

Application Form

Employer Superannuation Service



**FREEDOM
OF CHOICE**

Before signing this Application Form, please ensure that you have read the latest Freedom of Choice Employer Superannuation Product Disclosure Statement (PDS) and the Reference Guide, available from www.freedomofchoice.com.au or on request by phoning 1800 806 013.

Section 1: PERSONAL DETAILS (All fields are mandatory)

| | | | |
|--|----------------------|-------------|----------------------|
| Surname: | <input type="text"/> | Salutation: | <input type="text"/> |
| Given name(s): | <input type="text"/> | | |
| Date of birth: | <input type="text"/> | Gender: | <input type="text"/> |
| Postal address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | <input type="text"/> | Post code: | <input type="text"/> |
| Residential address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | <input type="text"/> | Post code: | <input type="text"/> |
| Telephone (BH): | <input type="text"/> | (AH): | <input type="text"/> |
| | <input type="text"/> | Mobile: | <input type="text"/> |
| Email address: | <input type="text"/> | | |
| Would you like your username and password for online access automatically emailed to this email: | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

Section 2: EMPLOYMENT DETAILS

| | | | | |
|--------------------------------|------------------------------------|---|--|--------------------------------|
| Occupation: | <input type="text"/> | Will your employer be contributing to this fund: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, name of employer: | <input type="text"/> | | | |
| Employment status: | Full time <input type="checkbox"/> | Casual <input type="checkbox"/> | Permanent part time <input type="checkbox"/> | Other <input type="checkbox"/> |
| Average hours worked per week: | <input type="text"/> | | | |
| Tax file number: | <input type="text"/> | Please read the below statements before providing your 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.
- 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. Otherwise we will treat it as confidential.
- It is not an offence if you choose not to quote your TFN. But, if you do not tell us your TFN, you may pay more tax.

FoC, a division of AMG Super

ABN 300 993 205 83
PO Box 3528, Tingalpa DC Qld 4173
Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: enquiries@freedomofchoice.com.au

Issued by the trustee:
Equity Trustees Superannuation Limited

ABN 50 055 641 757
AFS Licence No. 229757
RSE Licence No. L0001458

Section 3: NOMINATION OF PREFERRED BENEFICIARY

You are able to nominate who you wish your benefits to be paid to in the event of your death. You can nominate a dependent or legal personal representative. You have the option of making two different types of beneficiary nominations:

- 1. Preferred Beneficiary Nomination** – please complete the section below; or
- 2. Binding Beneficiary Nomination** – you must use the separate 'Binding Beneficiary Nomination' form available from www.freedomofchoice.com.au.

Please note that a Preferred Nomination of Beneficiary guides but does not bind the Trustee. You may revoke or change your nomination at any time by completing a new Nomination of Beneficiary form. See the Additional Information Booklet for more information about nominating beneficiaries.

In the event of my death please pay my remaining balance to: ☐ my estate ☐ or the following nominated dependents ☐

| Full Name of Preferred Nominated Beneficiary | Date of Birth | Relationship | % of Benefit |
|--|---------------|---|--------------|
| | | <input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship | |
| | | <input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship | |
| | | <input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship | |
| | | <input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship | |
| | | | 100% |

Section 4: TRANSFER OF BENEFITS

Do you wish to transfer a benefit from another superannuation fund into this fund?

☐ Yes, please complete the 'Super Consolidation Form' available from www.freedomofchoice.com.au. ☐ No

Section 5: INSURANCE

Do you wish to transfer insurance cover currently held within another superannuation fund into Freedom of Choice?

☐ Yes, please complete the 'Insurance Transfer Form' available from www.freedomofchoice.com.au. ☐ No

Do you wish to apply for new or additional insurance cover within Freedom of Choice?

