

Application Form

Retirement Service



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

A copy of a member's ID (driver's licence, passport or equivalent), and a bank statement or equivalent is required to be submitted with this form, see section 4 and 9 for information.

Section 1: Type of pension

Please select the pension you are applying for: Account Based Pension Transition to Retirement Account Based Pension

Section 2: Personal details (all fields are mandatory)

Surname: Salutation:

Given name(s):

Date of birth: Gender:

Postal address:

Suburb: State: Post code:

Residential address:

Suburb: State: Post code:

Telephone (BH): (AH): Mobile:

Email:

Would you like your user name and password for online access automatically emailed to this email? Yes No

Tax File Number: Please read the below statements before providing your TFN.

Please Note: If you are under the age of 60, you must also supply a standard TFN declaration form.

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.

Please select one of the following: I am an Australian citizen I am a permanent resident of Australia
 I am a New Zealand citizen I hold a subclass 405 or subclass 410 temporary visa

Account Based Pension
Please select one of the following: I am aged 65 or over I have reached my preservation age and am permanently retired
 I am aged 60 or over, am not permanently retired and have terminated an employment arrangement I am permanently retired

Transition to Retirement Pension
Please confirm: I have reached my preservation age, and am engaged in gainful part time or full time employment (i.e. employed at least 10 hours per week)

Section 3: Pension options

Please be advised that I wish my pension to commence in the month of:

I nominate pension payments to be: Monthly Quarterly Half-yearly Yearly

I nominate pension payments to be: Minimum amount* Maximum amount* Actual amount: \$ per annum

*A maximum amount can only be specified for a Transition to Retirement Pension. Pension payments must meet government standards. We reserve the right to adjust your nominated pension payment so that government standards are met. From time to time, the minimum amount prescribed by law may change. For up to date information about the minimum, contact the administrator on 1800 806 013 or go to www.freedomofchoice.com.au.

I want my pension payments to be made by:

- Electronic funds transfer (EFT) to my nominated bank, building society or credit union account (please nominate account details below)
- Cheque to be mailed to my address as detailed above

Account Based Pension only

Yes, I wish my pension payments to be indexed each year @ % (Note: any indexation is subject to government payment limits)

No, I do not want my pension indexed each year

Section 4: Banking details (pension payments)

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.

Please note that the account must be held in your name or jointly in your name.

Please also supply with your application form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.

BSB: Account number:

Account name:

Section 5: Beneficiaries

Nomination of preferred beneficiary

Unless you have nominated a reversionary pensioner, you have the option of creating either a preferred or a binding nomination of beneficiary to be used by the Trustee in the event of your death whilst a member of the Fund. Please note that a preferred nomination of beneficiary is not binding on the Trustee, who will take your wishes into account but has absolute discretion as to how your benefit will be paid. If you wish to create a binding nomination of beneficiary, you must use the form available from www.freedomofchoice.com.au.

You may revoke or change your nomination at any time by completing a new Binding Nomination of Beneficiary Form. See the PDS for more information about nominating beneficiaries.

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

Full name of preferred nominated beneficiary	Date of birth	Relationship	% of benefit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Spouse/de-facto <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependency relationship	<input type="text"/>
			100%

Nomination of reversionary pension

Please specify the name of the person who you wish to nominate to become a reversionary pensioner on the event of your death.

Surname: Given name: Relationship: Date of birth:

Address: Post code:

Note: A nomination of reversionary pension is subject to government standards which prescribe who can continue to receive your pension in the event of your death. Restrictions apply to the payment of pensions to children aged 18 or more. See the PDS for more information.

Section 6: Adviser details

Adviser name:	<input type="text"/>		
Dealer group:	<input type="text"/>	Phone number:	<input type="text"/>
Practice name:	<input type="text"/>	Email address:	<input type="text"/>
AFSL number:	<input type="text"/>	Corporate Authorised Representative number:	<input type="text"/>

Section 7: Consent to deduct one-off advice fee

Freedom of Choice must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or Freedom of Choice in writing.

If you sign this form you will pay the following one-off advice fee from your Freedom of Choice account(s).

