



Change of Details Form

Vanguard® Personal Pension Plan

Complete this form if you are an existing investor who wishes to change your personal details and/or fund details.

Please complete the relevant sections in BLOCK letters.

Please tick the relevant details you wish to change.

Valid instructions received by 12:00 pm (Melbourne Time) will be processed on that business day. Please refer to the Product Disclosure Statement for further details.

	Complete sections		Complete sections
I wish to change my: Contact details	<input type="checkbox"/> 1, 2 & 7	Name	<input type="checkbox"/> 1, 4 & 7
Nominated bank account	<input type="checkbox"/> 1, 3 & 7	Financial Adviser	<input type="checkbox"/> 1, 5 & 7
Annual Report Options	<input type="checkbox"/> 1, 6 & 7		

1. Investor details (must be completed)

Account number

Investor name Contact phone no./s

2. New contact details

Country of residence

Residential address (must not be a PO Box No.)

Suburb State Postcode Country

Postal address (if different from above)

Suburb State Postcode Country

Home phone no. () Business phone no. ()

Mobile phone no. Fax no. ()

Email address

3. Nominated bank account (please complete all sections)

Account name (e.g. John Smith)

BSB no. - Account no.

Name of financial institution

Note: These banking instructions for pension payments will replace those that we may have currently recorded.

4. Change of name

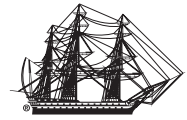
Title (Please circle) Mr / Ms / Mrs / Miss / Other

New surname

New given name(s)

Old signature (please also sign in section 7 using new signature)

Please attach certified evidence of change of name, e.g. copy of marriage certificate.


Vanguard INVESTMENTS®

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Please complete the relevant sections in BLOCK letters.

5. Change in Financial Adviser

Adviser no. (if applicable)	AN	AFSL
Adviser group		
Business name		
Adviser name		
Mailing address		
Suburb	State	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile no.	Facsimile no. ()	
Email address		

6. Annual report options (please tick one option)

I wish to receive the annual report via email each year. (Please provide your email address in Section 2)

I wish to receive a printed copy of the annual report in the mail each year.

7. Signature (must be completed)

Signatory

Signature _____

Name _____

Date _____

Contacting Vanguard

You can return this form by fax or post unless you are enclosing any certified evidence in which case you should post the form to us.

Fax	Mail	More information
1300 765 712	Vanguard Personal Pension Plan GPO Box 3006FF Melbourne Vic 3001	1300 655 101 Vanguard Client Services are available from 8:00 am to 6:00 pm Monday to Friday (Melbourne Time)