

ClearView **WealthFoundations**

Super and Pension

Application Form

1 July 2021

Application Form checklist

Which sections should I complete?

Please ensure all relevant sections are completed so your application can be processed without delay. If you are opening a super and pension account please ensure this is clearly indicated in the application details section and all required sections (as per the below checklist) are completed.

	Super	Pension (including TTR)	Please CROSS X if section completed
Application details section	Yes	Yes	
Section 1 – Your details	Yes	Yes	
Section 2 – Money in	Yes	Yes	
Section 3 – Investment instructions	Yes	Yes	
Section 4 – Money out	No	Yes	
Section 5 – Reversionary beneficiary nomination	No	Optional	
Section 6 – Adviser service fees	Optional	Optional	
Section 7 – Member declarations and signature	Yes	Yes	
Section 8 – Financial adviser declarations and signature	Yes	Yes	
Section 9 – Identification procedure Please refer to the instructions for identification methods available.	Optional	Yes	
Section 10 – 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.	Optional	Optional	
Section 11 – Tax File Number declaration	No	Required for members aged below 60	
Section 12 – 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

1 July 2021

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 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 X 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>Financial adviser details</p> <p>Adviser code <input type="text"/></p> <p>*Adviser name <input type="text"/></p> <p>Dealer group <input type="text"/></p>
--	---

Application details section

1. What type of account are you opening? Please select all that apply.

- WealthFoundations Super WealthFoundations Pension (ABP) WealthFoundations Pension (TTR)

2. Eligibility to contribute to super. Please select one of the following:

(Complete this section if you are opening a Pension account with contributions).

Under age 67

Age 67-74*

*If aged 67-74, have you been gainfully employed for at least 40 hours during any consecutive 30-day period in the current financial year?

Yes No If yes, 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

3. Eligibility to commence a pension

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, 6, 7, 8, 9 and 11

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)

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

*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)

Postal address (if different to the above)

Street number and name or PO Box

Two long horizontal input boxes for street address.

Suburb

Input box for suburb.

State

Input box for state.

Postcode

Input box for postcode.

Country (if other than Australia)

Long horizontal input box for country.

Home number ()

Mobile

E. Tax File Number (TFN)

*Tax File Number OR individually issued Exemption Code - -

Note: Although 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 individually issued exemption code has not been provided. For further information on providing your TFN refer to the Additional Information Brochure.

F. Family Group details

A Family Group can be set-up to link members of your family for the purposes of a fee rebate.

Join existing Family Group *Family Group number

Create a new Family Group *Family Group name

*Relationship to another member in the Family Group

Note: Family Groups must have a minimum of two members. Your adviser will need to provide details of other applicants joining this group.

Section 2: Money in – all members to complete

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 submit a completed 'Notice of intent to claim or vary a deduction for personal super contributions' form (available from your adviser). You will not be able to claim a deduction once your pension has commenced.

B. Rollover details

Your rollover/s will be invested according to your Money In choice (Section 3). Please complete section 12 for each rollover you would like to request.

C. Contributions

1. Contribution method One-off direct debit OR Regular direct debit OR Cheque¹

2. Date of deduction (direct debit only)

3. Frequency (regular direct debit only) Monthly OR Quarterly

4. Details of contribution

Personal concessional \$.

Personal non-concessional \$.

Spouse \$.

Downsizer (one-off direct debit only) \$.

Total \$.

5. Contribution choice

Money In Choice (selected in Section 3) OR Choose how money is invested below:

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

6. Bank account details

Name of account

BSB number - Account number

Important

* 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.

* You can choose which day of the month you'd like us to debit your bank account (step 2). 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.

1. Please ensure all cheques are payable to 'ClearView WealthFoundations'

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 Index Base 50	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Base 70	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
IPS Index Base 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 Money Market	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Total allocation	
	1 0 0 . 0 0 %

Consent to deduct advice fees (optional)

Purpose of this form

Before any adviser fees can be deducted from your account, your adviser and ClearView are required by law to obtain your written consent. You can provide your consent either by signing this ClearView form or by signing a form of consent provided by your adviser. Either way we must receive a signed consent form which meets the ASIC requirements in order to deduct your adviser's fees from your account.

Important notes

- All sections must be completed for ClearView to accept this consent form.
- You can withdraw or vary your consent at any time by contacting us or your financial adviser.

Adviser phone

()

Adviser email

Date consent is provided to member

A. How long does your consent last? (Select appropriate)

- Ongoing fees: The consent will cease to have effect up to 150 days after the below anniversary date.

Anniversary date (ongoing fees only):

- Ad-hoc fees: Your consent expires once the amount is deducted from your super account.

Your financial adviser will have to ask for your consent again if advice fees are to be deducted from your super account once the consent expires. Consents for ongoing fees are also required to be updated annually.

Additional information (optional)

B. What amount of adviser fees will you pay from your account?

- Option 1: Exact fees

i. Amount and frequency of deduction

- Option 2: Reasonable estimate of fees

i. Estimate of amount and frequency of deduction

ii. An explanation of the method used to work out the estimated amount.

C. Outline of the services the adviser will provide you in relation to your WealthFoundations account for the fee you pay. Tick all that apply.

- Review of your account
- Strategic superannuation advice
- Retirement planning on your account
- Investment advice on your account
- Contribution strategy
- Insurance in superannuation strategy
- Withdrawal advice
- Other

Signature

By signing the below, you consent to the deduction of adviser fees outlined in section B from your WealthFoundations account.

Signature of member

Date signed

x

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

Note: If signing under a Power of attorney, please provide an original certified copy of the power of attorney. By signing you verify that, at the time of signing, you have not received notice of revocation of that power.

