

WealthSolutions²

ClearView WealthSolutions² Super and Retirement

Application Forms

26 October 2020

ClearView WealthSolutions² Super and Retirement is issued by:

HTFS Nominees Pty Limited
ABN 78 000 880 553
AFSL 232500
RSE Licence No. L0003216
as Trustee of the HUB24 Super Fund
ABN 60 910 190 523
RSE R1074659,
USI 60 910 190 523 001

wealthsolutions2.com.au

WealthSolutions² Super product disclosure statement application forms

Application forms

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You must read the Financial Services Guide (FSG) issued to you by HUB24 Custodial Services Ltd (HUB24, Administrator), Parts I and II of the PDS (collectively the PDS) and the information incorporated by reference into the PDS which includes in the Additional Information Booklet, the Investment Booklet for the Choice Menu and list of individual insurance policies and any other relevant disclosure documents before applying to invest in the Fund. Following acceptance of your completed application form, the Trust Deed of the Fund, the application form and the PDS will constitute the agreement between you and HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee, we, us), in relation to the Fund.

Checklist

To become a member of the Fund:

- complete and sign with your adviser the Super application form and/or the Pension application form.
- unless you are an existing client, when submitting an application form to establish a new account, you are required to be identified in accordance with the *Anti-Money Laundering & Counter Terrorism Financing Act 2006* (Cth) (AML/CTF Act). Your adviser can download the identification forms from AdviserHUB under Products & Forms > Forms > Forms General.
- ensure all cheques are made payable to:
HUB24 Custodial Services Ltd <full account name>.
- for rollovers from another fund, complete a Rollover form (attached) for each rollover and send it to the Administrator (to facilitate the rollover) or send it directly to your other fund. Either way you must include original certified copies of your photo identification with each rollover. In addition, please provide the details of any rollovers you have initiated on Section 5 of the application form.
- if you wish to nominate a lapsing binding, a non-lapsing binding or a non-binding death benefit nomination on your account, complete the attached Beneficiary Nomination form.
- if you wish to apply for group insurance cover, complete the attached Group Insurance application form. If you wish to apply for individual insurance cover, you should discuss the options available to you with your adviser.

All documents, excluding cheques can be emailed to admin@hub24.com.au or submitted online via SupportHUB by your adviser.

Proof of identity

When lodging an application form, you or your adviser must complete the Identification form to complete your identity verification in accordance with the AML/CTF Act. These forms can be obtained from your adviser through AdviserHUB.

Super application form

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)

HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Fields marked with an asterisk (*) must be completed.

Section 1 Existing details

If you are an existing client, please provide your existing account number:

Section 2 Choice Menu Selection

Please select your investment menu:

Choice Menu

Section 3 Member details

*Title *(tick one ✓)*

Mr Mrs Ms Dr Other

*Gender *(tick one ✓)*

Male Female

*Date of birth *(dd/mm/yyyy)*

*Given name(s)

*Surname

Any other names known by

*Tax File Number¹

¹ Your application will not be accepted if a valid TFN is not provided.

*Country of citizenship

Australia Other:

*Occupation

Section 4 Contact details

You must provide a valid email address to receive all correspondence for your account. We will use this email address to notify you of any important changes and information relating to your account. By signing this application form you agree to notifications being received by email. In some circumstances, HUB24 Custodial Services Limited (Administrator) may contact you using the details you provide.

Phone number *(work)*

Phone number *(mobile or home)*

*Email address¹

¹ Please note this cannot be your appointed adviser's email address.

*Residential address *(this must be a street address. A PO Box number or c/- address will not be accepted)*

Street address

Suburb

State

Postcode

Super application form

Postal address (if different to above)

Postal address

Suburb

State

Postcode

Section 5 Contributions/rollovers

Please specify details of your initial contribution. You are taken to direct us to invest any monies received into your cash account until your investment options are implemented online by your adviser.

Contribution/rollover cheques to be made payable to: *HUB24 Custodial Services Ltd <full account name>*.

You will need to specify the contribution type.

Contributions

Member voluntary (Personal) contribution	\$
Spouse contribution ¹	\$
Other (please specify)	\$
Total	\$

¹ Please arrange for your spouse to complete the 'Contributing spouse declaration' in this section.

Contributing spouse declaration

You understand the conditions relating to making spouse contributions and confirm that these contributions are:

- made for your receiving spouse who is not an employee of yours, and
- made by an Australian resident taxpayer earning assessable income, and
- made for your receiving spouse:
 - who is an Australian resident under age 67, or
 - who is an Australian resident between ages of 67 and 74 and has been gainfully employed for at least 40 hours during any 30 consecutive day period in the current financial year.

Note: Additional conditions apply to be eligible for the tax offset for spouse contributions. For more information go to www.ato.gov.au

Contributing spouse signature

Date

Rollovers

Please complete the attached Rollover form for each institution that you wish to transfer superannuation benefits from. List the approximate value of the transfer amounts below.

Rollover from	Account no.	Amount
		\$
		\$
		\$

Section 6 Regular or one-off contributions made by direct debit

Complete this section if you intend to make regular monthly contributions or a one-off contribution via direct debit. You may make a one-off contribution of at least \$100 or regular contributions of at least \$100 per month by authorising the Administrator to direct debit your nominated bank account around the 20th of each month (or next business day).

Specify the monthly amount to be direct debited from the following bank account	\$
Specify the one-off amount to be direct debited from the following bank account	\$

Super application form

Specify the split of the above amount into the contribution types below:

Member voluntary (personal) contribution	\$
Spouse contribution ¹	\$
Other (please specify)	\$

¹ Please arrange for your spouse to complete the 'Contributing spouse declaration' in this section.

Contributing spouse declaration

You understand the conditions relating to making spouse contributions and confirm that these contributions are:

- made for your receiving spouse who is not an employee of yours
- made by an Australian resident taxpayer earning assessable income
- made for your receiving spouse:
 - who is an Australian resident under age 67, or
 - who is an Australian resident between the ages of 67 and 74 and has been gainfully employed for at least 40 hours during any 30 consecutive day period in the current financial year.

Note: Additional conditions apply to be eligible for the tax offset for spouse contributions. For more information go to www.ato.gov.au.

Contributing spouse signature
Date

Bank account details

Please read and complete the following:

I/We request and authorise the Administrator (Debit User ID number 368229) to arrange for the amount specified above or any amount as agreed between me/us and the Administrator to be debited through the Bulk Electronic Clearing System from my/our account held with the financial institution detailed below (a Direct Debit Request).

Note: Your nominated bank account must be held with an Australian financial institution and in your individual name or in a joint name with your spouse.

Bank

Branch

BSB

Account number

Account name

I/We understand and acknowledge that:

- my/our financial institution has absolute discretion to decide the order in which it will pay monies under this request, or any other request, authority or mandate
- my/our financial institution has absolute discretion to refuse to honour this Direct Debit Request at any time
- direct debit contributions are held in the cash account in the Fund pending my instructions to my adviser as to how they are to be invested in accordance with my investment strategy
- this Direct Debit Request operates on the terms of the Direct Debit Request Service Agreement as set out below (as varied by us) which I/we have read and, by signing this Direct Debit Request, agreed to
- the Information and Privacy Consent in the application form for my account applies to the personal information collected on this form.

