



# Cash Investment Option transfer (switch) form

I,

FULL NAME


whose Reference  
number (AGS) is

of

RESIDENTIAL ADDRESS



SUBURB

STATE

POST CODE

Phone number

BUSINESS HOURS

MOBILE NUMBER

request to switch the taxed accumulation components of my equity in the PSS to the **Cash Investment Option** on the next available choice cut-off date\*.

In making this investment choice and signing this form, I acknowledge that:

- > I have read the information in the **Cash Investment Option for preserved benefit and associate members** fact sheet and the PSS Product Disclosure Statement.
- > I understand I can only request two switches each calendar year.
- > The information and advice in the **Cash Investment Option for preserved benefit and associate members** fact sheet and the PSS Product Disclosure Statement was prepared without taking account of my objectives, financial situation or needs and because of that, ARIA suggested that I obtain independent financial advice from a licensed financial planner having regard to my objectives, financial situation and needs prior to making this request.
- > ARIA will invest my taxed accumulation components according to this switch form, and is not responsible for my choice.
- > Unless ARIA suspends switches, my investment choice will take effect in accordance with the applicable choice cut-off date\*. In the event ARIA suspends switches, my investment choice will take effect from the date determined by ARIA unless, before that date, I withdraw this switch by giving written notification of that intention to ComSuper, including my name and AGS number.
- > ARIA has a privacy policy in place to protect my information and I can read the privacy and security statement at [www.aria.gov.au/privacy](http://www.aria.gov.au/privacy).

SIGNATURE

Date signed

 /  / 

\* **Choice cut-off date:** The cut-off date for switching to a different investment option is the last Friday in each month and will take effect from the following Wednesday.

Please send your completed form to us using one of the methods below only:

**Post: PSS/CSS Cash Investment Option**  
Reply Paid 244  
Belconnen ACT 2616  
**Fax: 02 6272 9613**

**Note:** Please understand we can't accept your form via email. Make sure you allow sufficient postage time to meet the choice cut-off date you want. If we do not receive your switch form by the applicable choice cut-off date, we cannot process it until the next available choice cut-off date.

END FORM