Investment Choice Form





Before signing this Investment Choice Form, please ensure that you have read the latest Acclaim Super & Pension Product Disclosure Statement ('PDS') and the current Additional Information Booklet ('AIB'), available from www.amgsuper.com.au or on request by phoning 1300 264 264.

Section 1: Perso	nal details		
Full name:			
Residential address:			
Suburb:		State:	Post code:
Date of birth:		Phone:	
Email address:			
Section 2: Invest	tment choice		
Please direct us as to the	e proportion of your initial investment and rollover th	nat you would like inve	ested in each investment option.
Please note: Please	e refer to the AIB for further information regarding th	e available Investment	t Options.
To see a list of av	ailable managed fund options visit: w	www.amgsuper.o	com.au/managed-funds
AMG Investmen	t Options		Buy Profile %
Fund Name			
Single Manager	Options ⁺		Buy Profile %
Fund Name		APIR Code	
			TOTAL 100%
Term Deposits			
Initial investment			Term
⁺ You should obtain and making any decision ab	read the product disclosure statement for an investrout these options.	ment fund accessible v	via the single manager options before

Section 3: Account rebalance

The auto-rebalancing feature gives you the option to rebalance quarterly, half-yearly or yearly on a selected date. The rebalancing will only occur on your nominated rebalance date if the total of the buy transaction or sell transaction to rebalance back to your profile meets the \$200 trade minimum per option.

Would you like to automatically rebalance your portfolio?	No Yes	5		
If yes, at what frequency would you like to rebalance?	Quarterly	Half-yearly	Yearly	

Section 4: Declaration

- 1. I have been provided with a copy and have read and understood the relevant PDS and the current AIB, including any conditions or limitations relating to the investment in the Fund or its investment options.
- I acknowledge that the Investment Fund PDS for any single manager investment option(s) I have selected, can be provided to me by the
 Trustee, Promoter or my adviser via the website at www.amgsuper.com.au and I agree to receive any Investment Fund PDS by obtaining it
 from the website.
- 3. I have received (either via the website or from the Trustee, Administrator, Promoter or my adviser), read and understood the Investment Fund PDS for the single manager investment option(s) I have selected.
- 4. I acknowledge that if the Trustee continues to follow an instruction by me to invest my account in accordance with any single manager investment option selected by me, at the time of an additional acquisition of an interest in the underlying investment fund I may not have received: a. the current Investment Fund PDS for the relevant underlying fund; or b. information about materially adverse changes or materially adverse significant events that affect the information in the relevant Investment Fund PDS including changes or events affecting the investment fund's fees and costs, risks or other significant characteristics.
- 5. I acknowledge that the Trustee will invest my account in accordance with the selections made by me in the Investment Choice section of this form (as varied by me from time to time) but that the Trustee reserves the right not to do so where necessary or appropriate without liability to any member or prospective member.
- 6. I hereby direct the Trustee to invest my account balance in the investment options in the proportions indicated above, based on the declarations and acknowledgements made in this form.
- 7. Where I have selected an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to faciliate redemption or switching requests due to the illiquid nature of the investment.

Signature:	Date:	