

# Application for Application Form

## ClearView Superannuation and Roll-overs ClearView Pension Plan

23 April 2018

ClearView Superannuation and Roll-overs USI NRM0042AU and ClearView Pension Plan USI NRM0042AU are issued by ClearView Life Nominees Pty Limited ABN 37 003 682 175 AFSL 227683 RSE Licence No L0000802 as Trustee for the ClearView Retirement Plan ABN 45 828 721 007 RSE Registration No R1001624.

Product Disclosure Statement dated 22 June 2012.

Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please CROSS ✘ appropriate answer boxes. Fields marked with an asterisk (\*) must be completed for us to be able to open your account.

### Financial adviser details

Adviser code

\*Adviser name

Dealer group

## Application details section

### \*ClearView Superannuation and Roll-overs

- Super account OR
- Pension being opened with contributions (please also complete the Pension Plan section to the right)

#### Eligibility to contribute to super

Please select one of the following:

- Under age 65
- Age 65-74

Have you been gainfully employed for at least 40 hours during any consecutive 30 day period in the current financial year?

- Yes  No

Date last worked

- Age 75 or over and still working (compulsory employer contributions only)

### \*ClearView Pension Plan

#### Eligibility to commence a pension

Please select one of the following:

#### Account based pension

- I have reached preservation age but am under age 60 and am not retired from the workforce but I am funding the pension with unrestricted non-preserved funds
- I have reached preservation age and have permanently retired from the workforce
- I am aged 60 to 64 and ceased an arrangement of gainful employment on or after attaining age 60
- I am aged 65 or older
- I am permanently incapacitated or have a terminal illness
- I am commencing a pension with proceeds from a super death benefit as a dependency beneficiary (in this case, we may contact you with some additional questions)

## Application Form checklist

### Which sections should I complete?

Please ensure all relevant sections are completed to enable your application to be processed without delay. If you are opening both a super and pension account, please make the appropriate selections on page [2] and complete the entire Application Form.

	Super	Pension	Please CROSS X if section completed
<b>Application details section</b>			
<b>Section 1</b> – Your details	Yes	Yes	
<b>Section 2</b> – Money in	Yes	Yes	
<b>Section 3</b> – Investment instructions	Yes	Yes	
<b>Section 4</b> – Money out	No	Yes	
<b>Section 5</b> – Reversionary beneficiary nomination	No	Yes	
<b>Section 6</b> – Member declarations and signature	Yes	Yes	
<b>Section 7</b> – Financial adviser declarations and signature	Yes	Yes	
<b>Section 8</b> – Identification procedure Appropriate identification is required for all pension applicants. Identification is optional for super applicants, however no withdrawals or rollovers out can be made until identification requirements have been received and confirmed. Please refer to the instructions for identification methods available.	Optional	Yes	
<b>Section 9</b> – Death benefit nomination Please complete this section if you would like to make either a non-lapsing binding nomination or a non-binding nomination for your super or pension account. If no nomination is provided the trustee has discretion in deciding who to pay your benefit to, unless a reversionary is appointed in Section 5 for pension accounts.	Optional	Optional	
<b>Section 10</b> – Tax File Number declaration Pension applicants only – please complete the TFN declaration form if you are under age 60. If you do not complete this form payments cannot be made.	No	Required for members aged below 60	
<b>Section 11</b> – Request to transfer super benefits to your ClearView Superannuation and Rollovers or ClearView Pension Plan	Optional	Optional	

## Sending your Application Form

Please send the Application form to us via email or mail.

Mailing address:

**ClearView Wealth**

**Reply Paid 4232**

**Sydney NSW 2001**

Email address:

**client.wealth@clearview.com.au**

If you have any questions or need help please call our Service Centre on **132 977**.

## Section 1: Your details – all members to complete

### A. Account details

\*Do you have an existing ClearView account?

Yes my existing account number is  /  (e.g. TSUP/100000)

Tick this box if you have other products with ClearView and would like us to make changes to your address, email or phone numbers for those (if they are different from this account).

### B. Personal details

\*Title

Mr  Mrs  Ms  Miss  Dr  Other

\*Gender

Male  Female

\*Date of birth

\*Given name(s)

\*Surname

\*Occupation

(If not currently working please put your usual occupation or 'retired' if you have permanently left the workforce)

### C. Contact details

Email

#### Residential address (cannot be a PO Box address)

\*Street number and name

\*Suburb

\*State

\*Postcode

\*Country (if other than Australia)

#### Postal address (if different to the above)

Street number and name or PO Box

Suburb

State

Postcode

Country (if other than Australia)

Home number (  )

Work number (  )

Mobile

#### D. Tax File Number (TFN)

If you do not provide your TFN we will be unable to accept your Application.

