

Employer Application Form

1 December 2008

FREEDOM OF CHOICE CORPORATE SUPERANNUATION

Please use Blue or Black ink using BLOCK letters and tick appropriate boxes.



This form should be completed by a representative of the employer establishing the Plan. A person is prohibited from passing on to another person the application form unless it is attached to the Product Disclosure Statement ('PDS'), or in the case of an electronic PDS, attached to or accompanied by the completed and unaltered electronic version of that PDS.

Section 1 - Employer Details

Employer's name

Employer's trading name

Registered Address

Town/Suburb

State

Postcode

Postal Address

Town/Suburb

State

Postcode

Section 2 - Contact Person

Title

Surname

Given names

Position

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

Telephone

Mobile

Facsimile

Email address

Section 4 - Plan Details (continued)

Contribution details

Contributions will be made using: (✓)

Direct Debit of Account (complete and attach the DDR) Electronic Funds Transfer*

How frequently will you pay contributions? (✓) Weekly Fortnightly Monthly Quarterly

Employers are reminded that a contribution advice (a breakdown of the contribution by employee member) must be provided to us when the contribution is made.

*We will provide you with our banking details on acceptance of this application.

Insurance cover (Employer specified group insurance arrangements only)

If you wish to define insurance benefit groups, please complete this section. If you do not complete this section, an employee’s insurance category will automatically default to 15% of Salary x Years to Retirement at Age 65.

Category description	Default Category 1	Employer specified cover for Automatic Acceptance		
	Default	Category 2	Category 3	Category 4
Death Only				
Death & TPD				
Salary Continuance				
Death and Death & TPD benefits				
15% of salary x years to retirement at age 65	✓			
Fixed amount (e.g. \$100,000)				
Multiple of salary (e.g. 5 times)				
Fixed premium per week (e.g. \$1, \$2)				
Salary Continuance benefits				
Waiting period 30 days				
60 days				
90 days				
Percentage of salary (max 75%)		%	%	%
Benefit Period – 2 years or to age 65				

Contribution Fee (optional)

I/We approve the payment of % of all contributions (excluding rollovers) and % of all rollovers into the Plan, to the employer’s financial adviser as a Contribution Fee. I understand that this fee will be deducted directly from each of the employee’s accounts.

Plan Service Fee

I/We approve the deduction of % (not to exceed 0.55% p.a.) of the plan as a plan service fee payable in monthly instalments to the employer’s financial adviser. I understand that this fee will be deducted from each of the employees’ accounts.

(Please enter all fees inclusive of GST)

Section 4 - Plan Details *(continued)*

Employer nominated default investment option

Freedom of Choice allows employers to nominate a default investment option for their Plan. You can nominate a default option from the list of Foundation Options or Select Options. Please refer to the Freedom of Choice Corporate Investment Strategy form for options. If you nominate a default option, employees' benefits will be invested in that option until; such time as they provide us with a completed investment strategy form. If you choose not to nominate a default investment option, employees' benefits will be invested in the Trustee's default strategy – the Australian Unity Balanced Growth Portfolio – until such time as the employee provides us with a completed investment strategy form.

Please nominate an option below if you wish to nominate a default investment option for your Plan.

Section 5 - Current Super Fund Provider

Name of provider

Current balance (estimate only)

Section 6 - Other Forms Attached with Application

I have attached the following completed additional application form(s) (✓)

Direct Debit Request Form (only required if a direct debit facility is required).

Transfer Authority Form signed by the employee (only required if employees' existing superannuation benefits are to be transferred from another superannuation fund) Form located at www.freedomofchoice.com.au

Section 7 - Employer Declaration/Signatures

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

I/We acknowledge each of the declarations (applicable to employers) of the PDS.

Where I/We have nominated insurance cover in section 4 of this application, I/we certify that:

- all employees enrolled in the Plan were actively at work, or on leave, other than sick leave, on the date they joined the Plan;
- will/have joined the Plan on the date they are/were first eligible; and
- 75% of all employees who are eligible in accordance with the rules of the Plan will be members of the Plan for the purposes of insurance Automatic Acceptance Levels.

FOR USE WHEN THE EMPLOYER IS AN INDIVIDUAL OR PARTNERSHIP

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

FOR USE WHEN THE EMPLOYER IS A COMPANY

Company name and ABN

was hereunto affixed in the presences of:

Secretary/Director

Company Seal (if applicable)

Director

Date

Section 8 - To Be Completed By The Employer's Financial Adviser

Adviser's name

Adviser code

Adviser's business name

Adviser's postal address

Suburb

State

Postcode

Dealer group/Licensee

Adviser's email address

Telephone

Mobile

Fax

Is insurance commission to be rebated? (✓)

Yes

No

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

Signature

Date

Adviser's Stamp