



# Changing Your Investment Choice Form

Complete **all sections** of this form if you wish to change your investment choice.

Please note that buy/sell fees may also apply. Refer to the flyer, *Member Investment Choice in the Nissan Superannuation Plan* for more information. Copies can be requested by calling the Plan administrator on **1800 127 953** or downloaded from **nsp.nissan.com.au**.

## Part A: Your personal details

Title (Mr / Mrs / Ms / Miss) \_\_\_\_\_ Member number \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Part B: Your investment choice

Indicate how you want all your eligible super invested. Must add up to a total of 100%.

<b>Growth</b>	<b>%</b>
<b>Balanced 50/50</b>	<b>%</b>
<b>Cash</b>	<b>%</b>
<b>Total</b>	<b>100%</b>

Note that if you choose to split your total account balance, both your current and future contributions will be split in the same way.

## Part C: Declaration

I am applying to change my investment option and acknowledge the following:

- I acknowledge that I have read and considered all information regarding my investment options in the flyer, *Member Investment Choice in the Nissan Superannuation Plan*.
- I acknowledge that I have made this decision and am aware of the risks of variation in investment returns associated with the option I have chosen.
- I accept that returns are not guaranteed and that past returns are not indicative of future performance.
- I understand that my nomination in this form replaces any previous investment options form completed by me.
- I understand that if I am switching from the Cash option to either the Growth or Balanced 50/50 options, a buy/sell spread will apply to the value of the accounts being switched and this will be deducted from the accounts accordingly.
- I acknowledge that the Plan Trustee has not given me advice about my investment selection and I have been given the opportunity to obtain professional advice.
- I accept that returns are not guaranteed and that past returns are not indicative of future performance.
- I have received, read and understood a summary of the *Privacy Policy* for the Plan. I agree to the use of my personal information as disclosed therein.
- This choice form must be received at least five days before the end of the month for my change to take effect from the first day of the following month.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return this completed form to:**

**Nissan Superannuation Plan  
PO Box 1442  
Parramatta NSW 2124  
nissansuperadmin@linksuper.com**