If you are applying for a pension and are under age 60 you will also need to complete a TFN declaration in Section 10. A separate TFN declaration in Section 10 is required for each pension.

\*Tax File Number OR individually issued Exemption Code  -  -

**Note:** Though you do not have to provide your TFN, and declining to do so is not an offence, we are unable to accept your Application where a TFN or personally issued exemption reason has not been provided. For further information on providing your TFN refer to the relevant Product Disclosure Statement.

#### E. Nominated bank account

For super accounts: We will use this account for any direct debits that you set up as part of this Application Form. You will also need to complete Section 2 to provide more information.

For pension accounts: We will pay your pension into this account.

Name of Australian financial institution

Address of financial institution

Name of account

BSB number  -  Account number

Please tick this box if you direct us to pay your unrestricted non-preserved pension payments to a third party account as set out above. By ticking the box you acknowledge and accept that any amount paid into this account is treated as being made to you. If you have included third party account details, please complete an Identification form in Section 8 for each account holder.

## Section 2: Money in – all members to complete

**Note:** Rollovers will be invested using your Money In Choice as nominated in Section 3. For initial contributions and regular direct debits you can nominate a different instruction as part of that section.

### A. Transfer from an existing ClearView Superannuation and Roll-overs account

Account number  /  (e.g. TSUP/100000)

Please transfer  Full balance OR Partial \$  .

#### Important information

If you are transferring from a Superannuation and Roll-overs account to a Pension Plan Account and intend to claim a tax deduction for any contributions made this or last financial year please make sure you first complete and return to us a tax deduction (Section 290-170) notice (available from your financial adviser or at [www.clearview.com.au](http://www.clearview.com.au)). This must be received by us before we transfer funds to your new pension. A deduction cannot be claimed once your pension has commenced.

Tick this box if you intend to submit a tax deduction notice prior to transferring this account (and complete Section 2D).

### B. Rollover details

If you are rolling benefits from one or more other super funds please complete the details below. The Unique Superannuation Identifier (USI) can usually be found on your most recent statement from the fund you wish to transfer.

**Note:** If the fund you are rolling from has no USI or is a KiwiSaver transfer you'll also need to complete a Request to Transfer Form (Section 11) which is at the end of this Application Form and return to us along with certified identification. As rollovers are now automatically processed via Superstream they must be invested according to your Money in Choice and it is not possible to split the amount between the Investment Pool and Guaranteed Cash.

Rollover 1 Fund name  Approximate or partial amount \$  .

Account number  USI

Full rollover OR  Partial rollover  KiwiSaver transfer

Rollover 2 Fund name  Approximate or partial amount \$  .

Account number  USI

Full rollover OR  Partial rollover  KiwiSaver transfer

Rollover 3 Fund name  Approximate or partial amount \$  .

Account number  USI

Full rollover OR  Partial rollover  KiwiSaver transfer

### C. Initial contribution

Please record the breakdown of contributions by ad hoc direct debit or cheque below. Once your account is open you can also make contributions using **BPay**. We will send you details on how to do this as part of your Welcome Pack.

**Note:** If you are applying for a ClearView Pension Plan we will open a super account to process initial contributions and/or consolidate your rollovers before setting up your pension.

#### 1. Contribution method

Direct debit (please complete Section 1E)

OR

Cheque Please ensure all cheques are payable to **'ClearView Wealth'**

For ad hoc direct debits please nominate the date of payment (allow at least 6 business days)

Next available OR Nominated date

#### 2. Details of contribution

Personal contribution (complete Section 2D if you want to claim a tax deduction) \$

Spouse contribution \$

Employer super guarantee \$

Employer salary sacrifice \$

Employer other  \$

Employer name

Other contribution (please provide details)

\$

**Total initial contribution** \$

The total initial contribution by cheque and/or direct debit will be invested according to your Money In Choice unless you nominate alternative instructions below.

