

Spouse Application Form

FREEDOM OF CHOICE

1 September 2008

Please use black or blue pen in BLOCK letters and tick appropriate boxes.



Only complete this form if you are an employee member of the plan and you wish to nominate your spouse to join the plan, and for the plan to accept contributions from you and/or your spouse.

The completed form should be forwarded to us.

Section 1 - Employee Member Details

Title	Surname
<input type="text"/>	<input type="text"/>
Given name(s)	
<input type="text"/>	
Date of birth	Sex
<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"/> <input type="text"/>
member number <i>(if known)</i>	
<input type="text"/>	

Section 2 - Spouse Member Details

Spouse title	Spouse surname		
<input type="text"/>	<input type="text"/>		
Spouse given name(s)			
<input type="text"/>			
Date of birth	Sex		
<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"/> <input type="text"/>		
Address <i>(all account correspondence will be sent to this address)</i>			
<input type="text"/>			
Town/Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone	Mobile telephone	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email <i>(home preferred)</i>			
<input type="text"/>			

Section 3 - Tax File Number

Tax File Number - - OR I do not wish to provide my TFN (✓)

Your TFN is confidential and before you decide to provide it we are required to tell you the following things. We can collect your TFN under the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988.

If you provide your TFN to us, we will use it only for legal purposes. This includes finding and identifying your superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment you may be entitled to, and providing information to the Commissioner of Taxation (amongst other things to enable the Commissioner of Taxation to assess any surcharge payable on superannuation contributions made by or for you). These purposes may change in the future.

It is not an offence if you choose not to quote your TFN. But if you do not tell us your, TFN, either now or later, you may pay more tax.

If you provide your TFN to us, we may provide it to the trustee of any other superannuation fund or to a RSA provider where the RSA provider or trustee is to receive your transferred benefits in the future. We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on. We may also give it to the Commissioner of Taxation. Otherwise we will treat it as confidential.

Section 4 - Personal Contribution Details

This section should only be completed if you are making contributions in addition to those you are receiving as a spouse contribution. (Please tick whichever is applicable).

I wish to:

Make regular contributions via the Regular Investment Plan (refer to the 'Regular Investment Plan' section in the PDS and complete the Direct Debit Request form).

Contributions are to be deducted from my bank account each Month Quarter

Commencing / / Personal non-concessional \$.

Make an occasional lump sum contribution Personal non-concessional \$.

Transfer benefits from another superannuation fund (please complete the Transfer form).

Section 5 - Adviser Switching Authority

Do you authorise your financial adviser to act as your authorised representative to undertake switches of underlying investments, and do you agree to be bound by the terms and conditions (as applicable) detailed in the 'Declarations' section of the PDS? (✓)

Yes No

Section 6 - 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 investment 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 7 - Investment Choice

You can choose how your contributions are invested by completing an Investment Strategy Form that accompanies this.

If you do not wish to select your own investments or do not provide us with a completed Investment Strategy Form, your account will be invested in the Plan's default investment option. You can change your investment strategy at any time by providing the Trustee with a completed Investment Strategy Form.

Do you intend on providing your own investment strategy? (✓) Yes No

Section 8 - Nomination of Beneficiary

Please complete the Death Benefit Nomination of Beneficiary form.

Section 9 - Online Access – Acuity Online

Acuity Online is our secure website for members that provide up to date information on your account and the ability to make changes to your account.

Would you like to use Acuity Online to access your Plan? (✓) Yes No

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

Preference 1	<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"/>	<input type="text"/>	<input type="text"/>
Preference 2	<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"/>	<input type="text"/>	<input type="text"/>
Preference 3	<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"/>	<input type="text"/>	<input type="text"/>

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

Section 10 - 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 11 - Adviser Service Fee (optional)

I approve the payment of % p.a. (inclusive of GST) of the total value of my account as an Adviser Service Fee payable in quarterly instalments to the fund's financial adviser. I understand that this fee will be deducted directly from my account balance.

Section 12 - Employee 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 fund). 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 employee members) in the 'Declarations' section of the PDS.

Signature

Date

Section 13 - To be Completed by the Financial Adviser (if applicable)

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

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

Signature

X

Date

D	D	/	M	M	/	Y	Y	Y	Y
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