This Direct Debit Request is made on the terms of the Direct Debit Request Service Agreement as set out below. By completing this Direct Debit Request I/we authorise the Administrator to direct debit my/our account.

Give your adviser authority to request an ad hoc amount to be deducted from the following bank account and paid into your super account.

Account holder 1

Full name *(please print in capitals your first, middle and surname)*

Signature

Date

Account holder 2

Full name *(please print in capitals your first, middle and surname)*

Signature

Date

Super application form

Direct Debit Request Service Agreement

This agreement sets out the terms on which you authorise the Administrator to arrange to debit your account at your financial institution. For the purpose of this agreement, 'we' 'us' and 'our' refers to the Administrator.

1. You will need to complete this application form to contribute to your account via the regular savings plan or for requested one-off debits by you via your adviser.
2. By your Direct Debit Request, you authorise us to debit the nominated amount from your account at the financial institution written on this application form or advised by you or your adviser.
3. You can cancel your Direct Debit Request arrangement with us; however this termination must be in writing. We will require ten (10) working days to process your cancellation request.
4. The due date for each drawing will generally be the 20th of each month. If a due date for a debit falls on a weekend or public holiday, the debit will be processed on the following business day. Please contact your financial institution if you are uncertain when a debit will be processed to your account.
5. You must ensure that you have sufficient cleared funds available in the nominated account to meet each drawing on the due date.
6. If a drawing is unsuccessful, we reserve the right to attempt to redraw at such times as we determine. We and your financial institution may charge a fee where a drawing is unsuccessful. This fee may be debited to your nominated account with your financial institution or to your account.
7. Please contact your adviser or the Administrator if you have any questions about your Direct Debit Request, such as concerns about a debit that we made under it, or if you want to make any alteration to your arrangements. We will reply to you within seven (7) days. You should contact your adviser or the Administrator in the first instance, rather than the financial institution with which you have an account.
8. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
9. If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
10. We can vary this agreement at any time after giving you 14 days' notice of the changes.
11. We will keep information about your financial institution account confidential in accordance with our privacy policy, including disclosure to direct debit financial institutions only to the extent necessary to resolve any claim you might make relating to a debit which you claim has been made incorrectly.
12. You should:
 - a. note that direct debiting through the Bulk Electronic Clearing System is not available on all accounts – please ensure your financial institution allows direct debits on your nominated account
 - b. confirm the account details by checking a recent statement from your financial institution, and
 - c. ensure that the signature authorisation on this application form is identical to the account signing instruction held by your nominated financial institution.

You are responsible for checking and ensuring the above arrangements are in place and, where appropriate, correctly completed.

Section 7 Beneficiary nomination

If you wish to make a lapsing binding, a non-lapsing binding or a non-binding death benefit beneficiary nomination in relation to your account, complete the attached Beneficiary Nomination form.

Note: If you hold more than one account in the Fund, you will need to complete a separate Beneficiary Nomination form for each account in relation to which you wish to make a beneficiary nomination. You may revoke or update your beneficiary nomination at any time by writing to the Trustee. If no valid beneficiary nomination is made on your account, the Trustee will determine how your benefit will be distributed in the event of your death.

Refer to the attached Beneficiary Nomination form for more information.

*Section 8 Appointment of adviser

Adviser details

Adviser name

Dealer group

Practice

Contact phone number

Adviser email address

Super application form

Section 9 Managed portfolio authorisations

Authorisation of fees when you invest in a managed portfolio

I direct the Trustee to deduct the following fees from my cash account when investing in the managed portfolio(s) specified below and to pay them to the portfolio manager of the managed portfolio. I acknowledge and understand that:

- the portfolio manager may be my adviser's licensee or may be related to or an associate of my adviser's licensee and/or my adviser; and
- my adviser and my adviser's licensee may therefore directly or indirectly benefit from the payment of the fees to the portfolio manager.

Code	Managed portfolio name	Fees when you invest in a managed portfolio	Investment performance fee
		% p.a.	%
		% p.a.	%
		% p.a.	%
		% p.a.	%

Note: Where the fees have a tiered structure the highest fee has been used in the table above. For the full tiered fees when you invest in a managed portfolio (if applicable) refer to the relevant managed portfolio disclosure document.

Please consent and sign to the above fees below:

Applicant name <i>(please print in capitals your first, middle and surname)</i>
Signature
Date

Other managed portfolio authorisations

I understand that by signing the above direction, I am also acknowledging that:

- the fee(s) when I invest in a managed portfolio specified on this form are inclusive of GST but will not take into account any RITCs that may be claimed. Where applicable, the actual amounts that will be deducted from my cash account may be adjusted for RITCs that may be claimed in respect of these fees, and may therefore be less than the amounts I specify on the relevant form. The fees will be deducted monthly from my account.
- I have read the current disclosure documents applicable to the managed portfolio(s) I have selected.
- other investment costs relating to the managed portfolio's underlying investments may also apply.
- my adviser is responsible for placing an investment instruction into the managed portfolio(s) I have nominated in this section and if an investment instruction is not received for the investment(s) within 60 days of receipt of this form, the Trustee may require a new consent for those investments.
- if I withdraw my consent in the future, I will need to sell down my investment in the managed portfolio.

Super application form

Section 10 Adviser fees

I instruct the Trustee to deduct the agreed amount(s) of Adviser contribution fees. Ongoing adviser fees and/or One-off adviser fees set out below (**which includes GST**) from my cash account and pay my adviser for their services as provided to me. The fees specified below will not take into account any reduced input tax credits (RITCs) that may be claimed. Where applicable, the actual amounts that will be deducted from your cash account may be adjusted for RITCs that may be claimed in respect of these fees, and may therefore be less than the amounts you specify on the relevant form. The fees specified below exclude activity fees and other amounts incurred or payable to the Administrator. Any adviser fees are in addition to the Fund's other fees and costs, including administration fees, investment costs applicable to underlying investments, investment fees associated with Managed Portfolios or adviser brokerage. I may agree to pay more than one type of adviser fee.

Adviser contribution fee (initial)¹

Adviser contribution fee (initial) % of initial contribution(s) and/or \$

The maximum adviser contribution fee (initial) is 5.5% of your initial contribution(s) (including GST).

¹ The adviser contribution fee (initial) (**including** zero amounts or where a fee is not specified) will generally apply to all deposits (**excluding** employer contributions, salary sacrifice and government co-contributions) received within 60 days of your account being activated.

Adviser contribution fee (ongoing)²

Adviser contribution fee (ongoing) % of ongoing contributions and/or \$

Start Date²

The maximum adviser contribution fee (ongoing) is 5.5% of your ongoing contributions (including GST).

² The adviser contribution fee (ongoing) will apply to all deposits received (**including** rollovers) from the start date specified above. If you do not specify a start date, then the default date is 60 days after your account is activated.

Ongoing adviser fee

Fixed % amount p.a. % of my total account balance

Or

Tiered % p.a. of my total account balance:

From	To	Fee % p.a.
\$	\$	% p.a.
\$	\$	% p.a.
\$	\$	% p.a.
\$	\$	% p.a.
\$	\$	% p.a.

And/or a Fixed \$ amount p.a. \$ p.a.