#### 3. Investment instructions for initial contribution by cheque or direct debit.

Investment Pool \$             + \$             = \$

**D. Taxation deduction intention – personal contributions only**

Please indicate whether you intend to claim a tax deduction for your personal contribution shown under Section 2C

I will NOT be claiming a tax deduction; or

I will be claiming a tax deduction for \$  .

**Note:** If you are claiming a tax deduction you will need to give us a Section 290-170 notice. We will contact you at the end of the financial year regarding this.

**E. Regular contribution by direct debit**

Please make sure you provide your bank account details in Section 1E.

**Note:** You can choose which day of the month you’d like us to first debit your bank account. If any month doesn’t have that day or that day is not a business day then the deduction will occur the following business day. For example if you nominate the 31st then your February deduction would occur on 1st March assuming that was a business day.

1. Date of first deduction

2. Frequency  Monthly OR  Quarterly

3. Contribution split per deduction

Personal concessional \$  .

Personal non-concessional \$  .

Spouse \$  .

**Total regular deduction** \$  .

**Note:** If you have nominated an amount under Personal concessional you will need to give us a tax deduction (Section 290-170) notice. We will contact you at the end of the financial year regarding this.

4. Regular Contribution Choice

Investment Pool \$  .  + \$ Guaranteed Cash  .  = \$ Total contribution  .

## Direct Debit Request

I request and authorise ClearView Life Assurance Limited (User ID number 022829) to debit my nominated account in accordance with the initial and/or regular payment arrangement made between us as set out in this Application Form.

I acknowledge that this debit will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution I have nominated in this Application Form and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. (For further information, refer to the section titled 'Direct Debit Request Service Agreement' in the ClearView Superannuation and Roll-overs and ClearView Pension Plan Additional Information brochure.)

By signing and/or providing you with a valid instruction in relation to my Direct Debit Request, I understand and agree to the terms and conditions governing the debit arrangement between me and ClearView Life Assurance Limited as set out in this request and in the Direct Debit Request Service Agreement. I understand that where an initial and/or regular deduction is dishonoured, a fee is charged and a processing fee may be charged by my financial institution each time a contribution is made. All bank account signatories must sign below.

Name of bank account holder **PRINT CLEARLY IN BLACK LETTERS**

Signature of account holder

Date

Name of bank account holder (if joint account) **PRINT CLEARLY IN BLACK LETTERS**

Signature of account holder (if joint account)

Date



### Section 3: Investment instructions – all members to complete

Use this section to set up your Standing Instructions which tell us what to do with money in and out of your account. You can also nominate different instructions for specific contributions in Section 2C (initial contributions) and Section 2E (regular contribution by direct debit).

**\*Money In Choice**     Investment Pool   OR    Guaranteed Cash

**\*Money Out Choice** (Pension Plan members only)     Investment Pool   OR    Guaranteed Cash

\*Investment Pool Instructions

**Note:** Investment Pool Instructions are mandatory except when investing only in Guaranteed Cash.

**Note:** If no Money In or Money Out Choice is made, we will set your Money In and Out Choice as Guaranteed Cash till we receive different instructions from you.

Investment Options	%
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Cautious	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Prudent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Assertive	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<b>Total allocation</b>	
	<input type="text"/> <b>1</b> <input type="text"/> <b>0</b> <input type="text"/> <b>0</b> . <input type="text"/> <b>0</b> <input type="text"/> <b>0</b> %

The total allocation must equal 100.00%.

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## Section 4: Money out – pension members only

**Note:** We will use your Money Out Choice (as nominated in Section 3) to determine how your pension payments will be funded.

**Note:** If you commence a pension part way through the year we will pro-rata your payments unless you tell us otherwise.

### A. Payment frequency

**Note:** Pensions will be paid on or before the 15th of the month for all frequencies and on or before the last day of the month for twice-monthly.

\*Frequency

Twice monthly     Monthly     Quarterly     Half yearly     Yearly

\*Date of first payment

D	D	M	M	Y	Y	Y	Y
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(Please nominate month and for twice monthly payments nominate either 15th or end of month)

### B. Pension payment amount

\*How much would you like to receive?     Minimum     Nominated

If nominated, please advise total per payment    \$ 

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 \*Index to CPI?     Yes     No  
(subject to minimum guidelines)

### C. Payment deferral

\*Are you starting your pension between 1 June and 30 June?     Yes     No

If yes, do you wish to defer your first payment until the next financial year?     Yes     No

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## Section 5: Reversionary beneficiary nomination - pension members only

If you would like to nominate a reversionary beneficiary please complete their details below.

