Allocation instructions above unless otherwise specified. A selection of the DEFAULT ALLOCATION means that your Contributions will be allocated based on your age. PROVEN Wealth Limited reserves the right to charge a fee for changing a member's contribution allocation at your request.
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BENEFICIARY NOMINATION

I hereby declare that this nomination replaces any previously submitted by me for the PROVEN Rock Approved Retirement Scheme. I further direct that any benefit payable in the event of my death under the Rules of the PROVEN Rock Approved Retirement Scheme shall be paid to and be the benefit of the persons listed below.

NOTE:
If the nominated beneficiary is a minor or mentally incapable of acting on their own, appoint a TRUSTEE to act on their behalf.

BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP	% SHARE	ADDRESS
1.				Tel No.:
Trustee's Name & Contact:				
2.				Tel No.:
Trustee's Name & Contact:				
3.				Tel No.:
Trustee's Name & Contact:				
4.				Tel No.:
Trustee's Name & Contact:				

MEMBER'S SIGNATURE: _____ Date _____

WITNESS' SIGNATURE _____ Date _____



MEMBER ACCOUNT CHANGE FORM

www.provenwealth.com