Note: Where you specify a fixed % amount, that amount will be calculated on your total account balance, up to a maximum of 2.2% p.a. (including GST). Where you specify a fixed \$ amount p.a. you may agree with your adviser to automatically index this fee in line with the annual change in Consumer Price Index or a fixed percentage (up to 5% p.a.) on a specified month each year. We will accept your adviser's instructions in relation to indexation of ongoing adviser fees on your behalf. The amount payable is agreed between you and your adviser. The Trustee has a right to reject the fee amount.

One-off adviser fee \$

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Note: This fee may be charged multiple times in a financial year up to an aggregate of \$5,000 pa (including GST). Once that limit is reached, any further deductions for such fees from your cash account in the financial year may only be permitted with approval by or on behalf of the Trustee.

All adviser fees are negotiable with your adviser.

*Section 11 Declaration and signature

By signing this application form, you make the following declarations and acknowledgements:

General

- You declare that all details provided in this application form are true and correct.
- You have received and accepted this offer in Australia.
- You have received, read and understand the PDS (including any information incorporated into the PDS).
- You agree to be bound by the provisions of the Trust Deed (as amended from time to time) and the terms and conditions detailed in the PDS (as amended from time to time) (including the Additional Information Booklet and any other information incorporated into the PDS).
- You have received and read the relevant product disclosure statements or other disclosure documents for the investment option(s) you have selected to invest in.
- You have read and understand the information about privacy and tax file numbers in the PDS and in the Additional Information Booklet.
- You acknowledge that your membership of this product does not commence until the first contribution has been received and accepted by the Trustee.
- You acknowledge and agree that the Trustee will treat all personal contributions to your account as non-concessional contributions unless you advise the Trustee otherwise.
- You acknowledge and agree that the Trustee will make member statements, and any notifications regarding material changes or significant events affecting this product or contributions confirmations, available to you online through InvestorHUB and/or email rather than providing you with a paper copy by mail, and you acknowledge and agree that you will obtain this information or documents through InvestorHUB and/or email.
- You acknowledge that the Trustee is authorised to collect your TFN by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. The lawful purpose for which your TFN can be used and the consequences of not quoting your TFN may change in the future, as a result of legislative changes. The PDS sets out details of how the Trustee is authorised to use your TFN and also to whom the Trustee may disclose your TFN.
- You acknowledge we may make disclosure documents available to you electronically and we will notify you when they are available. You may opt out to this method of delivery; however, this may impact the provision of our service to you.
- You authorise the Trustee and the Administrator to deduct from your cash account such fees for advice, investment management and investment performance fees (if any) relating to any managed portfolio in which you have invested or for other services as may be agreed between you and your adviser, as set out in this application form and the PDS and the relevant product disclosure statement for any applicable managed portfolio.
- You authorise the Trustee and the Administrator, where amounts are owed to the responsible entity (RE) of a registered managed investment scheme (Scheme) through which managed portfolios are made available (for example because your investment in a managed portfolio has gone into negative balance) to obtain payment of that amount from your cash account as an alternative to obtaining payment from the applicable Scheme. You acknowledge that, if payment from your cash account is not possible, these amounts may be paid from the relevant Scheme.
- You direct us to invest any monies received into your cash account until we receive investment instructions from your adviser.
- If signing under a power of attorney, you declare that it is an Australian power of attorney and you are authorised under that power of attorney to sign this application form and have not received any notice of revocation of that power of attorney.

You and your adviser

- You confirm that your adviser has provided you with professional advice which includes the formulation of an investment strategy that has taken into consideration your personal objectives, financial situation and needs.
- You authorise your adviser to submit investment instructions to the Trustee on your behalf and acknowledge that, where your adviser provides instructions to the Trustee, the Trustee will act on those instructions without consulting you, unless you have elected to use the trade notification feature with your adviser.
- You understand that if a trade notification is received in relation to a rebalance or reallocation and you have not authorised the cancellation of the pending investment instructions within the permitted agreed timeframe, the Administrator may rebalance and/or reallocate your managed portfolio(s) by buying and selling specified securities in your account in accordance with the advice from the relevant manager from time to time.

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- You understand that if a trade notification is received in relation to a rebalance or reallocation and you have authorised the cancellation of the pending investment instructions within the permitted agreed timeframe, the Administrator will not proceed with the rebalance or reallocation and will interpret the instruction as requiring withdrawal from that managed portfolio. If you have given alternative investment instructions within the permitted agreed timeframe, the Administrator will implement those instructions as set out in the Additional Information Booklet available from the product website.
- You consent to your adviser receiving information on your behalf and agree not to hold the Trustee or Administrator responsible in any way for any transactions entered into by your adviser on your behalf.
- You and your adviser release, discharge, and indemnify the Trustee, the Administrator and all of the Trustee's and Administrator's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from your appointment of an adviser, and all acts, matters and things done or purported to be done by an adviser even if not actually authorised by you.

Adviser transaction authority

You authorise your adviser nominated above to give or carry out instructions regarding the operation of your account (including investments) as set out below. You understand that in giving or carrying out instructions your adviser may access your account details and transact on your account. You also understand that the Trustee or its service providers (including the Administrator) can accept and act on such instructions given by your adviser without requiring your signature, additional proof, instructions or further confirmation from you. The instructions or transactions for which this authority applies are:

- a. Investment of the initial contribution amount into your account in the Fund
- b. Switching between investment strategies/underlying investment holdings including purchasing and selling investments
- c. Changing a regular contribution amount
- d. Starting or stopping a regular contribution amount
- e. Changing a regular withdrawal amount (where permissible under relevant law)
- f. Starting or stopping a regular withdrawal amount (where permissible under relevant law)
- g. Changing the weightings of securities held in respect of your account
- h. Making elections on dividend or distribution re-investment where applicable
- i. Making elections in the case of corporate events in respect of securities held in your account outside managed portfolios
- j. Establishing or varying regular investment plans or investment drawdowns.

Note: Your application to the Fund will not be accepted without this authority.

Personal information

- You understand that the Administrator and the Trustee may collect, hold or use your personal information for the purposes outlined in the PDS and the Additional Information Booklet or to comply with its obligations under AML/CTF laws and other laws from time to time.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in the Trustee's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- You authorise the Administrator and the Trustee to release information concerning your account, investments, insurance or superannuation entitlements to their service providers, who may be located overseas, to your adviser and to any responsible entity or to any service provider of a responsible entity of a scheme through which you have invested in a managed portfolio for the purposes of processing your application form and administering your investment in the Fund and the scheme.
- You acknowledge that neither the Trustee or the Administrator will be responsible or liable to you or any other person for any loss suffered where transactions are delayed, blocked, frozen or where we decline to process a transaction or cease to provide you with a product or service in circumstances where we are unable to establish your identity or where we reasonably believe you are a Proscribed Person.
 - A "Proscribed Person" means any person or entity who we reasonably believe to be:
 - (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or
 - (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A "Proscribed Person" includes any person or entity who we reasonably believe to be acting on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).
- You consent to (unless you notify us in writing otherwise) your personal information being used by us to send you marketing information about other products and services offered or promoted by us, via telephone, electronic messages (including email), online and other means, for the purpose of marketing our and third parties goods and services, unless you notify us in writing that you do not wish us to do so.
- You acknowledge and understand that when verifying your identity:
 - we may disclose your personal information to a credit reporting agency (CRA) for the purpose of providing an assessment as to whether the personal information matches (in whole or in part) personal information contained in a credit information file in the possession or control of the CRA;