☐ Yes, please complete the 'Insurance Application Form' available from www.freedomofchoice.com.au. ☐ No

Insurance Election

I elect to maintain all my insurance cover in AMG Super even if my account has not received any contributions or other amounts for a continuous 16 month period. Yes ☐ No ☐

I elect to receive automatic insurance cover even if my account has a balance of less than \$6,000 and/or I am under 25 years old. Yes ☐ No ☐

Section 6: TARGET MARKET ASSESSMENT

The target market determination ('TMD') for Freedom of Choice products can be found at freedomofchoice.com.au/target-market-determinations and includes a description of who the product is appropriate for, based upon the characteristics of the product, and the likely investment objectives, financial situation and needs of the consumer that each product had been designed to meet.

Products available through Freedom of Choice will also have their own TMD. A consumer must refer to the TMD and relevant disclosure documents when deciding if these products are suitable for them.

Please answer the following questions so that we can meet our regulatory obligations to take reasonable steps to ensure our products are distributed in line with those TMDs.

Which of these investment goals best describes your primary investment objective?

☐ Capital growth ☐ Capital preservation ☐ Capital guaranteed ☐ Income distribution

Which of these statements best describes how long you expect to remain invested in this product and selected investment options?

☐ Short term (less than 2 years) ☐ Medium term (between 2 and 8 years) ☐ Long term (more than 8 years)

Which of these statements best describes your attitude to investment risk, ability to bear loss, and return?

- ☐ Low (Unwilling to see a reduction in value of investment even in the short term. Risk of loss is low as is corresponding return.)
- ☐ Medium (Unwilling to see a reduction in the value of investment in the medium term, willing to accept some risk in the short term compensated with a higher return.)
- ☐ High (Seeking a high return from investment over the long term, willing to see a reduction in short to medium term compensated with a higher return.)
- ☐ Very high (Seeking to maximise returns and are willing to accept periods of investment losses over the lifetime of your investment. You are willing to accept the risk that can derive from the use of aggressive investment strategies such as investment in alternative assets, derivatives or from the use of leverage.)

Which of these statements best describes how long you expect withdrawals to take from the product?

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually or longer

Section 7: MEMBER DECLARATION

I make the following declarations and acknowledgements:

General

- I understand that I am bound by the provisions of the Trust Deed for Freedom of Choice dated 12 May 2000 as amended from time to time.
- I have been provided a copy and have read and understood the relevant Freedom of Choice PDS and have obtained, read and understood the current Reference Guide including any terms, conditions or limitations relating to the role of my nominated adviser, any investments in the Fund (including the Fund's investment options) and insurance cover.
- I acknowledge that I have read and understood the information about contributions contained in the Reference Guide and that I have satisfied myself that any contributions made by myself are consistent with the contribution rules prescribed by superannuation legislation.
- I acknowledge that I have read and understood the information about contributions contained in the Additional Information Booklet and that I have satisfied myself that any contributions made by myself are consistent with the contribution rules prescribed by superannuation legislation.
- By making an insurance election under Section 5 I am instructing the Trustee to either keep my insurance cover in place or apply insurance cover to my account. I understand that the Trustee has not taken into account my particular objectives, financial circumstances or needs.
- The information I have provided in this form is true and correct.

Personal information

- I acknowledge that I have read and understood the Privacy Policy described in the Reference Guide.
- I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS and Reference Guide.

Investment

- I understand that my account balance can rise and fall, and that neither the Trustee, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, nor any of the fund managers nominated in this document guarantee the performance of the Fund or its investment options.
- I acknowledge that the Trustee will invest my account in accordance with the selections made by myself in the Investment Choice section of this form (as varied by myself from time to time) but that the Trustee reserves the right not to do so where necessary or appropriate without liability to and member or prospective member.
- I hereby direct the Trustee to invest my account balance in the investment options in the proportions indicated above, based on the declarations and acknowledgement made in this form.
- Where I have selected an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to facilitate redemption or switching requests due to the illiquid nature of the investment.

Signature:

Date:

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au
Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au