

Employer Application Form

1 July 2008

Please use Black or Blue pen in 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 Freedom of Choice Employer Sponsored Superannuation Plan Product Disclosure Statement (PDS) dated 1 July 2008, 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 - Employer Details

Employer's name

Employer's trading name

Registered address

Town/Suburb

State

Postcode

Postal address

Town/Suburb

State

Postcode

Bank account details are required for necessary refund purposes.

Bank

BSB number

 -

Branch address

Account name

Section 2 - Contact Person

Title

Surname

Given name(s)

Position

Telephone

Mobile

Fax

Email

Section 3 - Authorised Signatories of the Employer

Please print clearly. It is important that we know who may sign the documents for your plan. (We recommend a minimum of two authorised signatories.) Please advise the Trustee immediately if there are changes to the authorised signatories for your plan.

Title	Surname											
Given name(s)		Position										
Signature		Date										
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Section 4 - Plan Details

4.1 Enrolment Details

Total number of employees	
Total number of employees for which additional Death and/or TPD cover is to be applied	
Total number of employees for which Salary Continuance cover is to be applied	

Please note: An enrolment form with at least two employees must accompany the employer application before it can be accepted.

4.2 Fax and Email Instructions

If you intend to provide instructions (e.g. contribution advice, member additions, etc) by fax or email, please tick the appropriate box below (✓).

<input type="checkbox"/> Fax facility	<input type="checkbox"/> Email facility	<input type="checkbox"/> Both fax and email facility
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(Please ensure you have included your contact details in section 2.)

4.3 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 2.

Section 4 - Plan Details (cont.)

4.4 Contribution Details

Contributions will be made using: (✓)

Direct payment (make cheques payable to 'National Nominees – Freedom of Choice)

Electronic Funds Transfer (we will provide you with our banking details on application)

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 immediately when the contribution is made.

4.5 Insurance Cover (Employer specified group insurance arrangements only)

If you wish to define insurance benefit groups instead of the automatic \$0.50 per week Death insurance cover, please complete this section. If you do not complete this section, an employee's insurance category will automatically default to category 1, \$0.50 per week Death insurance cover.

Category description	Default Category 1	OR	Employer specified cover for Automatic Acceptance		
	Default		Category 2	Category 3	Category 4
Death only	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death & TPD			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary Continuance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death and Death & TPD benefits					
Fixed amount (e.g. \$100,000)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple of salary (e.g. 5 times)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed premium per week (e.g. \$1, \$2)	<input type="text" value="\$0.50"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary Continuance benefits					
Waiting period 30 days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 days			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of salary (max 75%)			<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

4.6 Employer Nominated Default Investment Option

Freedom of Choice allows employers to nominate a default investment option for their Plan. Please refer to the Freedom of Choice 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 - Other Forms Attached with Application

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

Employee enrolment form with at least two employees enrolled.

Transfer Form signed by the employee – only required if employees' existing superannuation benefits are to be transferred from another superannuation fund.

Section 6 - Current Super Fund Provider

Name of provider

Current balance (estimate only)

Section 7 - Employer Declaration/Signatures

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/We acknowledge each of the declarations (applicable to employers) as set out in the PDS.

Where I/we have nominated insurance cover in section 4.5 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/where first eligible,
- 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 or Automatic Death and TPD cover (100% of employees if less than 10 members in the Plan).

FOR USE WHEN THE EMPLOYER IS AN INDIVIDUAL OR PARTNERSHIP

Name

Signature

Date

Name

Signature

Date

FOR USE WHEN THE EMPLOYER IS A COMPANY

Company name

ABN

was hereunto affixed in the presence of:

Secretary/Director signature

Date

Director signature

Date

Section 8 - To be Completed by the Employer's 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 relating to contributions other than rollovers/transfers to the applicant as an additional investment (e.g. 50%, 100%).

Rebate % of the contribution fee relating to rollovers/transfers to the applicant as an additional investment.

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

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