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- the CRA may provide us with the assessment for the purpose of verifying your identity for the purpose of the AML/CTF Act;
 - the CRA may use your personal information and the names, residential addresses and dates of birth contained in credit information files of other individuals for the purpose of preparing such an assessment, but not for any other purpose;
 - you are not or aware and have no reason to suspect that the monies contributed to the Fund, have been or will be derived from or released to any money laundering, terrorism financing or other activities deemed illegal, or that the proceeds of any withdrawals will be used to finance any illegal activities.
 - we may verify the validity of any government issued identity document that you provide to us for identity verification purposes through the Australian Government document verification service (DVS), you are authorised to provide the relevant government issued identity documents to us and HUB24 may disclose your personal information and government identity document information to the service provider that we use to access the DVS for this purpose.
- You understand that your investments in the Fund are subject to risks, including the risk that you may lose some or all capital, possible delays in repayment of some or all capital and/or failure to receive any income.
 - You understand that an investment option may cease to be offered in the Fund at any time, at the discretion of the Trustee and accordingly, may affect the composition of investments in your account.
 - You authorise the Administrator to exercise its discretion over your assets consistently with the investment strategy in accordance with investment instructions received from your adviser. You acknowledge that, while the Trustee will use reasonable endeavours to ensure the investment strategy is followed, it may not be able to do so in all situations and it is not intended to be binding on the Trustee.
 - You understand that the Administrator undertakes corporate actions in respect of securities in your account and rebalances your managed portfolio(s) as a result of exercising any rights or entitlements attached to specified securities in your account in accordance, with the advice from your adviser or from the managers of the portfolios.
 - You understand that without your prior consent, any instructions provided by you via your adviser in relation to buy or sell orders under the direct market trading or aggregated trading service may not be fully implemented by us because of trade restrictions set out in the Additional Information Booklet, and we and our default broker reserve the right to reject or cancel orders pursuant to or as contemplated by the rules of the relevant exchange or clearing and settlement facility, or other relevant applicable laws.
 - You understand and accept that:
 - Rollovers and transfers of benefits are usually required to be processed no later than 30 days from receipt of the request;
 - if you invest in an illiquid investment, a period of greater than 30 days may be required to process a withdrawal, rollover or switch request due to the illiquid nature of the investment. There is no maximum period in which a rollover or transfer request involving an illiquid or suspended investment will be processed. The time required by the Trustee to process such a request will vary, depending on the investment;
 - An investment is illiquid if:
 - it cannot be converted to cash within the time required after a portability request is properly made; or
 - converting it to cash within the time required would likely have a significant adverse impact on the realisable value of the investment; and
 - Under difficult market conditions, some normally liquid assets may become illiquid, restricting our ability to sell them and to make withdrawal payments or process rollovers or switches without a significant delay.

Cash account minimum balance

- You agree to keep the minimum cash balance in your cash account as disclosed in the PDS, or as amended from time to time by the Trustee and disclosed to you.
- You acknowledge that if you have a negative cash balance (where permitted, in limited circumstances described in the PDS) you will be charged interest for the duration of the negative balance.
- You acknowledge that the Administrator may sell securities proportionately across all securities in your account (to the extent reasonably practicable and unless otherwise agreed) to maintain at all times a minimum cash balance in your cash account. If you have other costs such as taxes and insurance costs incurred or payable in connection with your account, we may have to sell additional securities proportionately across all securities in your account to cover these costs. We may do this without seeking prior instructions from you as detailed in the Additional Information Booklet.

Investment options

- You understand and acknowledge that neither the Trustee nor the Administrator nor any related or associated person or body corporate guarantees or makes any representations concerning the future performance of your investments in the Fund, any specific level of performance, any repayment of capital invested in the Fund or the success or tax effect of any strategy used or the success of overall management of your investments.

Super application form

Insurance

Group insurance

If you are applying for group insurance cover through the Fund:

- You acknowledge that you have received and read the Insurer's policy document.
- You understand and acknowledge that any insurance cover applied for under the Fund does not commence until:
 - a. Notification by the Trustee of the acceptance of your insurance is provided, and;
 - b. You have sufficient funds in your account to cover the cost of insurance premiums.
- If you have applied for insurance under the Tailored Cover option you may be entitled to Interim Accident Cover, subject to the limits and conditions applicable under the relevant insurance policy and set out in the Insurer's policy document.

Individual insurance

If you are applying for individual insurance through the Fund:

- You acknowledge that you have obtained, read and understood the product disclosure document relating to any individual insurance policy that you have selected.
- You understand and acknowledge that your selection of insurance cover has been made after obtaining independent advice from a licensed or authorised financial adviser having regard to your personal circumstances, risk profile, objectives or needs.
- You understand that neither the Trustee nor the Administrator nor any other company associated with the operation or administration of the Fund's insurance arrangements, guarantee suitability or performance of any available individual insurance policy or insurer.
- You understand and acknowledge that any individual insurance cover applied for under the Fund does not commence until you have been notified by (or on behalf) of the Trustee that the insurer has accepted your application for insurance cover and the relevant policy has been issued in terms that are satisfactory to the Trustee.
- You understand and acknowledge that if your cash holding in the Fund does not have sufficient money in it to meet the cost of your insurance cover, your insurance cover may cease.

Use of InvestorHUB

- You agree to only use InvestorHUB for purposes directly related to your account and the Fund and to keep your login details secure and confidential to prevent access to your account by another person (except your adviser) and to notify the Trustee immediately if you become aware of any unauthorised access to your account or InvestorHUB.
- You agree to comply with the terms and conditions of use of InvestorHUB, as amended from time to time and agree not to copy, tamper with, or damage any code, data, service or software provided in connection with InvestorHUB and the Fund, or attempt to do so.

I consent to the disclosure and use of my government issued identification document(s), details in those documents, personal information and to accessing the DVS for the purpose of verifying any government issued identity documents provided by me.

Applicant name *(please print in capitals your first, middle and surname)*

Signature

Date

Note: Your application to the Fund cannot be accepted without your signed declaration.

Super application form

*Section 12 Adviser declaration (adviser to complete)

- a. You accept the terms of the adviser transaction authority in Section 8 and agree to act in accordance with this authority and any written instructions you receive from the applicant (member). You agree to provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- b. You hold an Australian Financial Services Licence (AFSL), or you are authorised through a holder of a current AFSL.
- c. You confirm that your licence or authorisation enables you to deal in and advise on the Fund.
- d. You have provided the member with access to the current product disclosure statement or other disclosure document for each of their selected investments, including (without limitation) the current product disclosure statement for any managed portfolio option.
- e. You have provided the member with a current written recommendation to acquire the selected investments by investment through the Fund.
- f. You have fully disclosed all fees and costs associated with investing in or through the Fund including fees associated with Managed Portfolios managed by you, your dealer group or a related party.
- g. You confirm that any adviser fees payable to you as agreed by the member are for financial services relating solely to the Fund or its investments.
- h. You confirm that any changes to adviser fees will be signed off in writing by the member prior to making any such change.
- i. You declare that all information provided by you in this application form is true and correct.
- j. You release, discharge, and indemnify the Trustee, the Administrator and all of the Trustee's and Administrator's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from your appointment as the applicant's adviser, and all acts, matters and things done or purported to be done by you as the applicant's adviser even if not actually authorised by the applicant.