**Note:** A reversionary beneficiary must be a dependant under superannuation law (restrictions apply for children).

**Note:** If you would like to make a second nomination on your account (either non-lapsing or non-binding) for either a super and/or pension account please complete the Death benefit nomination form in Section 9. For pension only, when nominating a reversionary beneficiary and a binding (non-lapsing) or non-binding nomination, the reversionary nomination will override either nomination if valid at the time of claim.

Title	Gender	Date of birth
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Given name(s)		
<input type="text"/>		
Surname		
<input type="text"/>		
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant		

<sup>1</sup> Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

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## Section 6: Member declarations and signature

If you complete and sign an Application Form to participate in ClearView Superannuation and Roll-overs or ClearView Pension Plan, you acknowledge that your membership in the relevant product is subject to the terms of the Trust Deed and PDS, as amended from time to time. The Trustee may alter the Trust Deed, subject to any limitations and conditions imposed by relevant law and the provisions of the Trust Deed. Information contained or referred to in the PDS may change from time to time. You can obtain updated information by asking your financial adviser or contacting us. You can also ask for a free paper copy of the updated information. If the change to the information is materially adverse we will reissue the PDS, and notify you as required by law.

You acknowledge:

- the statements and answers contained herein are true and correct;
- your entitlements are set out in the Trust Deed and in the PDS, as amended from time to time;
- an offer made within the PDS only constitutes an offer to persons receiving the PDS within Australia and signing the Application Form in Australia;
- investments in ClearView Superannuation and Roll-overs or ClearView Pension Plan are not investments, deposits or other liabilities of ClearView Wealth Limited and are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested;
- neither ClearView Life Nominees Pty Limited, ClearView Wealth Limited nor its subsidiaries guarantee the repayment of capital or the performance or rate of return of any of the investment options (except as expressly stated).

You confirm you:

- have had an opportunity to obtain advice in respect of the product from a financial adviser licensed or authorised under the Corporations Act 2001 (Cth) to give such advice;
- have received, read and understood the PDS dated 22 June 2012 and the Additional Information brochure. If you make additional investments into your account, you understand that at the time of investing, you may not have the current disclosure document;
- have read and consent to the collection, use and disclosure of my personal information as set out in the Information Handling Policy, available at [www.clearview.com.au](http://www.clearview.com.au);
- by providing your tax file number, you give consent to its use and disclosure as set out in the current PDS;
- agree to have all contributions invested in Guaranteed Cash until initial investment instructions are provided;
- understand and accept the risks of an investment in the product and that neither investment earnings nor the value of your investments are guaranteed by us or our related entities (unless expressly stated);
- understand we may at any time vary the investment strategies or investments available and, in such circumstances, we may, without reference to you or your financial adviser, and without taking into account any taxation or other potential costs that may be incurred by you as a result, sell any investments held in respect of your account which have ceased to be offered;
- understand that as part of the re-balancing feature of the product, transactions to re-align your account may be placed without prior notice to you or your financial adviser;
- understand there may be unavoidable delays before an investment transaction may be implemented, including but not limited to delays that occur because we exercise a discretion available to us under the Trust Deed and/or to comply with legal requirements;
- understand and accept the fees and costs described in the PDS;
- understand we may provide, transmit or make available to you, your financial adviser and/or an authorised third party, reports, statements, confirmations, notices, investment instructions and other information from ClearView Superannuation and Roll-overs or ClearView Pension Plan by any means including, but not limited to, fax, email, the internet, other facility or by addressed post;

