

MAP SUPERANNUATION PLAN CHANGE INVESTMENT ALLOCATION FORM

Please complete this form in **BLOCK LETTERS**. Questions? Call us on **1800 640 055** or email enquiries@mapfunds.com.au

Did you know?

You can complete this form online at www.mapfunds.com.au using your member number and password.

Important information

- Use this form to change the allocation of your existing account balance AND/OR the allocation of your future contributions;
- We will send you written confirmation within 30 days of receiving your completed form. If you do not receive confirmation please contact us on 1800 640 055;
- Before you complete this form, you should have read the MAP Superannuation Plan Product Disclosure Statement, which explains the strategy of each of the investment choices;
- Unit prices are calculated weekly so your investment allocation change will occur at the unit price on the last business day of the week in which we receive your completed form; and
- There is no charge for the first four switches in an rolling twelve month period. A switching fee of 0.4% of the amount switched applies to the fifth and subsequent switches in the same rolling twelve month period.

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Member details

MAP Account Number

Date of Birth

Title

Given Name(s)

Surname

Postal Address

State

Postcode

Residential Address (if same as Postal Address write "as above")

State

Postcode

Phone (home)

Phone (work)

Phone (mobile)

Email

I authorise MAP to update my address and contact details if the details provided above differ to the details currently held.

[Form continues overleaf >](#)

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Change investment allocation

Please select one option from each section (2A, 2B and 2C).

	SECTION 2A My Existing Balance is (\$ or %):	SECTION 2B I want my Existing Balance re-allocated to (\$ or %):	SECTION 2C I want my Future Contributions paid to (%):
	This is the amount(s) (in \$ or %) which you currently have invested in each of the seven investment pools. Select one: <input type="checkbox"/> My existing balance allocation is shown below. OR <input type="checkbox"/> I do not know my existing balance allocation. (Leave below blank)	This is how you want your existing balance to be allocated (in \$ or %). Select one: <input type="checkbox"/> Please re-allocate my existing balance as shown below. OR <input type="checkbox"/> Please leave my existing balance allocation unchanged. (Leave below blank)	This is where you want future contributions made to your account to be allocated to (in %). Select one: <input type="checkbox"/> Please pay my future contributions as shown below. OR <input type="checkbox"/> Please pay any future contributions as per the allocation shown in Section 2B. (Leave below blank)
Cash Pool			
Capital Stable Pool			
Balanced Pool			
Growth Pool			
Australian Equity Pool			
International Equity Pool			
Diversified Property Pool			
TOTAL			

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Signature

Signature

Date

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Privacy Policy - The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Tax Office as well as your right to access your personal information which we hold. MAP has developed policies for complying with this legislation which you may view on request.

Please send the completed form to: MAP Funds Management, Reply Paid 1130, Brisbane Qld 4001

Contact us

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