Adviser name

Authorised representative number

Adviser practice name

Licensee AFSL number

Licensee ABN

Adviser signature

Date

Note: Your application to the Fund cannot be accepted without your adviser's signed declaration.

Pension application form

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)
HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Fields marked with an asterisk (*) must be completed.

Section 1 Existing details

If you are an existing client, please provide your existing:

Account number

Section 2 Choice Menu Selection

Please select your investment menu:

Choice Menu

Section 3 Member details

*Title (tick one ✓)

Mr Mrs Ms Dr Other

*Gender (tick one ✓)

Male Female

*Date of birth (dd/mm/yyyy)

*Given name(s)

*Surname

*Tax File Number¹

Any other names known by

¹ Please complete and return the attached ATO Tax file number declaration with your Pension application. Your application will not be accepted if a valid TFN is not provided.

*Country of citizenship

Australia

Other:

*Occupation

Section 4 Contact details

You must provide a valid email address to receive all correspondence for your account. We will use this email address to notify you of any important changes and information relating to your account. By signing this application form you agree to notifications being received by email. In some circumstances, HUB24 Custodial Services Ltd (Administrator) may contact you using the details you provide.

Phone number (work)

Phone number (mobile or home)

*Email address¹

¹ Please note this cannot be your appointed adviser's email address.

*Residential address (this must be a street address. A PO Box number or c/- address will not be accepted)

Street address

Suburb

State

Postcode

Pension application form

Postal address (if different to above)

Postal address

Suburb

State

Postcode

Section 5 Rollovers/transfers/contributions

Specify all amounts to be rolled over, transferred or contributed into your pension account. All amounts must be received prior to commencement of your pension. You are taken to direct us to invest any monies received into your cash account until your investment options are implemented online by your adviser. If we have not received all expected amounts within 30 days of having received the first amount, we will generally start the pension with the amounts received up to that point. Any amounts received subsequently cannot be added to that pension, but can be used to start a new pension.

Rollover and/or contribution cheques to be made payable to: *HUB24 Custodial Services Ltd <full account name>*.

*Rollovers from an external Super fund

Please complete the attached Rollover form for each institution that you wish to transfer superannuation benefits from.

*Do you intend to rollover benefits from an external Super fund? YES NO

If yes, please specify the number of rollovers you intend to make:

Please list the approximate value of the rollover amounts below.

Rollover from	Account number	Amount
		\$
		\$
		\$
		\$

Internal transfer from an existing account you have in the Fund

Complete this section if you wish to transfer from an existing super account in the Fund.

Account number

Transfer a partial amount from the above account

\$

Close the above account and transfer the full balance

*Contributions

In addition to any rollovers or transfers you make, it is important you notify us of any amounts to be contributed to your pension before it is commenced. Once your pension starts, you can't add any more money to it.

*Do you intend to make a contribution in to your pension account? YES NO

If yes, please specify the approximate value of all contributions:

\$

Pension application form

To make a contribution via cheque or Direct Debit, please submit a Super and Pension Contribution Form available from your adviser.

If eligible and you intend to claim a tax deduction on member voluntary (personal) contributions, you must also submit a 'Notice of intent to claim or vary a deduction for personal super contributions' form available from your adviser before your pension commences. Once the pension commences you will no longer be able to make additional contributions or claim a tax deduction on any contributions you have made.

*Section 6 Pension type

Select the type of pension you are applying for.

- Account-based pension Transition to retirement (TTR) pension

*Section 7 Pension payment details

Payment type

Select one of the following pension amounts.

- Minimum
- Maximum (applicable only for TTR pensions)
- Specific annual amount \$

If you have selected a specific annual amount, you may select to increase¹ this amount at the beginning of each financial year.

- Increase by a specific percentage % OR
- Increase by the inflation rate (CPI)

¹ Where the specified annual amount or nominated increase results in an amount that is less than the minimum amount required under legislation, the minimum amount will be paid. Where the specified annual amount or the nominated increase results in an amount that is more than the maximum amount permitted under legislation (for TTR pensions) the maximum amount will be paid.

Payment frequency

Please nominate the month of your first pension payment¹. Payments will be paid on the 10th of each month (or next business day). You must receive at least one pension payment in each financial year. If you commence your pension between 1 June and 30 June in any year, you are able to defer your first payment to the next financial year.

- Commencement month² (mm/yyyy):
- Payments to occur Monthly Quarterly Half-yearly Yearly

¹ Your first pension payment will be paid only on the next available payment date after the Administrator has processed your application.

² If you do not specify a commencement month, we will commence your pension payment in the first available payment month.

Pension application form

*Section 8 Bank account details

The following bank account will be used for pension payments, and can only be changed on submission of a signed request.

Your nominated bank account must be held with an Australian financial institution and in your individual name or in a joint name with your spouse.

Bank <input type="text"/>	Applicant name <i>(please print in capitals your first, middle and surname)</i>
BSB <input type="text"/>	Signature
Account number <input type="text"/>	
Branch <input type="text"/>	Date
Account name <input type="text"/>	

Section 9 Beneficiary nomination

You may wish to nominate a death benefit beneficiary in relation to your account. You can make either a reversionary pension, lapsing binding, non-lapsing binding or a non-binding beneficiary nomination in relation to your account. To make a reversionary pension nomination, complete the 'Reversionary pension' section below. Alternatively, to make a lapsing binding, non-lapsing or non-binding nomination complete the attached Beneficiary Nomination form.

If no valid beneficiary nomination is made on your account, the Trustee will determine how your benefit will be distributed in the event of your death.

Reversionary pension

Please provide your spouse's details below if, you wish for a reversionary pension to be paid to a surviving spouse in the event of your death. Only a person who is regarded as your 'spouse' (as defined under superannuation laws) can be nominated as a reversionary beneficiary.

*Title *(tick one ✓)*

Mr Mrs Ms Dr Other

*Gender *(tick one ✓)*

Male Female

*Date of birth *(dd/mm/yyyy)*

Given name(s)

Surname

Residential address *(this must be a street address, a PO Box number or c/- address will not be accepted)*

Street address

Suburb

State

Postcode

Other beneficiary nomination type

Complete the attached Beneficiary Nomination form.

Pension application form

*Section 10 Appointment of adviser

Adviser details

Adviser name

Dealer group

Practice

Contact phone number

Adviser email address

Section 11 Managed portfolio authorisations

Authorisation of fees when you invest in a managed portfolio

I direct the Trustee to deduct the following fees from my cash account when investing in the managed portfolio(s) specified below and to pay them to the portfolio manager of the managed portfolio. I acknowledge and understand that:

- the portfolio manager may be my adviser's licensee or may be related to or an associate of my adviser's licensee and/or my adviser; and
- my adviser and my adviser's licensee may therefore directly or indirectly benefit from the payment of the fees to the portfolio manager.

Code	Managed portfolio name	Fees when you invest in a managed portfolio	Investment performance fee
		% p.a.	%
		% p.a.	%
		% p.a.	%
		% p.a.	%

Note: Where the fees have a tiered structure the highest fee has been used in the table above. For the full tiered fees when you invest in a managed portfolio (if applicable) refer to the relevant managed portfolio disclosure document.