One-off advice fee \$ Inclusive of GST

As part of the advice, the dealer group will provide you with a Statement of Advice (SOA), which outlines what this fee includes. Refer to your SOA for detailed information about what services are associated with this fee.

Your consent expires once the amount is deducted from your super account. This means the dealer group will have to ask for your consent again if the Fund wants to deduct fees from your super account for further advice from the dealer group in future.

You can withdraw your consent to the deduction of fees from your account by contacting the Fund. However, your withdrawal must be received before the Fund deducts the one-off fee from your account.

Section 8: Consent to deduct ongoing advice fees

Freedom of Choice must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or Freedom of Choice in writing.

If you sign this form you will pay the following ongoing advice fee from your Freedom of Choice account from the start date indicated below to the cease date.

Ongoing advice fee type		Fee estimate ^	Start date*	Cease date*
\$ Based fee	\$ <input type="text"/> Inclusive of GST p.a.		<input type="text"/>	<input type="text"/>
% Based fee	<input type="text"/> % Up to 2.2%, inclusive of GST p.a.	\$ <input type="text"/> Estimated p.a.	<input type="text"/>	<input type="text"/>
% Based insurance fee	<input type="text"/> % Up to 33% of premiums paid, inclusive of GST p.a.	\$ <input type="text"/> Estimated p.a.	<input type="text"/>	<input type="text"/>

Your consent expires 150 days after the cease date of the ongoing advice fee. After this date, the dealer group will have to ask for your consent again if it wants to continue deducting ongoing advice fees from your account in return for ongoing services.

You can vary or withdraw your consent at any time by contacting your adviser or the Fund directly.

^ This amount is a fee estimate only based on your current balance or insurance premiums and an agreed percentage fee stated above which is to be applied at the time the deduction is processed.

* You must provide a start date and cease date for the fee to be applied. The cease date must be a maximum of 12 months from the start date.

Section 9: IDENTITY VERIFICATION

To make a payment from your account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1800 806 013.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the Australian government's Document Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy is available from their website: <http://www.dvs.gov.au>

If you would like to proceed with electronic verification please tick each of the consent boxes below:

- You consent to us electronically verifying your identity; AND
- you are authorised to provide the identification documents to us; AND
- you understand that the details of the identification documents will be checked against the Australian government's document verification service.

Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1800 806 013.

Section 10: Adviser transaction authority

I authorise my adviser as nominated in Section 6 to give or carry out instructions regarding the operation of my account (including investments) as set out below. I understand that in giving or carrying out instructions, my adviser may access my account details and transact on my account. I also understand that the Trustee or its services providers can accept and act on such instructions given by my adviser without requiring my signature, additional proof, instructions or further confirmation from me. The instructions or transactions for which this authority applies are:

1. Investment of the initial contribution or rollover amount into my account in the Fund
2. Switching between investment strategies/ underlying investment holdings including purchasing and selling investments
3. Changing a regular pension payment amount
4. Starting or stopping a regular withdrawal amount (where permissible under relevant law)
5. Changing the weightings of securities held in respect of your account.

Note: The Trustee cannot accept your application to the Fund without this authority.

Member signature:

Date:

Section 11: 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, and any investments in the Fund (including the Fund's investment options).
- The information I have provided in this form is true and correct.
- I consent to the Trustee accepting and acting on directions, instructions, requests and communications (including faxes and emails) in relation to investment management and administration in connection with the Fund, from my authorised adviser shown in Section 6 and his/her licensee. I authorise the Trustee to continue to accept, rely upon and act on these communications until I notify the Trustee in writing otherwise.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by my authorised adviser shown in Section 6 and his/her licensee.

Pension

- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that if I commute my pension after joining (e.g. within a few years after joining, the value of my benefit may be less than I paid in).
- In relation to my term allocated pension, I understand that once my term allocated pension has commenced, I cannot change the term of my pension, or amounts paid.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.

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.

