SA Parliamentary Superannuation Scheme (PSS3) Investment Choice

Super SA

Government of South Australia

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return original signed form to Super SA. Only complete this form if you wish to change your investment option.

Super ID:

1. Personal details

Title

Date of birth D D / M M / Y Y Y Y

Given Name(s)

Family Name

Male Female

Email address

Mobile phone

Work phone

Home phone

Street address

Suburb

State

Postcode

Postal address *(if different from above)*

Suburb

State

Postcode

2. Investment Option

Please invest my account balance, future contributions and rollovers from other super funds in the following investment option (tick one box only):

- High Growth
- Balanced *(default)*
- Stable
- Cash
- Socially Responsible
- Moderate
- Capital Defensive

If you do not select an investment option your funds will be invested in the Balanced Option

Switching timeframes

Investment switches are generally processed twice weekly as follows:

Form received by:	Unit price applied:
5pm Monday	Unit price effective the following Thursday
5pm Thursday	Unit price effective the following Tuesday

These times may be varied for operational reasons, such as public holidays. Prior to variations members will be notified via the Super SA website.

The unit price applied to a switch will represent the market value of an investment option calculated **after** the published deadline for the receipt of Investment Choice forms.

3. Member Declaration

I declare that the information I have provided on this form is true and correct. I accept full responsibility for the investment option I have chosen above and acknowledge that I am aware of the consequences of making such an election.

Your personal information will be used by Super SA and/or its authorised service providers to assist with processing your request. Our Privacy Policy explains how we handle your personal information.

I confirm that I am authorised to provide the personal details presented and I consent to my information and/or identity documents being checked with the document issuers or official record holders via third party systems for the purpose of confirming my identity.

Signature ✘

Date D D / M M / Y Y Y Y

Contact us

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