Please consent and sign to the above fees below:

Applicant name <i>(please print in capitals your first, middle and surname)</i>
Signature
Date

Pension application form

Other managed portfolio authorisations

I understand that by signing the above direction, I am also acknowledging that:

- the fee(s) when I invest in a managed portfolio specified on this form are inclusive of GST but will not take into account any RITCs that may be claimed. Where applicable, the actual amounts that will be deducted from my cash account may be adjusted for RITCs that may be claimed in respect of these fees, and may therefore be less than the amounts I specify on the relevant form. The fees will be deducted monthly from my account.
- I have read the current disclosure documents applicable to the managed portfolio(s) I have selected.
- other investment costs relating to the managed portfolio's underlying investments may also apply.
- my adviser is responsible for placing an investment instruction into the managed portfolio(s) I have nominated in this section, and if an investment instruction is not received for the investment(s) within 60 days of receipt of this form, the Trustee may require a new consent for those investments.
- if I withdraw my consent in the future, I will need to sell down my investment in the managed portfolio.

Section 12 Adviser fees

I instruct the Trustee to deduct the agreed amount(s) of Adviser contribution fees, Ongoing adviser fees and/or One-off adviser fees set out below (**which includes GST**) from my cash account and pay my adviser for their services as provided to me. The fees specified below will not take into account any reduced input tax credits (RITCs) that may be claimed. Where applicable, the actual amounts that will be deducted from your cash account may be adjusted for RITCs that may be claimed in respect of these fees, and may therefore be less than the amounts you specify on the relevant form. The fees specified below exclude activity fees and other amounts incurred or payable to the Administrator. Any adviser fees are in addition to the Fund's other fees and costs, including administration fees, investment costs applicable to underlying investments, investment fees associated with Managed Portfolios or adviser brokerage. I may agree to pay more than one type of adviser fee.

Adviser contribution fee (initial)

Adviser contribution fee (initial) % of initial contribution(s) and/or \$

The maximum adviser contribution fee (initial) is 5.5% of your initial contribution(s) (including GST). Contribution fees may apply to amounts transferred or rolled over into the Fund (including in specie transfers) as well as internal transfers from a personal super account to a pension account.

Ongoing adviser fee

Fixed % amount p.a. % of my total account balance

Or

Tiered % p.a. of my total account balance:

From	To	Fee % p.a.
\$	\$	% p.a.
\$	\$	% p.a.
\$	\$	% p.a.
\$	\$	% p.a.
\$	\$	% p.a.

And/or a Fixed \$ amount p.a. \$ p.a.

Pension application form

Note: Where you specify a fixed % amount, that amount will be calculated on your total account balance, up to a maximum of 2.2% p.a. (including GST). Where you specify a fixed \$ amount p.a. you may agree with your adviser to automatically index this fee in line with the annual change in Consumer Price Index or a fixed percentage (up to 5% p.a.) on a specified month each year. We will accept your adviser's instructions in relation to indexation of ongoing adviser fees on your behalf. The amount payable is agreed between you and your adviser. The Trustee has a right to reject the fee amount.

One-off adviser fee

\$

Note: This fee may be charged multiple times in a financial year up to an aggregate of \$5,000 pa (including GST). Once that limit is reached, any further deductions for such fees from your cash account in the financial year may only be permitted with approval by or on behalf of the Trustee.

All adviser fees are negotiable with your adviser.

*Section 13 Declaration and signature

By signing this application form, you make the following declarations and acknowledgements:

General

- You declare that all details provided in this application form are true and correct.
- You have received and accepted this offer in Australia.
- You have received, read and understood the PDS (including any information incorporated into the PDS).
- You agree to be bound by the provisions of the Trust Deed (as amended from time to time) and the terms and conditions detailed in the PDS (as amended from time to time) (including the Additional Information Booklet and any other information incorporated into the PDS).
- You have received and read the relevant product disclosure statements or other disclosure documents for the investment option(s) you have selected to invest in.
- You have read and understand the information about privacy and tax file numbers in the PDS and in the Additional Information Booklet.
- You acknowledge that your membership of this product does not commence until the amount to commence your pension has been received and accepted by the Trustee.
- You declare that you are an Australian citizen, New Zealand citizen or permanent resident of Australia and are eligible for a pension by satisfying one of the following conditions of release:
 - You are aged 65 or more; or
 - After attaining age 60, you have ceased an arrangement under which you were gainfully employed; or
 - You have reached your preservation age, have ceased an arrangement under which you were gainfully employed and never again intend to be gainfully employed full-time or part-time (i.e. more than 9 hours per week); or
 - (For Transition to Retirement Pensions only) you have reached your preservation age.
- You acknowledge and agree that the Trustee will make Member statements, and any notifications regarding material changes or significant events affecting this product, available to you online through InvestorHUB and/or email rather than providing you with a paper copy by mail, and you acknowledge and agree that you will obtain this information or documents through InvestorHUB and/or email.
- You acknowledge that the Trustee is authorised to collect your TFN by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. The lawful purpose for which your TFN can be used and the consequences of not quoting your TFN may change in the future, as a result of legislative changes. The PDS sets out details of how the Trustee is authorised to use your TFN and also to whom the Trustee may disclose your TFN.
- You acknowledge we may make disclosure documents available to you electronically and we will notify you when they are available. You may opt out to this method of delivery; however, this may impact the provision of our service to you.
- You authorise the Trustee and the Administrator to deduct from your cash account such fees for advice, investment management and investment performance fees (if any) relating to any managed portfolio in which you have invested or for other services as may be agreed between you and your adviser, as set out in this application form and the PDS and the relevant product disclosure statement for any applicable managed portfolio.
- You authorise the Trustee and the Administrator, where amounts are owed to the responsible entity (RE) of a registered managed investment scheme (Scheme) through which managed portfolios are made available (for example because your investment in a managed portfolio has gone into negative balance) to obtain payment of that amount from your cash account as an alternative to obtaining payment from the applicable Scheme. You acknowledge that, if payment from your cash account is not possible, these amounts may be paid from the relevant Scheme.
- You direct us to invest any monies received into your cash account until we receive investment instructions from your adviser.
- If signing under a power of attorney, you declare that it is an Australian power of attorney and you are authorised under that power of attorney to sign this application form and have not received any notice of revocation of that power of attorney.

Pension application form

You and your adviser

- You confirm that your adviser has provided you with professional advice which includes the formulation of an investment strategy that has taken into consideration your personal objectives, financial situation and needs.
- You authorise your adviser to submit investment instructions to the Trustee on your behalf and acknowledge that, where your adviser provides instructions to the Trustee, the Trustee will act on those instructions without consulting you, unless you have elected to use the trade notification feature with your adviser.
- You understand that if a trade notification is received in relation to a rebalance or reallocation and you have not authorised the cancellation of the pending investment instructions within the permitted agreed timeframe, the Administrator may rebalance and/or reallocate your managed portfolio(s) by buying and selling specified securities in your account in accordance with the advice from the relevant manager from time to time.
- You understand that if a trade notification is received in relation to a rebalance or reallocation and you have authorised the cancellation of the pending investment instructions within the permitted agreed timeframe, the Administrator will not proceed with the rebalance or reallocation and will interpret the instruction as requiring withdrawal from that managed portfolio. If you have given alternative investment instructions within the permitted agreed timeframe, the Administrator will implement those instructions as set out in the Additional Information Booklet available from the product website – see front cover.
- You consent to your adviser receiving information on your behalf and agree not to hold the Trustee or Administrator responsible in any way for any transactions entered into by your adviser on your behalf.
- You and your adviser release, discharge, and indemnify the Trustee, the Administrator and all of the Trustee's and Administrator's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from your appointment of an adviser, and all acts, matters and things done or purported to be done by an adviser even if not actually authorised by you.

