

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
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 and dealer service fees	Yes	Yes	
Section 7 - Member declarations and signature	Yes	Yes	
Section 8 - Financial adviser declarations and signature	Yes	Yes	
Section 9 – 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.	Optional	Yes	
Please refer to the instructions for identification methods available.			
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. 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	
Section 11 – 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	
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: Email address:

ClearView WealthFoundations client.wealth@clearview.com.au

Reply Paid 4232 Sydney NSW 2001

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



Application Form

ClearView WealthFoundations Super and Pension

Please complete this form using **black ink** and print clearly | Financial adviser details

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

within the boxes in CAPITAL LETTERS . Sta of each answer space and leave a gap bet Please CROSS x in appropriate answer box Fields marked with an asterisk (*) must be us to be able to open your account. Application details section	ween words. es.	Adviser code *Adviser name Dealer group	
WealthFoundations Super Super account OR Pension being opened with contributions (please also complete the WealthFoundations Pension section to the right)	Transition t Account ba Eligibility to co	ations Pension o retirement (TTI sed pension ommence a pension	R) pension OR
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 Dommyyyyyy Date last worked Age 75 or over and still working (compulsory employer contributions only) Other			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)
Please complete sections 1, 2, 3, 6, 7 and 8	Please comple 1, 2, 3, 4, 6, 7,		

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 / 1	100000)
Tick this box if you have products with ClearView other than Wed address, email or phone numbers for those (if they are different		d like us to make changes to you
Note: If you are an existing WealthFoundations client any changes in existing WealthFoundations account(s) as well.	n contact details provided	below will be updated on your
B. Personal details		
*Title	*Gender	*Date of birth
Mr Mrs Ms Miss Dr Other	Male Female	D D M M Y Y Y
*Given name(s)		
*Surname		
*Occupation		
(If not currently working please put your usual occupation or 'retired	d' 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)		



Street number and name or PO Box													
							_					_	
Suburb					St	ate		1	Post	code		_	
Country (if other than Australia)													
Home number ()				Work	numbei	· ()					
Mobile													
). Tax File Number (TFN)													
you do not provide your TFN we w	vill be unable	to accept y	our Appli	cation.									
f you are applying for a pension an	d are under a	ige 60 you v	vill also r	need to	comple	te a ⁻	TFN (declar	atior	n in Se	ction	11.	
separate TFN declaration in Section	n 11 ic roquir	ad for each	nension										
separate ITN decidration III section	Jii II is lequii	ed for ederi	perision	•									
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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) Partial \$ Please transfer Full balance OR 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 (\$290-170) 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 Partial rollover OR Rollover 2 Fund name Approximate or partial amount \$ USI Account number Full rollover OR Partial rollover Rollover 3 Fund name Approximate or partial amount USI Account number

Full rollover

OR

Partial rollover



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 'Clea	rView WealthFoundations'
For ad-hoc direct debits please nominate the date of payment (allow at least 6 busin	ess days)
Next available OR Nominated date DDMMYYYY	
2. Details of contribution	
Personal contribution (complete Section 2D)	\$.
Spouse contribution	\$.
Other contribution (please provide details e.g. Downsizer contribution, personal injury	payment, SMSF Rollover)
	\$.
Total initial contribution	\$
The total initial contribution by cheque and/or direct debit will be invested according nominate alternative instructions below.	to your Money In Choice unless you
3. Investment instructions for initial contribution by cheque or direct debit (optio	nal – default is chosen in section 3).
Investment Pool Guaranteed Cash	Total contribution
\$ + \$	= \$.

D. Taxation deduction inten	ntion – only required if contributing personal o	contributions in Section 2C above
Please indicate whether you in	tend to claim a tax deduction for your personal co	ontribution shown under Section 2C
I will NOT be claiming a tax	deduction; OR	
I will be claiming a tax ded	uction for \$.	
Note: If you are claiming a tax the financial year regarding thi	deduction you will need to give us a Section 290- is.	170 notice. We will contact you at the end of
E. Regular contribution by d	lirect debit	
Please make sure you provide	your bank account details in Section 1E.	
that day is not a business day	ay of the month you'd like us to debit your bank ac then the deduction will occur the following busine would occur on 1st March assuming that was a bu	ss day. For example if you nominate the 31st
1. Date of first deduction	D D M M Y Y Y Y	
2. Frequency	Monthly OR Quarterly	
3. Contribution split per deduct	tion	
Personal concessional*		\$
Personal non-concessio	nal	\$
Spouse		\$
Total regular deduction	n	\$
3	nount under Personal concessional you will need to will contact you at the end of the financial year reg	•
4. Regular contribution choice	(optional - default is chosen in section 3)	
Investment Pool	Guaranteed Cash	Total contribution



