

# ClearView **WealthFoundations**

## Super and Pension

Application Form

23 November 2018

## 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 complete two application forms. Alternatively, a super account can be opened to receive all contributions and rollovers, then a Transfer to Pension Form can be completed to open the pension account with some or all of these funds.

	Super	Pension (including TTR)	Please CROSS X if section completed
<b>Application details section</b>	Yes	Yes	
<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	Optional	
<b>Section 6</b> – Adviser and dealer service fees	Yes	Yes	
<b>Section 7</b> – Member declarations and signature	Yes	Yes	
<b>Section 8</b> – Financial adviser declarations and signature	Yes	Yes	
<b>Section 9</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 10</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 11</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 12</b> – Request to transfer super benefits to WealthFoundations	Optional	Optional	

### Sending your Application Form

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

Mailing address:

**ClearView WealthFoundations**  
**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**.

# Application Form

## ClearView WealthFoundations Super and Pension

23 November 2018

ClearView WealthFoundations USI CVW0001AU is 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

<p>Please complete this form using <b>black ink</b> and print clearly within the boxes in <b>CAPITAL LETTERS</b>. Start at the left of each answer space and leave a gap between words. Please CROSS <b>X</b> in appropriate answer boxes.</p> <p>Fields marked with an asterisk (*) must be completed for us to be able to open your account.</p>	<p><b>Financial adviser details</b></p> <p>Adviser code <input type="text"/></p> <p>*Adviser name <input type="text"/></p> <p>Dealer group <input type="text"/></p>
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### Application details section

**WealthFoundations Super**

Super account OR

Pension being opened with contributions (please also complete the WealthFoundations Pension 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)

Other

**Please complete sections 1, 2, 3, 6, 7 and 8**

**WealthFoundations Pension**

Transition to retirement (TTR) pension OR

Account based pension

**Eligibility to commence a pension**

I wish to establish a (select one of the following):

TTR	Account based pension
<input type="checkbox"/> I have reached preservation age but am under age 65 and not retired from the workforce	<input type="checkbox"/> 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
	<input type="checkbox"/> I have reached preservation age and have permanently retired from the workforce
	<input type="checkbox"/> I am aged 60 to 64 and ceased an arrangement of gainful employment on or after attaining age 60
	<input type="checkbox"/> I am aged 65 or older
	<input type="checkbox"/> I am permanently incapacitated or have a terminal illness
	<input type="checkbox"/> 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)

**Please complete sections 1, 2, 3, 4, 6, 7, 8, 9 and 11**

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

### A. Account details

\*Do you have an existing WealthFoundations account?

No I am a new client

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

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

**Note:** If you are an existing WealthFoundations client any changes in contact details provided below will be updated on your existing WealthFoundations account(s) as well.

### 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

(We'll use this to notify you of changes to your account and to send details on how to register for ClearView Online)

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

\*Street number and name

\*Suburb

\*State

\*Postcode

\*Country (if other than Australia)



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## 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.

### A. Transfer from an existing WealthFoundations account

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

Please transfer  Full balance OR Partial \$  .

#### Important information

If you are transferring from a WealthFoundations Super to a WealthFoundations Pension 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 (S290-170) notice (available from your financial adviser). 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.

### 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:** 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. You will need to do this manually once the money has been received.

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 (which is at the end of this Application) and return it to us along with certified identification.

Rollover 1 Fund name  Approximate or partial amount \$  .

Account number  USI

Full rollover OR  Partial rollover

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Rollover 2 Fund name  Approximate or partial amount \$  .

Account number  USI

Full rollover OR  Partial rollover

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Rollover 3 Fund name  Approximate or partial amount \$  .

Account number  USI

Full rollover OR  Partial rollover

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### C. Initial contribution (cheque and ad-hoc direct debit)

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 WealthFoundations Pension account 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 OR  Cheque Please ensure all cheques are payable to **'ClearView WealthFoundations'**

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

Next available OR Nominated date 

D	D	M	M	Y	Y	Y	Y
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#### 2. Details of contribution

Personal contribution (complete Section 2D) \$ 

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Spouse contribution \$ 

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Other contribution (please provide details e.g. Downsizer contribution, personal injury payment, SMSF Rollover)

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**Total initial contribution** \$ 

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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 (optional – default is chosen in section 3).