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- agree to authorise your financial adviser to undertake the following on your behalf:
    - issue investment instructions;
    - prepare, sign and lodge or otherwise communicate a request to sell an investment or to buy another investment;
    - action other account-related instructions on your behalf, including the frequency of pension payments (if applicable);
    - update your contact details with us;
    - obtain information about your account and investments;
    - act as your agent to receive information and reports required or allowed by law, contract or otherwise, to be provided to you under the terms of the PDS. The receipt of information and reports by your financial adviser is deemed to be receipt of the information and reports by you;
  - acknowledge and agree we will not be liable to you for any loss you suffer (including consequential loss) caused by the fact that:
    - we may delay, block, freeze or refuse to process a transaction;
    - we may refuse to provide you any (upfront or ongoing) services, including in circumstances where:
      - we have a legal obligation to refuse to provide those services;
      - your transaction may cause us or you to breach any Australian laws or the laws of another country;
  - are eligible under superannuation law to make contributions to ClearView Superannuation and Roll-overs or ClearView Pension Plan if applicable;
  - should you already have a ClearView Superannuation and Roll-overs or ClearView Pension Plan account, by signing this form you will be requesting that a second account is established and that these accounts should not be consolidated;
  - acknowledge and agree we may rely on communications that purport to be from you which relate to information of a kind that we will from time to time accept;
  - acknowledge and agree that if we reasonably believe a communication (including an email communication) we receive from you, your financial adviser or representative is genuine, we are entitled to rely on that communication and will not be liable for any loss you may suffer if it is later found the communication was fraudulent;
  - acknowledge and agree that if we reasonably believe a signature on a document, such as a withdrawal form, to be genuine we are entitled to rely on that signature and will not be liable for any loss you may suffer if it is later found that the signature was fraudulent;
  - agree to supply us with any information we may from time to time request in order to comply with the requirements of a foreign authority;
  - are aware of any fees and charges that may apply to a full rollover of benefits from or to any other complying fund, including the effect of the rollover on any benefit entitlements (including insurance);
  - understand that to access your account via ClearView Online, you will need to use your username and password;
  - understand that this password needs to be kept secure and confidential and only used by you to access account information and update your information;
  - understand that access will be given to any person who uses your username and password or complies with any other of our security procedures, which we may put in place from time to time and any action by that person will be taken to be by you. As such you understand that you must not tell anyone your password, including any member of your family, your representative or your power of attorney;
  - understand that you must tell us immediately if you realise or suspect anyone else knows your password;
  - understand that we will handle your personal information in accordance with the Privacy Act 1988 (Cth);
  - you release and indemnify us from and against all liability which may be suffered by you or brought against us in respect of:
    - any act or omission of your authorised representative, whether authorised by you or not; and
    - your use, or purported use, of ClearView Online;
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## Section 7: Financial adviser declarations and signature

By submitting this Application Form to participate in ClearView Superannuation and Roll-overs or ClearView Pension Plan, you as the financial adviser (you) will be deemed to have made the following declarations and representations;

You confirm you:

- hold all licences and/or authorities which are required under the Corporations Act 2001 (Cth) to provide advice in relation to ClearView Superannuation and Roll-overs or ClearView Pension Plan, to arrange the issue of interests in ClearView Superannuation and Roll-overs or ClearView Pension Plan and to do all things contemplated by the PDS;
- have arranged the issue of an interest in ClearView Superannuation and Roll-overs or ClearView Pension Plan pursuant to an arrangement with us;
- have ensured that the applicant has received the PDS and the Additional Information brochure and all necessary forms at the same time;
- have provided the applicant with all information and advice necessary for the applicant to understand the nature and risks of an investment in or through ClearView Superannuation and Roll-overs or ClearView Pension Plan and the impact of the PDS, the Trust Deed and the member declarations and representations set out previously in this document;
- have made due enquiry in to the applicant's financial situation, investment needs, goals and objectives, and have formulated the investment strategy recommendation in accordance with this;
- recommended investments that produce an asset allocation and risk profile consistent with the applicant's selected investment strategy;
- have disclosed all fees, charges and remuneration payable in respect of ClearView Superannuation and Roll-overs or ClearView Pension Plan;
- will obtain instructions from the applicant, and provide the applicant with all information necessary to outline the nature and risks of making any investment transaction through ClearView Superannuation and Roll-overs or ClearView Pension Plan, before instructing us to make an investment transaction or any other change in respect of the applicant's account;

For anti-money laundering and counter-terrorism financing purposes you acknowledge and agree you will provide us with any additional information we may request from time to time about the applicant.

You confirm you:

- will provide clear and legible instructions to us by a means acceptable to us;
- will indemnify us in respect of any losses or liabilities arising as a result of our reliance on those instructions or any of the representations and declarations in this section being breached or being shown on the balance of probabilities to be untrue, incorrect or misleading on any one or more occasions.

Signature of financial adviser

Date

Financial adviser full name (print clearly in block letters)

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## Section 8: Identification - all members

**Note:** This section is mandatory for Pension and optional for Super Applications. However identification is required before any withdrawals or rollovers out can be made.