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 Mo	ney 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 Mon		ey In a	nd Out Choice as Guaranteed Cash until we receive

B. Investment Pool Instructions

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

IPS Strategy	%
LifeStages	%
IPS Active Dynamic 30	. %
IPS Active Dynamic 50	. %
IPS Active Dynamic 70	%
IPS Active Dynamic 90	. %
IPS Index Dynamic 30	. %
IPS Index Dynamic 50	%
IPS Index Dynamic 70	%
IPS Index Dynamic 90	. %
IPS Active Strategic 30	. %
IPS Active Strategic 50	. %
IPS Active Strategic 70	. %
IPS Active Strategic 85	. %
IPS Active Strategic 100	. %
IPS Index Strategic 30	%
IPS Index Strategic 50	. %

IPS Index Strategic 70	. %
IPS Index Strategic 85	%
IPS Index Strategic 100	%
IPS Active Australian Shares	%
IPS Active International Shares	%
IPS Index Shares	%
IPS Conservative Growth	%
IPS Income	%
IPS Cash	%
Total allocation	1 0 0 0 %



Section 4: Money out - pension members only

*Are you starting your pension between 1 June and 30 June?

If yes, do you wish to defer your first payment until the next financial year?

A. Payment frequency

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. For further information, refer to the section titled 'How pensions work' in the Additional Information Brochure.

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
*Date of first payment DDMMYYYYY
(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 Maximum (TTR only) Nominated
If <i>maximum</i> , do you wish to receive the full 10% in the first year?
If nominated, please advise total per payment \$
C. Payment deferral

Yes No

Yes No

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	Gender	Date of birth
Mr Mrs Ms Miss Dr Other	Male Female	D D M M Y Y Y
Given name(s)		
Surname		
Relationship Spouse¹ Child Interdepender	nt 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.



Section 6: Adviser and dealer service fees – all members to complete

The fees nominated in this section are agreed between you and your financial adviser. You instruct ClearView Life Assurance Limited (ClearView Life) to collect the fee for the dealer group your adviser operates through, and instruct ClearView Life to pay the agreed fees to the dealer group who will then pay the agreed fees to the authorised representative (your financial adviser).

The actual fees paid to your financial adviser are greater than the fees deducted from your account. Your financial adviser is paid fees inclusive of GST whereas the amounts deducted from your account are inclusive of GST less RITC (effectively reducing the rate of GST payable).

When entering fees in this section please show the amount inclusive of GST. For example if you nominate \$1,100 then based on current GST and RITC rates we will deduct \$1,025 from your account and pay \$1,100 to your financial adviser. If a fee is not nominated in this section then we will set that fee option to zero.

A. Ad-hoc adviser service fee	
*To be deducted once contributions/rollovers are received \$	
B. Ongoing adviser service fee	
*Annual amount to apply to total account balance (payable monthly)	
If you have chosen a \$ amount would you like this indexed to CPI each year?	Yes No
C. Ongoing dealer service fee	
*Annual amount to apply to total account balance (payable monthly)	
If you have chosen a \$ amount would you like this indexed to CPI each year?	Yes No

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**. 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**); 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**, 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;



- 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;

- are aware of any fees and charges that may apply to a full rollover/transfer 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, including your WealthFoundations Inbox, you will need to use your Username and password and/or PIN (as applicable);
- understand that this password and/or PIN 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/PIN 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 or PIN, 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 or PIN;
- 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;
- understand that in order to receive email notification of any important information including updates to your WealthFoundations account information on ClearView Online, you will need to let us know your current and active email address, and notify us immediately if this email address changes at any time in the future.
- have read and consent to the collection, use and disclosure of your personal information as set out in the Information Handling Policy available at **clearview.com.au** or by contacting us on **132 977**.

If you are in default of your obligations under your account with us, we can close your account, without notice, if we have reasonable grounds to suspect that:

- there is a breach of any AML/CTF laws, and
- we need to manage any risks that we are exposed to (including the risk of damage to our reputation), subject to the provisions of the SIS Act.

In this section, all references to 'we' and 'us' are intended to include a reference to the Trustee and any service provider appointed by us from time to time. We will hold the benefit of (and may enforce) the above representations, declarations, releases and indemnities in this section for our own benefit and for the benefit of any such service provider.

Signature of member	Date
X	D D M M Y Y Y Y
Member full name PRINT CLEARLY IN BLOCK LETTERS	



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				
X					
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 (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
X	D D M M Y Y Y Y
Financial adviser full name PRINT CLEARLY IN BLOCK LETTER	S



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**.

