Personal Superannuation 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

Given name(s)

Date of birth D D / M M / Y Y Y Y

Male

Female

Email

Occupation

Hours working per week

Telephone

Mobile

Fax

Postal address

Town/Suburb

State

Postcode

Section 2 – Tax File Number ('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.

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

Section 3 – Contribution Details

Indicate the amount you wish to invest.

	Initial contribution (Minimum $2,500)	***On-going contributions***
Personal contribution	$	$
Eligible Spouse contribution	$	$
Employer contribution	$	$
Eligible Termination Payment to be rolled over	$	$

(Where accounts are being rolled-over, nominate name of fund(s) from where contributions are to be received.)

Name of fund

$

Name of fund

$

Name of fund

$

You must also complete a Transfer Form.

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

Ongoing personal contributions breakdown

Concessional (deducted)	$
Non-concessional (undeducted)	$
Total	$

one box must be ticked (✓)

(a) ☐ I will not be claiming a tax deduction ***or***

(b) ☐ I am self employed and

☐ I will be claiming a full deduction

☐ Other – I will not be claiming a tax deduction

Ongoing personal contribution frequency

I intend to contribute: (✓) monthly ☐ quarterly ☐ half yearly ☐ annually ☐

If payment is made by direct debit, please complete the Direct Debit Request Form.

Employer contributions

Employer name

Employer address

Town/Suburb

State

Postcode

Section 4 – 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 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 sweeping of funds.

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

Section 6 – Nomination of Preferred Dependants

Please complete a 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 – 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 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 – Insurance Cover

Please complete a separate insurance application form available from your financial adviser or by contacting us.

Section 11 – Adviser Service Fee

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 12 – 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

X

Date

D D / M M / Y Y Y Y

Section 13 – 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 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 Product Disclosure Statement.

Signature

X

Date

D D / M M / Y Y Y Y