You and your financial adviser can establish your identity in two ways for the purposes of Anti-Money Laundering and Counter-Terrorism Financing Laws. You can either:

### Identification procedure

#### Option 1

Provide a certified copy of the following primary identification documents (one document only):

- Current Australian State/Territory driver's licence containing a photograph of you
- Australian passport (a passport that has expired within the preceding two years is acceptable)
- card issued under a State or Territory for the purpose of proving your age containing a photograph of you.

Persons who can certify documents (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing Laws) are:

- your financial adviser (provided they have met two or more years of continuous service)
- your accountant (provided they hold a current membership to a professional accounting body)
- Pharmacist
- Qualified school or tertiary/university teacher
- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- employee of Australia Post (with two or more years of continuous service)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer of a bank, building society, credit union or finance company (provided they have two or more years of continuous service).

To be correctly certified the ID document copy needs to be:

- clearly noted 'True copy of the original document'
- signed and dated by the certifier. Their position must also be stated on the documents.

If this certification does not appear, we may ask you to send in new certified documents.

OR

#### Option 2

Complete the Identification and verification form - individuals.

This form can be found on the following page or your financial adviser can download additional copies from [www.clearview.com.au](http://www.clearview.com.au).



**Identification and verification form – individuals**

Please print clearly in **BLOCK LETTERS**.

**Part 1 Member identification**

**A. Member details**

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth

Given name(s)

Surname

**Residential address (cannot be a PO Box address)**

Street number and name

Suburb  State  Postcode

Country (if other than Australia)

**B. Verification procedure**

Complete Part 2 (or if the individual does not own a document from Part 2, then complete either Part 3 or Part 4).

**Part 2 Acceptable primary photographic ID documents**

CROSS X	Select ONE valid option from this section only
<input type="checkbox"/>	Current Australian State/Territory driver’s licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding two years is acceptable)
<input type="checkbox"/>	Current card issued under a State or Territory for the purpose of proving a person’s age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person <b>Note:</b> Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

**Part 3 Acceptable secondary photographic ID documents – should only be completed if the individual does not own a document from Part 2**

<b>CROSS X</b>	<b>Select ONE valid option from this section only</b>
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Department of Human Services (previously known as Centrelink)
<b>CROSS X</b>	<b>AND ONE valid option from this section</b>
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

**Part 4 Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from Part 2**

**Note:** Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

<b>CROSS X</b>	<b>Select ONE valid option from this section only</b>
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued

### C. Record of verification procedure

#### FINANCIAL ADVISER USE ONLY

Verify the **individual's** full name and date of birth OR full name and residential address.

Receipt of a completed form will constitute your agreement as a reporting entity that you have completed the identification and verification of the member for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws.

ID document details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Expiry date	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Date verified

Financial adviser full name (print clearly in block letters)

Phone number (  )

Dealer group

AFS Licence number

Financial adviser signature

## Section 9: Death benefit nomination – optional for all members

To provide members with flexibility, nominations are made at account level. If you have more than one account with ClearView Superannuation and Roll-overs or ClearView Pension Plan please complete a separate nomination form for each account as required or include the other account numbers below.

**Note:** For Pension accounts only, any reversionary nomination will override this nomination if valid at the time of claim.

This nomination will apply to the account being opened with this Application Form. You can also use this section to update nominations on other ClearView Superannuation and Roll-overs or ClearView Pension Plan accounts in your name. If you provide other account numbers below then this nomination will replace any existing nominations on these accounts except reversionary beneficiary nominations.

Yes, please apply this nomination to my other account(s)  /  (e.g. TSUP/100000)  
 /

### A. Member details

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth

Given name(s)

Surname

### B. Nomination details

Nomination type

Non-lapsing binding (complete sections C, E and F) OR  Non binding (complete sections C and E)

### C. Beneficiary details

If you would like to nominate your Legal Personal Representative please tick the box below and complete the death benefit percentage amount.

Legal Personal Representative % of death benefit   %

If you would like to nominate that whole or part of your death benefit is paid to one or more dependants, please enter their details and the percentage amounts.

