

Personal Allocated Pension Plan Application Form

1 April 2009

Please use Black or Blue pen in BLOCK letters and tick appropriate boxes.



This form should be completed by the prospective member.

A person is prohibited from passing on to another person the application form unless it is attached to the Freedom of Choice Personal Superannuation Plan and Personal Allocated Pension Plan Product Disclosure Statement ('PDS') dated 1 April 2009, or in the case of an electronic version of the PDS, attached to or accompanied by the completed and unaltered electronic version of the PDS.

Section 1 – Applicant Details

Title	Surname		
<input type="text"/>	<input type="text"/>		
Given name(s)	Date of birth		
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Male	Female	Email	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Telephone	Mobile	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address			
<input type="text"/>			
Town/Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 2 – Type of Pension required

Personal Allocated Pension Plan Pension

Mark one of the following:

I have reached my preservation age and I am no longer employed

I am aged between 60 and 64 years and retired or resigned after turning 60 years

I am 65 years or over

I have been declared as totally and permanently disabled, and my last day of employment was

/ /

OR

Personal Allocated Pension Plan Transition to Retirement Pension

Mark the following:

I have reached my preservation age but have not ceased gainful employment. I agree to be bound by the conditions and payment restrictions of a Transition to Retirement Pension ('TRIP') as outlined in the Product Disclosure Statement.

Section 3 – Tax File Number ('TFN')

You must also complete a Tax File Number Declaration form available from the ATO or by contacting us.

Section 4 – Contribution Details

Indicate the amount you wish to invest. You must also enclose the relevant rollover/transfer documents.

No. of rollovers/transfers Amount to contribute (Minimum \$10,000)

Name of fund

Name of fund

Name of fund

Transfer form(s) completed and attached. (✓) Yes No

Section 5 – Reversionary Pension to Spouse (if applicable)

(✓) In the event of my death whilst in receipt of my allocated pension, I request the Trustee to continue payment of that pension to my spouse. I understand that the Trustee is not obliged to comply with this request. My spouse is:

Name

Date of birth

Address

Town/Suburb

State

Postcode

Section 6 – Nomination of Preferred Dependants (only where a reversionary pension is not nominated)

Please complete the Death Benefit Nomination of Beneficiary Form.

Section 7 – Selected Fee Choice

Please tick (✓) your selected fee choice. Details of each fee choice are contained within the Product Disclosure Statement.

Upfront Contribution Fee (including rollovers/transfers)

(The Plan will default to the upfront contribution fee option when no selection is made).

Deferred Contribution Fee

Option A

Option B

Section 8 – Income Payments

I want to receive my income (✓) monthly quarterly, in March, June, September and December

half yearly (in December and June) yearly (June)

Section 8 – Income Payments (cont.)

Pension payment to commence / /

The pension payment is subject to a minimum limit imposed by the Government. If you invest prior to 1 June there is a requirement that you receive a minimum level of pension prior to 30 June of that year.

The amount I wish to receive in each payment is (✓)

Minimum Other amount (subject to Government guidelines) \$

I would like my pension to automatically increase each year (✓) Yes No

If 'Yes', what level of increase is required each year (✓) CPI or % (subject to minimum pension allowable)
(The automatic increase option is not available if you have selected the minimum allowable pension)

Do you require a Centrelink or Veteran's Affairs Schedule (✓) Yes No

Payments to be made to: (no cheque payments will be made)

Name and address of your Bank, Building Society, Credit Union or CMT account where account is held

Account name

Branch number ('BSB')

 -

Account number

Section 9 – Adviser Authority

Do you authorise your financial adviser to act as your authorised representative and do you agree to be bound by the terms and conditions (as applicable) in the Declarations section of the Product Disclosure Statement? (✓)

Yes No

Section 10 – Cash Account Sweep Facility

Do you wish to have surplus Cash Account funds automatically invested on a half yearly basis? (✓) Yes No

If no selection is made, the default will be no automatic sweeping of funds.

Your Cash Account surplus will be invested in accordance with your most recently lodged Investment Strategy Form. If your strategy contains an investment that is closed or not available you must provide a new Investment Strategy Form.

Section 11 – Online Access – Acurity Online

Acurity Online is our secure website for employers that provides up to date information on their Plan and the ability to advise changes to their Plan.

Would you like to use Acurity Online to access your Plan? Yes No

If yes, please advise your preferred User ID code (Maximum of 12 characters)

Preference 1

Preference 2

Preference 3

Your password will be provided by email. Please ensure you have provided your email address in section 1 of this application form.

Section 12 – Fax and Email Instructions

If you would like to give account transaction instructions by fax or email, please select the method you would like to use (✓).

Fax facility Email facility Both fax and email facility

(Please ensure you have included your contact details in section 1 of this form).

Section 13 – Adviser Service Fee (optional)

I approve the deduction of . % (not to exceed 1.1% p.a.) of the value of my account as an Adviser Service Fee payable in quarterly instalments to my financial adviser. I understand that this fee will be deducted directly from my account balance.

Section 14 – Application Declaration

Before you sign this application form, the Trustee or financial adviser is obliged to give you a 'Product Disclosure Statement' (which is a summary of important information relating to the Plan). The Product Disclosure Statement will help you understand the product and decide if it is appropriate to your needs.

I acknowledge each of the declarations (applicable to applicants) as set out in the Product Disclosure Statement.

Signature Date

X

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Section 15 – To be Completed by Financial Adviser

Adviser's name

Adviser code

Adviser's Stamp

Adviser's business name

Adviser's postal address

Suburb

State

Postcode

Dealer group/Licensee

Adviser's email address

Telephone

Mobile

Fax

Before an applicant signs this application, the following rebate entitlement, if applicable should be completed.

Rebate % of the contribution fee to the applicant as an additional investment (e.g. 50%, 100%).

Rebate ongoing remuneration (✓) 25% 50% 75% 100% % other

I acknowledge each of the declarations (applicable to advisers) as set out in the Product Disclosure Statement.

Signature

Date

X

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