

Employee Preference Form

FREEDOM OF CHOICE CORPORATE SUPERANNUATION

1 December 2008

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



Only complete this form if you are an employee who has enrolled in the plan and have received the Product Disclosure Statement.

The completed form should be forwarded to us.

Section 1 - Employee Member Details

Membership number (if known)

Employer name

Title

Surname

Given names

Date of birth

Sex

Date joined employer

Occupation

Hours working per week

Address *(all account correspondence will be sent to this address)*

Town/Suburb

State

Postcode

Home/Mobile telephone

Business telephone

Fax

Email *(home preferred)*

Section 2 - 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 3 - Personal Contribution Details

This section should only be completed if you are making contributions in addition to those being made by your employer or you are receiving 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).

Make an occasional lump sum contribution

Contributions are to be deducted from my bank account

each Month Quarter

Commencing / /

Personal non-concessional
and/or
Spouse contribution

\$.
\$.

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

Personal non-concessional
and/or
Spouse contribution

\$.
\$.

Section 4 - 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 5 - 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 6 - 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

If you intend on providing your own strategy, we will invest your money into the cash account until a completed Investment Strategy Form is received.

Section 7 - Nomination of Beneficiary

Please complete the Death Benefit Nomination of Beneficiary form.

Section 8 - Online Access – Acurity Online

Acurity 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 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 form.

Section 9 - 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 10 - Additional Insurance Cover

If your employer has selected cover for you and you are seeking insurance cover in excess of this amount, please complete section (A). (Your insurance cover details can be found on your Membership Confirmation schedule. Please check with your employer before proceeding).

If your employer has not selected cover for you and you would like to nominate your own insurance cover, please complete section (B).

A)

Please indicate the cover that is currently provided as shown in your Membership Confirmation schedule (✓):

Death Only Death & TPD Salary Continuance

Please nominate the new insurance cover amount required:

Death/TPD Fixed amount (e.g. \$100,000) \$

Death/TPD Multiple of salary (e.g. 5 times) times

Death/TPD Fixed premium per week (e.g. \$1, \$2) \$

Salary Continuance cover waiting period (✓)

30 days 60 days 90 days

Salary Continuance cover percentage of salary* %
(maximum of 75%)

Benefit Period 2 Years or to age 65

*excluding mandated superannuation contributions

B)

Type of cover required (✓)

Death Only Death & TPD Salary Continuance

Death or Death & TPD amount of cover required:

Fixed amount (e.g. \$100,000) \$

Multiple of salary (e.g. 5 times) times

Fixed premium per week (e.g. \$1, \$2) \$

Salary Continuance amount of cover and waiting period required

Waiting period (✓) 30 days 60 days 90 days

Salary Continuance cover percentage of salary* %
(maximum of 75%)

Benefit Period 2 Years or to age 65

You must also complete a separate insurance application form available from your employer or by contacting us.

Section 11 - Adviser Service Fee (optional)

I approve the payment of % p.a. (inclusive of GST, not exceeding 1.1% p.a.) 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

Date