Investment Pool \$ 

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## 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.

### A. Money in and Money Out

**\*Money In Choice**     Investment Pool (complete section B)    OR     Guaranteed Cash

**\*Money Out Choice**     Investment Pool (complete section B)    OR     Guaranteed Cash

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

### B. Investment Pool Instructions

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

IPS Strategy	%
LifeStages	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Dynamic 30	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Dynamic 50	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Dynamic 70	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Dynamic 90	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Dynamic 30	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Dynamic 50	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Dynamic 70	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Dynamic 90	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Strategic 30	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Strategic 50	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Strategic 70	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Strategic 85	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Strategic 100	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Strategic 30	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Strategic 50	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

IPS Index Strategic 70	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Strategic 85	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Strategic 100	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Active International Shares	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Shares	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Conservative Growth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Income	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Cash	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
<b>Total allocation</b>	<b>1 0 0 . 0 0 %</b>



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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 Super Law (restrictions apply for children).

**Note:** If you would like to make a binding (non-lapsing) or non-binding nomination for either a super and/or pension account please complete the Death benefit nomination form in Section 10. 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

Mr  Mrs  Ms  Miss  Dr  Other

Gender

Male  Female

Date of birth

Given name(s)

Surname

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

1 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 7: Member declarations and signature

If you complete and sign an Application Form to participate in WealthFoundations, 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, contacting us, or visiting our website at [clearview.com.au/Tools/pds-and-brochures](https://clearview.com.au/Tools/pds-and-brochures). 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;
- 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 WealthFoundations 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 23 November 2018, the Additional Information Brochure and the Investment Options List. If you make additional investments into your account, you understand that at the time of investing, you may not have the current disclosure document;
- consent and agree to receive all information required or permitted to be given to you under the Superannuation Industry (Supervision) Act 1993 and the Corporations Act 2001, including ongoing disclosure, notification of material changes or significant events, product disclosure statements and supplementary product disclosure statements:
  - where it is or becomes permissible under law, via your financial adviser in writing or notice by email or other electronic communication (including on our website at [clearview.com.au/tools/pds-and-brochures](https://clearview.com.au/tools/pds-and-brochures)); or
  - directly by email (including emails containing a hypertext link), or other electronic communications (including by accessing ClearView Online);
- agree you will be taken to have received the relevant information whether or not you access the information online at [clearview.com.au](https://clearview.com.au), by email or through other electronic communications;
- by providing your tax file number, you give consent to its use and disclosure as set out in the current PDS and the AIB;
- 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 we, or your financial adviser, may defer or cancel transactions where extensive delays are experienced under an automatic IPS Strategy rebalance;

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- 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, AIB and IOL;
  - Instruct ClearView Life to collect the Ad-hoc adviser service fee, Ongoing adviser service fee and/or Ongoing dealer service fee for your financial adviser and/or their dealer group and instruct ClearView Life to pay the agreed fees to the relevant dealer group who will then pay the agreed fees to your nominated financial adviser;
  - 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 WealthFoundations by any means including, but not limited to, fax, email, the internet, other facility or by addressed post;
  - 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; and
    - 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; and/or
    - 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; and/or
      - your transaction may cause us, or you, to breach any Australian laws or the laws of another country;
  - acknowledge and agree that if you cease to pay the Ongoing adviser service fee or Ongoing dealer service fee to your financial adviser (as notified by you or your financial adviser), you may be required to unlink your financial adviser. Alternatively, if you choose to remain in WealthFoundations and request the processing of investment instructions and switches through us, a Member service fee may be charged;
  - are eligible under superannuation law to make contributions to WealthFoundations if applicable;
  - should you already have a WealthFoundations account, by signing this Application Form you will be requesting that an additional account is established and that these accounts should not be consolidated;
  - will not authorise, or agree to, the payment of ongoing fees or other amounts to your financial adviser from your member account for advice, or other services, which are not solely related to your interest in WealthFoundations;
  - acknowledge and agree we may rely on communications that purport to be from you which relate to information of a kind that we accept from time to time;
  - 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;
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**Direct debit declaration** (Please complete if you have set up a direct debit in section 2)

I request and authorise ClearView Life (User ID number 475016) to debit my nominated account in accordance with the ad-hoc 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 (**Agreement**). For further information, refer to the section titled 'Direct Debit Request Service Agreement' in the AIB. 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 myself and ClearView Life as set out in this request and in the Agreement. I understand that where an ad-hoc 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.