Given name(s) % of death benefit   %

Surname Date of Birth

Relationship  Spouse<sup>1</sup>  Child  Interdependent  Financial dependant

Given name(s) % of death benefit

.  %

Surname Date of Birth

D D M M Y Y Y Y

Relationship  Spouse<sup>1</sup>  Child  Interdependent  Financial dependant

Given name(s) % of death benefit

.  %

Surname Date of Birth

D D M M Y Y Y Y

Relationship  Spouse<sup>1</sup>  Child  Interdependent  Financial dependant

Given name(s) % of death benefit

.  %

Surname Date of Birth

D D M M Y Y Y Y

Relationship  Spouse<sup>1</sup>  Child  Interdependent  Financial dependant

<sup>1</sup> Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

**The total of your beneficiary nominations, including your legal personal representative (if nominated), must equal 100.00%**

**Note:** If you are nominating more than 6 beneficiaries you will need to complete an additional Beneficiary details page and attach it to your Application Form.

**D. Member declaration**

In giving your nomination to the Trustee you agree to, and make the following declarations.

- I understand the Trustee has discretion as to how my benefit is paid, i.e. lump sum or account based pension.
- I understand the terms of this nomination and have read the Product Disclosure Statement (PDS) to which it relates.
- In relation to any non-lapsing binding nomination, I understand if the nomination remains valid and is in effect at the time of my death, then the Trustee must pay the benefit in accordance with the nomination, regardless of how my personal circumstances and those of my beneficiaries have changed.

- The beneficiaries I have nominated are either my dependant(s) and/or my legal personal representative, within the meaning of the Superannuation Industry (Supervision) Act, 1993 (SIS Act). A dependent includes my spouse, child, or person who is financially dependent on me or with whom I have an interdependency relationship.
- I understand this nomination is invalid if any beneficiary nominated is not a dependant or legal personal representative at the time of my death or after I die.
- The proportions I have allocated to my dependant(s) or legal personal representative total 100%.
- I understand this nomination may be amended or revoked at any time by notifying the Trustee by providing a new nomination.
- I understand this nomination is not valid until received by the Trustee or fund administrator (on the Trustee’s behalf).
- I understand if my nomination is not valid, my account balance will be paid to my legal personal representative.
- When I provide personal information to the Trustee about another person, I am authorised to provide the information and will inform that person (unless doing so would pose a serious threat to the life or health of any individual) of the content of this form, who ClearView is, how ClearView will use and disclose their information, that they can gain access to that information, and confirm that they have read ClearView’s Information Handling Policy.

### E. Member signature - required for all nominations

Member signature

Date

Member full name (print clearly in block letters)

### F. Witness signatures - non-lapsing binding nominations only

#### Witness declaration

- I confirm that I am not nominated as a beneficiary of the member’s death benefit
- I declare that I am over the age of 18 and this non-lapsing binding nomination was signed and dated by the member in my presence.

Name of witness 1 (print clearly in block letters)

Signature

Date

Name of witness 2 (print clearly in block letters)

Signature

Date

**Note:** The date the witnesses sign this form must be the same as the date the member signs.

## Section 10: Tax File Number declaration form - pension members only

Please complete this TFN declaration form if you are under age 60 and are commencing a pension. If you do not complete the form we will be unable to establish your pension.

Please print clearly in **BLOCK LETTERS**.

### Member details

1. Tax File Number OR individually issued Exemption Code  -  -

**OR**  application made to the ATO for a new or existing TFN

**OR**  exemption claimed – under 18 years of age and do not earn enough to pay tax

**OR**  exemption claimed as a pensioner

2. Your name

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

3. If you have changed your name since you last dealt with the ATO, show your previous family name

4. Your date of birth

5. Your home address in Australia

Street number and name

Suburb

State

Postcode

Country (if other than Australia)

6. Basis of payment

Full-time employment  Part-time employment  Casual employment

Labour hire  Superannuation Pension **OR** Annuity

7. Are you an Australian resident for taxation purposes?

Yes  No If 'No', you must answer 'No' at Question 8

8. Do you wish to claim the tax-free threshold from this payer?

**Note:** Only claim the tax-free threshold from one payer at a time unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes  No If 'No', you must answer 'No' at Questions 9 and 10 unless you are a non-resident claiming a Seniors and Pensioners, zone or overseas forces tax offset

9. Are you claiming the Seniors and Pensioners tax offset?

Yes  No If 'Yes', obtain the withholding declaration from your payer

10. Are you claiming a zone, overseas forces, dependent spouse or special tax offset?

Yes  No If 'Yes', obtain the withholding declaration from your payer

11. (a) Do you have an accumulated Higher Education Loan Programme (HELP) debt?

Yes  No If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s)

(b) Do you have an accumulated Financial Supplement debt?