Identification and verification form – individuals Please print clearly in **BLOCK LETTERS**. Part 1 Member identification A. Member details Title Gender Date of birth Mr Mrs Ms Miss Dr Other Male Female 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
	Australian State/Territory driver's licence containing a photograph of the person
	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 a person's age containing a photograph of the person
	Foreign passport or similar travel document containing a photograph and the signature of the person
	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.



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

CROSS X	Select ONE valid option from this section only
	Australian birth certificate
	Australian citizenship certificate
	Pension card issued by Department of Human Services (previously known as Centrelink)
CROSS X	AND ONE valid option from this section
	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
	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>
	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)
	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.

CROSS X	Select ONE valid option from this section only	
	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth	
	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		Documer	nt 2		
Verified from Original Certified copy		сору	Original	Certified	l copy		
Document issuer							
Issue date	D D M M Y Y Y	Y	DDMMYYYY				
Expiry date	D D M M Y Y Y	Υ	D D M N	1 Y Y	YY		
Document number							
Accredited English translation	□ N/A □ Sighted		N/A Si	ighted			
Date verified							
D D M M Y Y Y							
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 als nominations on other WealthFoundations accounts in your name. If you provide other account nomination will replace any existing nominations on these accounts except reversionary benefits	t numbers below then this
Yes, please apply this nomination to my other account(s)	(e.g. CSUP / 100000)
A. Member details	
Given name(s)	
Surname	
Date of birth D D M M Y Y Y Y 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 be and complete the death benefit percentage amount.	enefit, please tick the box below
Legal Personal Representative	% of death benefit
Given name(s)	% of death benefit
	. %
Surname	Date of Birth D D M M Y Y Y Y
Relationship Spouse ¹ Child Interdependent Financial dependant	
Given name(s)	% of death benefit
Surname	Date of Birth
Relationship \square Spouse ¹ \square Child \square Interdependent \square Financial dependant	

Given name(s)	% of death benefit
Surname Relationship Spouse ¹ Child Interdependent Financial dependant	Date of Birth D D M M Y Y Y Y
Given name(s)	% of death benefit %
Surname	Date of Birth D D M M Y Y Y Y
Relationship Spouse ¹ Child Interdependent Financial dependant	
Given name(s)	% of death benefit
Surname	Date of Birth D D M M Y Y Y Y
Relationship Spouse ¹ Child Interdependent Financial dependant	
Total	1 0 0 . 0 0 %

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.

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.
- 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.
- 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 in writing.
- I understand this nomination is not valid until received by the Trustee or administrator (on the Trustee's behalf).
- 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	Date
X	D D M M Y Y Y Y
Member full name PRINT CLEARLY IN BLOCK LETTERS	
F. Witness signature - non-lapsing binding nomination	ns only
Witness declaration	
 I confirm that I am not nominated as a beneficiary of I declare that I am over the age of 18 and this non-la member in my presence. 	f the member's death benefit. psing binding nomination was signed and dated by the
Name of witness 1 PRINT CLEARLY IN BLOCK LETTERS	
Signature	Date
X	D D M M Y Y Y Y
Name of witness 2 PRINT CLEARLY IN BLOCK LETTERS	
Signature	Date
×	D D M M Y Y Y Y

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

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 DDMMYYYYY				
5. Your home address in Australia				
Street number and name				
Suburb State Postcode				
Country (if allows Australia)				
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 claim	ing the Seniors and pensioners tax offset?				
Yes No	Yes No If 'Yes', obtain the withholding declaration from your payer				
10. Are you clair	ning a zone, overseas forces, dependent spous	se or special tax offset?			
Yes No	If 'Yes', obtain the withholding declaration from	om your payer			
11. (a) Do you h	ave an accumulated Higher Education Loan Pro	ogramme (HELP) debt?			
Yes No	If 'Yes', your payer will withhold additional ar	mounts 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 ar	mounts to cover your anticipated compulsory repayment(s)			
Declaration	n				
I declare that th	e information I have given on this form is true	and correct.			
Signature of app	Signature of applicant Date				
X	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Note: There are	penalties for deliberately making a false or mis	sleading statement.			
To be complete	ed by payer				
1. ABN					
45 828 721 00	07				
2. Not applicable					
3. Payer's registered business name					
CLEARVIEW RETIREMENT PLAN					
4. Contact perso	n	Daytime telephone			
Deborah Lowe		132 977			
Signature of pay	er	Date			
Debhave		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 12: Request to transfer super benefits to WealthFoundations – 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 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.