Adviser transaction authority

You authorise your adviser nominated above to give or carry out instructions regarding the operation of your account (including investments) as set out below. You understand that in giving or carrying out instructions your adviser may access your account details and transact on your account. You also understand that the Trustee or its service providers (including the Administrator) can accept and act on such instructions given by your adviser without requiring your signature, additional proof, instructions or further confirmation from you. The instructions or transactions for which this authority applies are:

- a. Investment of the initial contribution amount into your account in the Fund.
- b. Switching between investment strategies/underlying investment holdings including purchasing and selling investments.
- c. Changing a regular withdrawal amount (where permissible under relevant law).
- d. Starting or stopping a regular withdrawal amount (where permissible under relevant law).
- e. Changing the weightings of securities held in respect of your account.
- f. Making elections on dividend or distribution re-investment where applicable.
- g. Making elections in the case of corporate events in respect of securities held in your account outside managed portfolios.
- h. Establishing or varying regular investment plans or investment drawdowns.

Note: Your application to the Fund will not be accepted without this authority.

Personal information

- You understand that the Administrator and the Trustee may collect, hold or use your personal information for the purposes outlined in the PDS and the Additional Information Booklet or to comply with its obligations under Anti-Money Laundering and Counter Terrorism Financing laws and other laws from time to time.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in the Trustee's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- You authorise the Administrator and the Trustee to release information concerning your account, investments or superannuation entitlements to their service providers, to your adviser and to any responsible entity or to any service provider of a responsible entity of a scheme through which you have invested in a managed portfolio for the purposes of processing your application form and administering your investment in the Fund and the scheme.
- You acknowledge that neither the Trustee or the Administrator will be responsible or liable to you or any other person for any loss suffered where transactions are delayed, blocked, frozen or where we decline to process a transaction or cease to provide you with a product or service in circumstances where we are unable to establish your identity or where we reasonably believe you are a Proscribed Person.
 - A "Proscribed Person" means any person or entity who we reasonably believe to be:

Pension application form

- (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or
 - (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A "Proscribed Person" includes any person or entity who we reasonably believe to be acting on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).
- You consent to (unless you notify us in writing otherwise) your personal information being used by us to send you marketing information about other products and services offered or promoted by us, via telephone, electronic messages (including email), online and other means, for the purpose of marketing our and third parties goods and services, unless you notify us in writing that you do not wish us to do so.
- You acknowledge and understand that when verifying your identity:
 - we may disclose your personal information to a credit reporting agency (CRA) for the purpose of providing an assessment as to whether the personal information matches (in whole or in part) personal information contained in a credit information file in the possession or control of the CRA;
 - the CRA may provide us with the assessment for the purpose of verifying your identity for the purpose of the AML/CTF Act;
 - the CRA may use your personal information and the names, residential addresses and dates of birth contained in credit information files of other individuals for the purpose of preparing such an assessment, but not for any other purpose;
 - you are not or aware and have no reason to suspect that the monies contributed to the Fund, have been or will be derived from or released to any money laundering, terrorism financing or other activities deemed illegal, or that the proceeds of any withdrawals will be used to finance any illegal activities.
 - we may verify the validity of any government issued identity document that you provide to us for identity verification purposes through the Australian Government document verification service (DVS), you are authorised to provide the relevant government issued identity documents to us and HUB24 may disclose your personal information and government identity document information to the service provider that we use to access the DVS for this purpose.

Cash account minimum balance

- You agree to keep minimum cash balance in your cash account as disclosed in the PDS, or as amended from time to time by the Trustee and disclosed to you.
- You acknowledge that if you have a negative cash balance (where permitted, in limited circumstances described in the PDS), you will be charged interest for the duration of the negative balance.
- You acknowledge that the Administrator may sell securities proportionately across all securities in your account (to the extent reasonably practicable and unless otherwise agreed) to maintain at all times a minimum cash balance in your cash account. If you have other costs such as taxes and insurance costs incurred or payable in connection with your account, we may have to sell additional securities proportionately across all securities in your account to cover these costs. We may do this without seeking prior instructions from you as detailed in the Additional Information Booklet.

Investment options

- You understand and acknowledge that neither the Trustee nor the Administrator nor any related or associated person or body corporate guarantees or makes any representations concerning the future performance of your investments in the Fund, any specific level of performance, any repayment of capital invested in the Fund or the success or tax effect of any strategy used or the success of overall management of your investments.
- You understand that your investments in the Fund are subject to risks, including the risk that you may lose some or all capital, possible delays in repayment of some or all capital and/or failure to receive any income.
- You understand that an investment option may cease to be offered in the Fund at any time, at the discretion of the Trustee and accordingly, may affect the composition of investments in your account.
- You authorise the Administrator to exercise its discretion over your assets consistently with the investment strategy in accordance with investment instructions received from your adviser. You acknowledge that, while the Trustee will use reasonable endeavours to ensure the investment strategy is followed, it may not be able to do so in all situations and it is not intended to be binding on the Trustee.
- You understand that the Administrator undertakes corporate actions in respect of securities in your account and rebalances your managed portfolio(s) as a result of exercising any rights or entitlements attached to specified securities in your account in accordance with the advice from your adviser or from the managers of portfolios.

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- You understand that without your prior consent, any instructions provided by you via your adviser in relation to buy or sell orders under the direct market trading or aggregated trading service may not be fully implemented by us because of trade restrictions set out in the Additional Information Booklet, and we and our default broker reserve the right to reject or cancel orders pursuant to or as contemplated by the rules of the relevant exchange or clearing and settlement facility, or other relevant applicable laws.
- You understand and accept that:
 - if you invest in an illiquid investment, a period greater than 30 days may be required to process a withdrawal, rollover or switch request due to the illiquid nature of the investment. There is no maximum period in which a rollover or transfer request involving an illiquid or suspended investment will be processed. The time required by the Trustee to process such a request will vary, depending on the investment;
 - An investment is illiquid if:
 - it cannot be converted to cash within the time required after a portability request is properly made; or
 - converting it to cash within the time required would likely have a significant adverse impact on the realisable value of the investment; and
 - under difficult market conditions, some normally liquid assets may become illiquid, restricting our ability to sell them and to make withdrawal payments or process rollovers or switches without a significant delay.

Use of InvestorHUB

- You agree to only use InvestorHUB for purposes directly related to your account and the Fund and to keep your login details secure and confidential to prevent access to your account by another person (except your adviser) and to notify the Trustee immediately if you become aware of any unauthorised access to your account or InvestorHUB.
- You agree to comply with the terms and conditions of use of InvestorHUB, as amended from time to time and agree not to copy, tamper with, or damage any code, data, service or software provided in connection with InvestorHUB and the Fund, or attempt to do so.

I consent to the disclosure and use of my government issued identification document(s), details in those documents, personal information and to accessing the DVS for the purpose of verifying any government issued identity documents provided by me.