Yes  No If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s)

## Declaration

I declare that the information I have given on this form is true and correct.

Signature of applicant

X

Date

D D M M Y Y Y Y

**Note:** There are penalties for deliberately making a false or misleading statement.

### To be completed by payer

1. ABN

45 828 721 007

2. Payer's registered business name

CLEARVIEW RETIREMENT PLAN

3. Contact person

Mark McCrea

Daytime telephone

132 977

Signature of payer

MM McCrea

Date

D D M M Y Y Y Y

**Payer's note:** Penalties may apply where you do not send the completed original to the ATO within 14 days of receiving it from your recipient. If the recipient fails to provide an effective, complete declaration within 14 days of commencing a payer/payee relationship with you, you must withhold the highest marginal tax rate plus the Medicare levy. You must also complete a TFN declaration, with as much of the payee details as are available to you, and refer it to the ATO within 14 days of the commencement of the payer/payee relationship.



## Section 11: Request to transfer super benefits to ClearView Superannuation and Roll-overs or ClearView Pension Plan – optional for all members

**Note:** You will need to complete one form for each account you request to transfer.

By completing this form, you are requesting the transfer of your super benefits from your other super fund to ClearView Superannuation and Roll-overs or ClearView Pension Plan. This form will NOT change the fund to which your employer pays your contributions. The Standard Choice form must be used by you to change funds.

If you are completing this section please also attach a certified copy of your proof of identify when sending in your Application Form.

Once received, we will request a transfer from your other super fund. We will also provide a follow up service and contact your financial adviser if any additional information is requested by your other fund(s).

### A. Personal details

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Given name(s)

Surname

Other previous names

**Note:** If your name is different on your FROM super fund please provide a certified copy of your proof of name change (such as a marriage or change of name certificate).

Contact phone number (  )

Tax File Number OR individually issued Exemption Code  -  -

### Residential address (cannot be a PO Box address)

Street number and name

Suburb  State  Postcode

Country (if other than Australia)

### Previous address

**Note:** If you know that the address held by your FROM fund is different to your current residential address, please provide these details below.

Street number and name

  

Suburb

State

Postcode

Country (if other than Australia)

**Note:** Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

### B. Fund details

FROM Fund name

Fund phone number

 (  ) 

Membership or account number

Australian Business Number (ABN)

Unique Super Identifier (USI)

Partial transfer OR  Full transfer

Partial or expected amount \$  .

Is this rollover a KiwiSaver transfer (If yes, we may require additional information from you)

ClearView Superannuation and Roll-Overs (USI NRM0041AU)

ClearView Pension Plan (USI NRM0042AU)

Cheque payee

Fund phone number

Account number (if known)

 /  (e.g. TSUP/100000)

Australian Business Number (ABN)

Fund address

**ClearView Wealth**  
**GPO Box 4232**  
**SYDNEY NSW 2001**

### C. Authorisation

By signing this request form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the super provider of my FROM fund of all further liability in respect of the benefits paid and transferred to ClearView Superannuation and Roll-overs or ClearView Pension Plan.
- I hereby authorise my financial adviser and representatives of the Trustee of the ClearView Retirement Plan to obtain any information in relation to this rollover from my FROM fund.
- I request and consent to the transfer of super as described above and authorise the super provider to give effect to this transfer.

Signature of member

Date

Member full name (print clearly in block letters)

**ClearView Superannuation and Roll-overs and ClearView Pension Plan within the ClearView Retirement Plan (the Fund) USI NRM0041AU and USI NRM0042AU**

The following statement confirms that:

1. The Fund is a regulated fund as defined under the Superannuation Industry (Supervision) Act 1993 (SIS Act), and is administered as a complying fund.
2. The Fund is not subject to a direction from the Australian Prudential Regulation Authority to not accept any employer contributions under section 63 of the SIS Act.
3. Under the provisions of the Trust Deed governing the Fund, benefits may be rolled over or transferred to other regulated complying funds, or rolled over or transferred from other regulated funds.
4. The Fund is a public offer fund and is able to accept contributions for eligible persons. Contributions paid into the Fund will be maintained and paid only in accordance with the SIS Act.



Contact Details

ClearView Wealth  
Reply Paid Box 4232  
Sydney NSW 2001  
132 977  
client.wealth@clearview.com.au  
[www.clearview.com.au](http://www.clearview.com.au)