

Thanks for being so super. We love you already.

Personal superannuation

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

Please complete this form in BLOCK LETTERS.

Questions? Contact us on 02 8823 2580 The Zuper PDS can be downloaded from www.zuper.com.au

1. YOUR DETAILS

Title: _____ Given Names: _____

Surname: _____

Member Number: _____

Home Address: _____

State: _____ Postcode: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

Email: _____

2. EMPLOYMENT DETAILS

Name of Employer: _____

Contact Number: _____

Address: _____

State: _____ Postcode: _____

2. EMPLOYMENT DETAILS (CONTINUED)

Employer Email: _____

Income per Annum: \$ _____

Refer to the Insurance Guide for a definition of income – Only required if applying for Insurance

Full Time / Casual: _____ Date Joined: _____

Hours per Week. Only required if applying for Insurance

Or commenced employment

3. NOTIFICATION OF TAX FILE NUMBER

It is not an offence not to provide your tax file number (TFN). However, if you choose not to, higher tax rates may apply on your superannuation contributions and any benefit received in cash will be taxed at the highest marginal tax rate plus the Medicare levy.

I agree to provide my TFN

TFN: _____

4. LOST OR UNCLAIMED SUPERANNUATION

I give permission to Zuper Super to use my personal information provided (including TFN) to search for any superannuation money held by the ATO or other superannuation funds, to the extent the law allows. Zuper Super will contact me and confirm the result of the search, as well as providing transfer documents.

TFN: _____

Signature: _____ Date: ____ / ____ / ____

5. INSURANCE BENEFITS

Automatic insurance cover options are available as a benefit to Members (For details - refer to the PDS and Insurance Guide).

Insurance Options:

I wish to apply for insurance cover within my superannuation membership in Zuper Super

Lump sum Death and TPD:

Yes No

Income Protection

Yes No

Death Only

Yes No

If yes, please complete the Zuper Super Insurance Application and Variation form, and a personal health statement which are available on the Zuper Super website. Questions? Contact us on 02 8823 2580

6. INITIAL CONTRIBUTION / ROLLOVER DETAILS

Please choose one or more as applicable:

- My employer will be making superannuation guarantee (SG) contributions to my Member account.
- My employer will make a salary sacrifice or member voluntary contribution on my behalf
- I will be making a personal contribution/rollover as detailed below

Personal Contribution	\$	Are you claiming a tax deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rollover (estimate)	\$	Number of Funds:	_____
Other Contribution	\$	Have you requested these transfer/ rollovers from the relevant institution?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Total	\$		

If Yes to rolling over, please complete a Roll-In form for each fund from which benefits are to be transferred. If you have not already requested the transfer/rollover, please complete a rollover your superannuation into Zuper Super form for each superannuation fund (contact us for help or download from Zuper Super's website).

7. NOMINATION OF BENEFICIARIES

In the event of your death, do you wish to nominate one or more beneficiaries to receive the benefit?

Non Binding Nomination

Pay my benefit to my estate **OR** Pay my benefit as nominated as follows

Surname	First Name	Relationship	% of Benefits
			%
			%
			%
			%
			%
Total			100 %

This nomination is not binding on the Trustee although the Trustee will have regard to any nomination(s) made when deciding how your death benefit should be paid. You may change your nomination(s) at any time by writing to us.

Binding Nomination

If you would like to make a nomination that is binding on the Trustee, please complete the Nomination of Beneficiary form available from our website.

8. YOUR INVESTMENTS

This section of the application should be used to advise the Trustee of your chosen investment options within Zuper Super. Please refer to the Zuper Super PDS and Investment Guide or your financial adviser for further information about investment options.

I wish to invest in one or more of the following investment options (please tick the appropriate investment(s)).

Choose one of the following base funds:



Impact

OR



Impact+

And optionally add one, two or three of the options below:



Zuper Green



Zuper Tech



Zuper Health

For more information please visit www.zuper.com.au

9. DECLARATION

- I hereby make application to join Zuper Super and agree to be bound by the Trust Deed and rules of Zuper Super, as amended from time to time;
- I declare that all the information on this application is true and correct and that I have read and understand my Duty of Disclosure (refer to the Insurance Guide);
- I consent to the Trustee supplying information to my Adviser (including electronic access through Zuper Super Administration) shown on this application form, his/her dealer group and/or the Promoter;
- I have received personally the PDS either as a printed document, an electronic document or a paper printout of the electronic document and this application was accompanied by, or attached to, the PDS at the same time I received this application form. I have read and understood the PDS; I agree to access the Information in the PDS prior to making decisions in relation to my Zuper Super membership;
- I acknowledge that neither the Trustee, the Promoter, nor any of their subsidiaries nor their respective officers guarantees any particular rate of return, the capital invested nor the repayment of capital;
- I understand that my investment instructions will be processed after this form is accepted by the Trustee in accordance with the unit price applicable at that time and I understand that a buy/sell spread may apply to any investment options that I have selected;
- I understand that the Trustee reserves the right not to accept my request if, in its opinion, my investment instructions are not clear, and I understand that the Trustee can change the underlying fund managers or products in the investment options at any time;
- I agree to receive all information required or permitted to be given to me under SIS and the Corporations Act, including ongoing notifications, product disclosure statements and supplementary product disclosure statements (or the equivalent information) in respect of the investment options (Information):
 - where it is or may become permissible under the Corporations Act, via my Adviser appointed in writing or notice by email or other electronic communication (including online); or
 - directly; or by email (including emails containing a hypertext link); by other electronic communication (including online by accessing the member portal / dashboard); or by making an application to become an investor or by participating in Zuper Super;
- I understand and accept that a period longer than 30 days may be required to rollover or transfer all or part of my withdrawal benefit where the investment options I have chosen are illiquid and that a list of illiquid investments, the nature and reason for the illiquidity and the estimated maximum redemption period is set out at Zuper Super's website
- I acknowledge and have read the privacy policy (refer to the Member Guide) and understand by completing and returning the relevant forms, I agree to the Trustee using and disclosing my personal information as set out in the privacy policy. I acknowledge and understand that the Promoter may also use the information from time to time to provide me with news or offers about products or services that are offered by the Promoter. If you do not wish to receive this service, please indicate by ticking the box at the bottom of this form;
- I have read and understood the conditions of tax file number collection (refer to the Member Guide);
- I acknowledge that the Trustee cannot provide me with advice about my benefits, investments, insurance and any taxation implications that takes into account my personal circumstances and that I should speak to an appropriately qualified adviser if I require such advice; and

9. DECLARATION (CONTINUED)

- I acknowledge that the Trustee may be required under taxation and superannuation legislation to deduct additional tax from my benefits and refuse or refund contributions made by me or on my behalf and, in doing so, may make any adjustments to my account it considers necessary or appropriate.

I do not wish to receive news or offers about products and services by the Promoter.

Signature: _____ Date: ____ / ____ / ____

Please return the completed original form to:

PO Box 1282,
Albury NSW 2640

PRIVACY POLICY

The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Tax Office as well as your right to access your personal information which we hold. Zuper Super has developed policies for complying with this legislation which you may view on request.

DISCLOSURE / DISCLAIMER

The information contained in this document is general in nature and has been prepared without taking into account your objectives, financial situation or needs, and because of this, you should consider whether the information is appropriate and where appropriate seek professional advice from a Financial Adviser. Refer to Zuper Super's website for a copy of its PDS. Zuper Super is a product issued by Diversa Trustees Limited (ABN 49 006 421 638), (AFSL No 235153), as Trustee of LESF Super (ABN 13 704 288 646)