Advice fees

- I confirm my adviser has provided me with professional advice including the formulation of an investment strategy that has taken into consideration my personal objectives, financial situation and needs.
- I understand the one-off fee, ongoing fee, and advice fee for insurance cover are negotiable between my authorised adviser and me and that any fees agreed to by me are in addition to the base fees stipulated in the PDS.
- Unless I have stipulated otherwise in this form, I agree to the adviser remuneration detailed in Section 7 and 8 being deducted monthly in arrears from my account balance in the Fund as at the last day of the month and authorise the Trustee to pay that adviser remuneration to the dealer group and for the dealer group to pass on such amount (if any) it determines to my adviser as nominated in Section 6).
- If I have more than one account in the Fund, I agree to authorised advice fees being deducted in the manner set out in the Reference Guide.
- I confirm my adviser has provided me with a Statement of Advice in relation to any financial product advice provided by my adviser as required by government legislation.
- I am aware that any fees deducted by my adviser from my superannuation account are to be only in relation to the Fund or its investments.
- I am aware that if requested by the Fund or its Trustee, my adviser may provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund or its investments.
- I am aware that any fees deducted from my account that are paid to my adviser are to be only in relation to the Fund, its investments or insurance obtained through superannuation.
- I am aware that if requested by the Fund or its Trustee, my adviser may be asked to provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund.

Member signature:

Date:

Section 12: Adviser declaration (adviser to complete)

I make the following declarations and acknowledgements personally and on behalf of the Dealer Group shown in Section 2:

- I accept the terms of the adviser transaction authority in Section 4 and agree to act in accordance with this authority and any written instructions I receive from the member. I agree to provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- I declare that all directions, instructions, requests and other communications I give to the Trustee, or transactions I make on the member's account will only be made after prior consent of the member and will include (where applicable) accurate and full information and disclose any facts or circumstances relevant to the communication or transaction.
- I confirm that my authorisation enables me to provide financial services in relation to the Fund, including the Fund's financial products and investment and insurance options.
- I have provided the member with a Statement of Advice in relation to any financial product advice I have provided as required by Government legislation.
- I have provided the member with access to the current PDS or other disclosure document for each of the selected investments available for investment through the Fund.
- I have fully disclosed to the member all fees and costs associated with investing in the Fund in accordance with Government legislation.
- I will if requested by the Fund or its Trustee provide copies of a member's Statement of Advice in relation to any adviser fees deducted from a member's Freedom of Choice account in order for the Fund or its Trustee to ensure advice fees are in relation only to the member's interest in the Fund, its investments or insurance obtained through superannuation
- I confirm that any adviser fees payable as agreed by the member are/will be for financial services relating only to the Fund or its investments.
- I confirm that any changes to the amount, frequency, method or manner of payment of adviser fees will be signed off in writing by the member prior to making such changes and that I will immediately notify the Trustee of such changes.
- I confirm that all emails and other electronic communications containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information and that I will ensure the security, confidentiality and privacy of information (including personal information) about the member that I access from Freedom of Choice in accordance with all relevant Government legislation.
- Where I have submitted an electronic copy of this form, I confirm that I will retain the original copy of the form for a minimum period of 7 years and supply the original to the Trustee as requested by or on behalf of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given, or transactions made, by me or my duly authorised signatory.
- I agree to promptly refund, on request by or on behalf of the Trustee, any adviser fees paid out of Freedom of Choice's assets that are not in accordance with the declarations and acknowledgements in this form.
- I agree to provide the Trustee with any information requested by or on behalf of the Trustee in relation to the adviser details and adviser remuneration shown in this form.
- If contacted by or on behalf of the Trustee from time to time to confirm my ongoing adherence to this Adviser Declaration, I will cooperate.
- I agree to seek member renewal of the adviser service fee arrangements every two years if it is not renewed before then.
- I agree to notify the Fund immediately if a renewal is not received and understand that the Fund will cease the payment of advice service fee.
- I agree to immediately notify the Trustee if I breach or am likely to breach any relevant law, the terms of this Adviser Declaration or cease to be authorized to provide financial services relating to Freedom of Choice.
- I agree to immediately notify the Trustee if any of the information provided by myself in this form ceases to be true and correct or changes in any way.
- I declare that I am duly authorised to provide the above declarations, undertakings and acknowledgements on behalf of the Dealer Group named in Section 2 of this form.
- I declare that all information provided by myself in this form is true and correct.

Adviser 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