

Investment Choice Form Personal Plan Member



Please complete and return form to: BUSS(Q), GPO Box 2775, Brisbane Qld 4001
Internet: www.bussq.com.au

Please write in BLOCK letters and use a BLUE or BLACK pen. This form will be invalid if unsigned or incomplete.

Complete this form if you would like to change your investment option or mix of options. You can switch at any time and there is no cost to do so. Please note that confirmation of your investment switch will be sent to you within 7 days of us actioning your switch. Please check this carefully and contact us immediately if it does not reflect the instructions you provided on this form.

MEMBER DETAILS (Please complete in full)

Member Number		
<input type="text"/>		
<i>(This can be found on your Member Statement)</i>		
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Date of Birth (ddmmyyyy)		
<input type="text"/>		
Residential Address		
Street Number	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (if different from Residential Address)		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (daytime)	Mobile	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		

Please turnover to complete and sign this form ►