Account holder signature

Date

Account holder full name **PRINT CLEARLY IN BLOCK LETTERS**

Account holder signature (if joint account)

Date

Account holder full name **PRINT CLEARLY IN BLOCK LETTERS**

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## Section 8: Financial adviser declarations and signature

By submitting this Application Form to participate in WealthFoundations, you, as the applicant's 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 WealthFoundations, to arrange the issue of interests in WealthFoundations and to do all things contemplated by the PDS;
- have arranged the issue of an interest in WealthFoundations pursuant to an arrangement with us;
- have ensured that the applicant has received the PDS, the Additional Information Brochure and the Investment Options List 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 WealthFoundations 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 into 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 WealthFoundations;
- will not seek, receive, or agree to, the payment of ongoing fees or other applicable amounts from the applicant's account in respect of advice, or other services, which are not solely related to the interest in WealthFoundations;
- have not calculated the adviser service fees on, or by reference to, any money borrowed on or after 1 July 2013 which has been used, or is proposed to be used, by the client to invest in this product or any other financial product to your knowledge;
- 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 WealthFoundations, before instructing us to make an investment transaction or any other change in respect of the applicant's account;
- have been instructed by the client that ClearView Life must collect the Ad-hoc adviser service fee, Ongoing adviser service fee and/or Ongoing dealer service fee for your dealer group, and that ClearView Life will pay the agreed fees to your dealer group who will then pay the agreed fees to you. You confirm that you consent to this arrangement;
- understand that if your client ceases to pay your Ongoing adviser service fee or Ongoing dealer service fee (as notified by you or your client), your client may be required to unlink you as their financial adviser and either nominate a new financial adviser or request the processing of investment instructions and switches through us.

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; and
- 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 9: 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 from a Super account.

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):

- 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 [clearview.com.au/forms](https://clearview.com.au/forms).

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## 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"/>	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"/>	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 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. <i>Block out the TFN before scanning, copying or storing this document.</i>
<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 either their date of birth OR 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 applicant 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 10: Death benefit nomination – optional for all members

**Note:** For Pension accounts only, any reversionary nomination (section 5) 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 WealthFoundations 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. CSUP / 100000)  
 /

### A. Member details

Given name(s)

Surname

Date of birth

### B. Nomination details

Nomination type  Non-lapsing binding OR  Non binding

### C. Beneficiary details

If you would like to nominate your Legal Personal Representative for all or part of your death benefit, please tick the box below and complete the death benefit percentage amount.

<input type="checkbox"/> Legal Personal Representative	% of death benefit <input type="text"/> . <input type="text"/> %
Given name(s) <input type="text"/>	% of death benefit <input type="text"/> . <input type="text"/> %
Surname <input type="text"/>	Date of Birth <input type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	
Given name(s) <input type="text"/>	% of death benefit <input type="text"/> . <input type="text"/> %
Surname <input type="text"/>	Date of Birth <input type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

Given name(s) <input type="text"/>	% of death benefit <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	Date of Birth <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"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

Given name(s) <input type="text"/>	% of death benefit <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	Date of Birth <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"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

Given name(s) <input type="text"/>	% of death benefit <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Surname <input type="text"/>	Date of Birth <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"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse <sup>1</sup> <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	

Total <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	
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<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.





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## Section 11: 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 Senior 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. Not applicable

3. Payer's registered business name

CLEARVIEW RETIREMENT PLAN

4. Contact person

Deborah Lowe

Daytime telephone

132 977

Signature of payer

Deblowe

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.



**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)

**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)

TO Fund name

Cheque payee

Fund phone number

132 977

Account number (if known)

/  (e.g. CSUP / 100000)

Australian Business Number (ABN)

45 828 721 007

Unique SuperannuationIdentifier (USI)

CVW0001AU

Fund address

**ClearView WealthFoundations**  
**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 WealthFoundations.
- 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 WealthFoundations Super and Pension within the ClearView Retirement Plan (the Fund)**

**USI CVW0001AU**

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.

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Contact Details

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