Section 7: Member declarations and signature

Acknowledgments

If you complete and sign an Application Form to participate in WealthFoundations, you acknowledge:

- the statements and answers contained herein are true;
- your membership and entitlements are subject to and set out in the Trust Deed and in the PDS and that these documents may be 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; and
- that if you already have a WealthFoundations account, by signing this Application Form you are requesting that an additional account is established and that these accounts should not be consolidated.

Declarations

If you complete and sign an Application Form to participate in WealthFoundations, you confirm and agree:

You and your adviser

- that you have had an opportunity to obtain personal financial advice in respect of WealthFoundations from a financial adviser licensed or authorised under the Corporations Act 2001 (Cth) to give such advice;
- to authorise your financial adviser to undertake certain actions to operate your WealthFoundations account on your behalf, these actions include (but are not limited to): issuing investment instruction to us, updating your contact details and obtaining information about your account and investments; and
- that you have received, read and understood the PDS dated 14 October 2019, the AIB and the IOL and any updates to these documents.

Communicating with you

- to receive all relevant information and reports that we are required or permitted to give to you:
 - via your financial adviser in writing or by email or other electronic communication (including on our website at 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);
- that you will be deemed to have received information and/or reports from us whether or not you access the information and/or reports online at clearview.com.au, by email, through your financial adviser or through other electronic communications.

Investments and transactions

- that you understand and accept the risks of investing in WealthFoundations as set out in the PDS and AIB;
- that 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;
- that 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);
- that you understand that we may at any time vary our investment strategies or available investment options without taking into account any taxation or other potential costs that you may incur as a result;
- that you understand that we, or your financial adviser, may defer or cancel transactions where there are extensive delays under an automatic IPS Strategy rebalance;
- that you 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;

Fees and costs

- that you understand and accept the WealthFoundations fees and costs described in the PDS, AIB and IOL;
- that any adviser service fees (or other permitted fees) agreed between you and your financial adviser will relate to personal financial advice, or other services, which are solely related to the interest in WealthFoundations;

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 signed

x

D D M M Y Y Y Y

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

Account holder signature (if joint account)

Date signed

x

D D M M Y Y Y Y

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

Section 8: Financial adviser declarations and signature

By submitting this Application Form to participate in WealthFoundations, you, as the applicant's financial adviser 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 AIB and the IOL 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;
- where the applicant has elected to be linked to a Family Group, prior to linking the applicant to the Family Group, you have obtained confirmation from the members of the designated Family Group that they consent to being linked to the Family Group;
- have been instructed by the client that ClearView Life must collect the Ad-hoc adviser service fee and/or Ongoing adviser service fee 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 (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 signed

Financial adviser full name **PRINT CLEARLY IN BLOCK LETTERS**

Section 9: Identification

Note: This section is mandatory for Pension and optional for Super Applications. However identification is required before any withdrawals 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:

Option 1

Provide a certified copy of primary or secondary identification document(s) e.g. drivers licence or passport. For a full list of acceptable documents please refer to www.clearview.com.au/superannuation-investments-retirement/ID

OR

Option 2

Complete the below Identification and verification form - individuals. (Financial Adviser use only)

Identification and verification form – individuals

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
Document type	<input type="text"/>	<input type="text"/>
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

Note: Refer to website for a list of appropriate identification documents. For a full list of acceptable documents please refer to www.clearview.com.au/superannuation-investments-retirement/ID

Date verified

Financial adviser full name

Phone number ()

Dealer group

AFS Licence number

Financial adviser signature

Section 10: Death benefit nomination – optional for all members

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

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

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% 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"/>

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% 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"/>

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% 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"/>

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

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

Legal Personal Representative Where you have nominated your Legal Personal Representative to receive a percentage of your death benefit, you are not required to complete any beneficiary details for this nomination.	% of death benefit <input type="text"/> . <input type="text"/>
---	---

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

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.

D. Member declaration - non-lapsing binding nominations only

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.
- 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).
- 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.
- I understand this nomination may be amended or revoked at any time by notifying the Trustee in writing.
- I understand if my nomination is not valid, the Trustee will have the sole discretion to pay my benefits to any one or more of my dependants and/or to my legal personal representative as specified in the Trust Deed and Super Law.

E. Member signature - required for all nominations

Member signature <input type="text"/>	Date signed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member full name (Print clearly in block letters) <input type="text"/>	

F. Witness signature - non-lapsing binding nominations only

Witness declaration (2 witnesses required)

- 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.
- I declare that I have witnessed the signing of this document by the member and I signed on the date stated above.

Name of witness 1 (print clearly in block letters)	Name of witness 2 (print clearly in block letters)
<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>

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.

1. Basis of payment

- Full-time employment Part-time employment Casual employment
 Labour hire Superannuation Pension **OR** Annuity

2. Are you an Australian resident for taxation purposes?

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

3. 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

4. Are you claiming the Seniors and pensioners tax offset?

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

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

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

6. (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

Date

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

To be completed by payer

1. ABN

2. Not applicable

3. Payer's registered business name

4. Contact person

Daytime telephone

Signature of payer

Date

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 12: Request to transfer super benefits to WealthFoundations

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 WealthFoundations Super or Pension. 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.

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 - -

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

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

Account number (if known)

 / (e.g. CSUP / 100000)

Australian Business Number (ABN)

Unique SuperannuationIdentifier (USI)

Fund address

ClearView WealthFoundations
GPO Box 4232
SYDNEY NSW 2001

This page is left blank intentionally.



ClearView WealthFoundations

Reply Paid 4232
Sydney NSW 2001

132 977

client.wealth@clearview.com.au

clearview.com.au