



1 June 2022

Nomination of Financial Institution

eXpand Super | eXpand Pension | eXpand Investment

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** and **✓** boxes where provided.

Please use this form to update the details of your nominated financial institution. Where applicable, these details will replace any existing financial institution details currently used in:

- any regular withdrawal plans (including Automatic Income Distribution Facility)
- ad hoc withdrawals
- pension payments

Where your adviser has financial adviser authority they'll be able to initiate withdrawals to your nominated financial institution listed in this form.

Section 1: Account details

Account number

Account Name

Section 2: Nominated Financial institution details

If you wish to add or update a nominated financial institution account please supply details below:

Financial institution

Account name

BSB - Account number

Please note:

- Ensure your account details are correct as we will not be liable for mistaken payments based on incorrect details.
- The nominated account must be in the same name or jointly in the same name of the account.

Section 3: Client declaration and signature(s)

Please note: The Trustee/Service Operator collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the privacy policy at www.myexpand.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request.

- I/We consent to the collection and use of the above information by the Trustee/Service Operator for the purposes specified.
- I/We authorise the above changes to be made to my account details.
- I/We declare that the details given in this form are true and correct.

Please note: If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already received it). You generally cannot sign under Power of Attorney if acting on behalf of an entity.

Signature

Signatory 1		Date	
Role (such as Investor/ Director/Trustee as applicable)			
Full name			

Additional Signatures (if required)

Signatory 2		Date	
Role (such as Investor/ Director/Trustee as applicable)			
Full name			

Signatory 3		Date	
Role (such as Investor/ Director/Trustee as applicable)			
Full name			

Signatory 4		Date	
Role (such as Investor/ Director/Trustee as applicable)			
Full name			

Signatory 5		Date	
Role (such as Investor/ Director/Trustee as applicable)			
Full name			

Signatory 6		Date	
Role (such as Investor/ Director/Trustee as applicable)			
Full name			

Common seal (of company) if required	
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Please forward all correspondence and enquiries to

- Post:** eXpand
GPO Box 264, Melbourne VIC 3001
- Email:** clientfirst@myexpand.com.au
- Telephone:** 1800 517 124
- Web:** www.myexpand.com.au