

ClearView Family Fee Discount Election Form

Please print clearly in **BLOCK LETTERS**.

Please complete this form if you and your family would like your investments in one or more of the products, listed below, to be counted for the purposes of the ClearView Family Fee Discount.

Section 1: Your details

Title

Mr
 Mrs
 Ms
 Miss
 Dr
 Other

Surname

Given name/s

Date of Birth

Section 2: Applicable Relationships of Family Members

For the purpose for the ClearView Family Fee Discount the applicable Family Members are your:

1. Father/mother; 2. Son/daughter; 3. Sister/brother; 4. Spouse (including de factos, but excluding same sex partners)

Section 3: Investments Held by You and Your Family

Please list below the investments held by you and your family that you would like included for the purpose of determining whether you qualify for the family fee discount. For your investment(s) write 'self' in the 'Relationship to you' column. If you or a family member have investments in more than one qualifying ClearView product, then list details of each product on a separate line.

Only ClearView investments held in the following products can be included for family fee discount purposes: ClearView Pension Plan; ClearView Superannuation and Roll-overs; and ClearView Managed Investments.

Product name	Account/investment number	Member/Investor name	Date of Birth	Relationship to you
Clearview Pension Plan	712345678	Mrs A Citizen	17/02/1971	Spouse
<input style="width: 198px; height: 20px;" type="text"/>	<input style="width: 122px; height: 20px;" type="text"/>	<input style="width: 172px; height: 20px;" type="text"/>	<input style="width: 168px; height: 20px;" type="text" value="DD/MM/YYYY"/>	<input style="width: 105px; height: 20px;" type="text"/>
<input style="width: 198px; height: 20px;" type="text"/>	<input style="width: 122px; height: 20px;" type="text"/>	<input style="width: 172px; height: 20px;" type="text"/>	<input style="width: 168px; height: 20px;" type="text" value="DD/MM/YYYY"/>	<input style="width: 105px; height: 20px;" type="text"/>
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Section 4: Additional Family Members

If there are additional members of your family that you would like to include, please download and complete another ClearView Family Fee Discount Election Form from our website www.clearview.com.au and attach it to this form. If you have any questions please contact Customer Service on 132 977.

Section 5: Declaration

This declaration must be completed by you and all members of your family who have provided account / investment details on or with this form.

I/We acknowledge that the information provided on this form is true and complete.

Your name

Your signature

Date

DD/MM/YYYY

Family Member 1 name

Family Member 1 signature

Date

DD/MM/YYYY

Family Member 2 name

Family Member 2 signature

Date

DD/MM/YYYY

Family Member 3 name

Family Member 3 signature

Date

DD/MM/YYYY

Family Member 4 name

Family Member 4 signature

Date

DD/MM/YYYY

Family Member 5 name

Family Member 5 signature

Date

DD/MM/YYYY