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	Gender	Date of birth							
Mr Mrs Ms Miss Dr Other	Male Female	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 plea a marriage or change of name certificate). Contact phone number ()	use provide a certified copy of you	ur proof of name change (such a							
Tax File Number OR individually issued Exemption Code									
Note: Under the Superannuation Industry (Supervision) Act	1993, you are not obliged to discl	ose 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 details below.	current residential address, please provide these
Street number and name	
Suburb	State Postcode
Country (if other than Australia)	
B. Fund details	
FROM Fund name	
Fund phone number Membership or account no	umber
Australian Business Number (ABN) Unique Super Identifier (U	SI)
Partial transfer OR Full transfer	
Partial or expected amount \$.	
Is this rollover a KiwiSaver transfer (If yes, we may require additional inform	ation from you)
TO Fund name	
CLEARVIEW WEALTHFOUNDATIONS SUPER AND PENSION	
Cheque payee	
CLEARVIEW WEALTHFOUNDATIONS	

Fund phone number	Account number (if known)
132 977	/ (e.g. CSUP / 100000)
Australian Business Number (ABN)	Unique SuperannuationIdentifier (USI)
45 828 721 007	CVW0001AU
Fund address ClearView WealthFoundations GPO Box 4232 SYDNEY NSW 2001	
C. Authorisation	
By signing this request form, I am making the following stater	ments:
• I declare I have fully read this form and the information co	ompleted is true and correct.
I am aware I may ask my super provider for information a information about the effect this transfer may have on my	
I discharge the super provider of my FROM fund of all furth	per liability in respect of the benefits paid and transferred to

this transfer.	
Signature of member	Date

X			D	D	MM	1 Y	Υ	Υ	Y				
Member ful	l name (print clearly ir	n block letters)											

I hereby authorise my financial adviser and representatives of the Trustee of the ClearView Retirement Plan to obtain any

I request and consent to the transfer of super as described above and authorise the super provider to give effect to

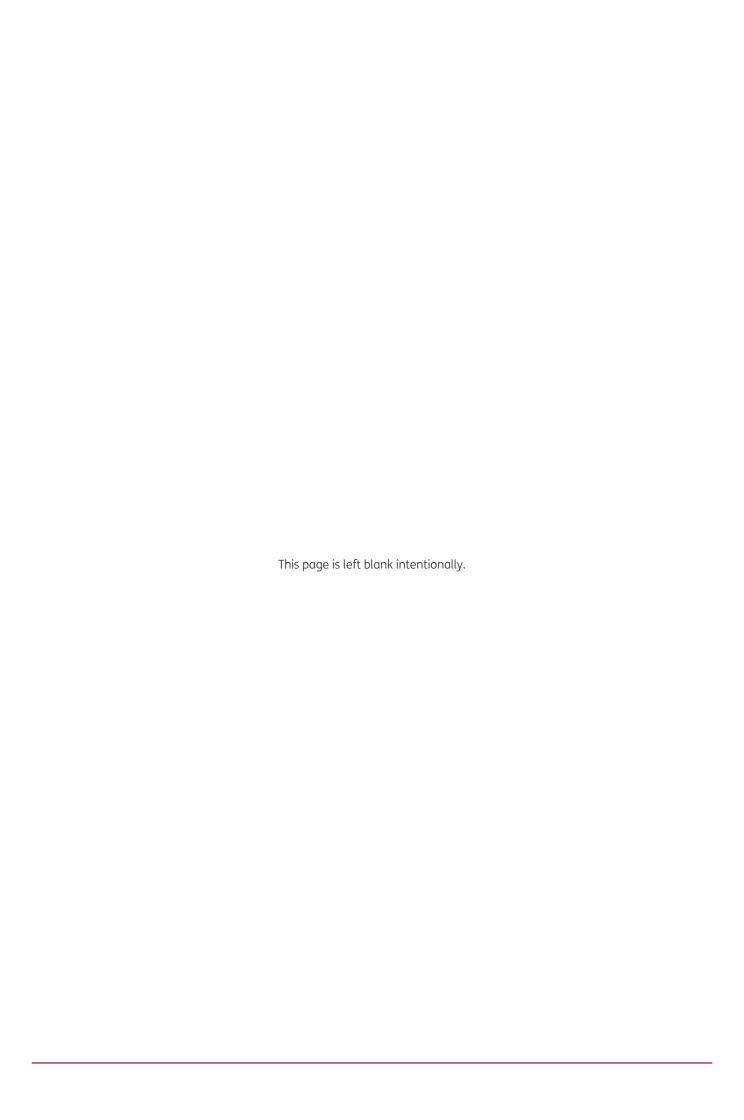
ClearView WealthFoundations Super and Pension within the ClearView Retirement Plan (the Fund) USI CVW0001AU

The following statement confirms that:

ClearView WealthFoundations.

information in relation to this rollover from my FROM fund.

- 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 WealthFoundations Reply Paid Box 4232 Sydney NSW 2001 132 977 client.wealth@clearview.com.au

clearview.com.au