

Application Form

Superannuation Service



FREEDOM
OF CHOICE

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.

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"/>	Postcode:	<input type="text"/>
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Postcode:	<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.

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

Section 6: ADVISER DETAILS

Adviser name:

Dealer group: Phone number:

Practice name: Email address:

AFSL number: Corporate Authorised Representative number:

Section 7: ADVISER SERVICE FEES (All fees are payable monthly)

The applicant has agreed to the payment of an Initial One-off Fee being

inclusive of GST. To be deducted from initial investment amount.

The applicant has agreed to the payment of an On-going Fee being

\$ or % inclusive of GST per annum. Deducted from the applicant's account balance as at the last day of the month.

The applicant has agreed to the payment of a Tiered Fee being:

Account Balance	Adviser Fee
First \$250,000	%
Next \$250,000	%
Next \$500,000	%
Next \$1,000,000	%
Next \$3,000,000	%
\$5,000,000 plus	%

inclusive of GST per annum. Deducted from the applicant's account balance as at the last day of the month.

Section 8: 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 contribution 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.

Signature:

Date:

Section 9: 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 consent to the Trustee giving access to my account details to, and allowing transactions on my account by, my adviser as nominated in Section 6 and any duly authorised signatory appointed by my nominated adviser or the Dealer Group acting on my nominated adviser's behalf.
- I consent to the Trustee accepting and acting on directions, instructions, requests and other communications (including faxes and emails) in relation to investment management, insurance and administration in connection with the Fund, from my adviser as nominated in Section 6 and any duly authorised signatory appointed by my nominated adviser or the Dealer Group acting on my nominated adviser's behalf. I authorise the Trustee to continue to accept, rely upon and act on these communications until I notify the Trustee in writing otherwise.
- I understand that the adviser or Dealer Group nominated in Section 6 is not an employee, partner, joint venturer or agent 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 my adviser as nominated in Section 6 or a duly authorised signatory appointed by my nominated adviser or the Dealer Group acting on my nominated adviser's behalf.
- 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.

Advice & Adviser 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 Initial One-off Fee, On-going Fee and Tiered Fee are negotiable between my authorised adviser and myself 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 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 adviser fees being deducted in the manner set out in the Reference Guide.

Signature:

Date:

Section 10: ADVISER DECLARATION (adviser to complete)

I make the following declarations and acknowledgements:

- I accept the terms of the adviser transaction authority in Section 8 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 transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on the Fund.
- I have provided the member with a Statement of Advice in relation to super switching and the selected investment strategy as required.
- I have fully disclosed all fees and costs associated with investing in the Fund.
- I confirm that any adviser service fees payable to me as agreed by the member are for financial services relating solely to the Fund or its investments.
- I confirm that any changes to adviser service fees will be signed off in writing by the member prior to making such change.
- I declare that all information provided by myself in this Application Form is true and correct.
- I confirm that all emails containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information.
- Where I have submitted an electronic copy of this application 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 if requested.
- 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 me.

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