Applicant name *(please print in capitals your first, middle and surname)*

Signature

Date

Note: Your application to the Fund cannot be accepted without your signed declaration.

Pension application form

*Section 13 Adviser declaration (adviser to complete)

- a. You accept the terms of the adviser transaction authority in Section 10 and agree to act in accordance with this authority and any written instructions you receive from the applicant (member). You agree to provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- b. You hold an Australian Financial Services Licence (AFSL), or you are authorised through a holder of a current AFSL.
- c. You confirm that your licence or authorisation enables you to deal in and advise on the Fund.
- d. You have provided the member with access to the current product disclosure statement or other disclosure document for each of their selected investments, including (without limitation) the current product disclosure statement for any managed portfolio option.
- e. You have provided the member with a current written recommendation to acquire the selected investments by investment through the Fund.
- f. You have fully disclosed all fees and costs associated with investing in or through the Fund including fees associated with Managed Portfolios managed by you, your dealer group or a related party.
- g. You confirm that any adviser fees payable to you as agreed by the member are for financial services relating solely to the Fund or its investments.
- h. You confirm that any changes to adviser fees will be signed off in writing by the member prior to making any such change.
- i. You declare that all information provided by you in this application form is true and correct.
- j. You release, discharge and indemnify the Trustee, the Administrator and all of the Trustee's and Administrator's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from your appointment as the applicant's adviser, and all acts, matters and things done or purported to be done by you as the applicant's adviser even if not actually authorised by the applicant.

Adviser name

Authorised representative number

Adviser practice name

Licensee AFSL number

Licensee ABN

Adviser signature

Date

Note: Your application to the Fund cannot be accepted without your adviser's signed declaration.

Rollover form

Important – you may use this form in two different ways:

1. you can fill it out and send it directly to your current super fund to start the rollover process. Send HUB24 Custodial Services Ltd (Administrator) a copy of your completed form as well, if you'd like us to help track your rollover progress; or
2. you can fill it out and mail it directly to the Administrator.

Whether you send this form directly to your current super fund or to the Administrator, you must include an original certified copy of your identification for each rollover form or we cannot accept it. Refer to Additional information following Section 3 of this form.

Mail to:
WealthSolutions2 Super
GPO Box 529
Sydney NSW 2001

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)

HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Fields marked with an asterisk (*) must be completed.

Section 1 The Fund account details (this is the receiving fund)

Account number *(if known)*

*Title *(tick one ✓)*

Mr Mrs Ms Dr Other

Gender *(tick one ✓)*

Female Male

*Date of birth *(dd/mm/yyyy)*

*Tax file number

*Given name(s)

*Surname

Phone number *(work)*

Phone number *(mobile or home)*

*Email address

*Residential address *(this must be a street address, a PO Box Number or c/- address will not be accepted)*

Street address

Suburb

State

Postcode

Postal address *(if different to residential address)*

Postal address

Suburb

State

Postcode

Rollover form

Section 2 Details of the transferring fund and the amount to be transferred

Please attach an original certified copy of your ID to confirm your identification with the paying institution. See the Additional information section for accepted forms of identification. If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

Rollover cheques are to be made payable to: *HUB24 Custodial Services Ltd <full account name>*.

*Fund name

*Member/Account No

*Unique Superannuation Identifier (USI)

ABN

Transfer the entire balance of my account and close the account upon completion

Specify your approximate account value \$

OR

Transfer a partial amount of my account \$

Previous name/address details (if relevant)

Enter the details provided to your other provider if they differ to the details supplied in Section 1. Any change of name must be supported by the relevant linking documents (e.g. copy of marriage certificate, deed poll or decree nisi).

Title (*tick one* ✓)

Mr Mrs Ms Dr Other

Given name(s)

Surname

Phone number (*work*)

Phone number (*mobile or home*)

Email address

Residential address (*this must be a street address, a PO Box Number or c/- address will not be accepted*)

Street address

Suburb

State

Postcode

Postal address (*if different to residential address*)

Postal address

Suburb

State

Postcode

Rollover form

*Section 3 Declaration and signature

You agree and declare that:

- All details provided in this form are correct.
- You request and authorise the transfer of superannuation as described in Section 2 and authorise the Trustee and the trustee of your other superannuation fund nominated above to give effect to the transfer of your benefit to the Fund.
- You understand that a transfer of superannuation is subject to the terms and conditions of your other fund, including all relevant fees and/or possible loss of any benefits including insurance cover.
- You authorise the Fund to obtain information regarding your superannuation account and acknowledge that this notice is irrevocable in giving this authority.
- You discharge the trustee of your other fund from any further liability in respect of any amount you have requested to be transferred once the benefit has been transferred to the Fund.
- You approve the deduction of any fees by your other superannuation fund (if applicable) from the benefit transferred (subject to legislative restrictions).
- You are aware that you may ask your superannuation fund for information relating to any fees or charges that may apply, or any other information about the effect this transfer may have on your benefits and have obtained or do not require such information.
- You acknowledge and understand that the Trustee cannot provide you with advice about the transfer of your benefit to the Fund and that if you require such advice you should consult your financial adviser.
- You understand that in certain cases the Trustee may be required to deduct tax from the untaxed portion (if applicable) of the transferred amount.
- If a full transfer has been requested, you request that any contributions received by your previous fund after payment of your benefit be transferred to your account with the Fund.
- You consent to your tax file number being disclosed for the purposes of processing your request.
- You acknowledge that the Trustee is authorised to collect your TFN by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. The lawful purpose for which your TFN can be used and the consequences of not quoting your TFN may change in the future, as a result of legislative changes. The PDS sets out details of how the Trustee is authorised to use your TFN and also to whom the Trustee may disclose your TFN.

Applicant
Full name <i>(please print in capitals your first, middle and surname)</i>
Signature
Date

Additional information

Accepted forms of identification:

1. Certified true copy of a current:
 - a. Driver's licence, or
 - b. Passport, or
 - c. Proof of age card.

OR

2. Certified copies of:
 - a. Birth certificate, or
 - b. Citizenship certificate, or
 - c. Pension card.

AND copies of a notice from either of the following that shows your current address:

- a. Commonwealth, State or Territory Government within the last 12 months that indicates the provision of a financial benefit (e.g. a letter from Centrelink regarding a Government assistance payment), or
- b. ATO within the last 12 months recording a debt or refund (e.g. a Notice of Assessment), or
- c. Local council or utilities provider within the last three months with details of the provision of a service (e.g. an electricity bill or phone bill).

Rollover form

The Fund's Certificate of Compliance

We hereby confirm that under the Trust Deed governing the HUB24 Super Fund ('the Fund'), that:

- i. The Trustee of the Fund administers the Fund as a 'complying fund' under the Superannuation Industry (Supervision) Act 1993 ('the Act'). All compliance notices have been received from the Australian Prudential Regulation Authority. The Trustee has no reason to believe its complying status will be withdrawn in the future by the Australian Prudential Regulation Authority. The Fund is a resident regulated superannuation fund within the meaning of the Act and is not subject to a direction under section 63 of that Act.
- ii. The Fund's Trust Deed allows transferred/rollover benefits to be accepted by the Fund.
- iii. Members can only be paid 'Preserved Benefits' from the Fund upon:
 - their retirement on or after attaining their preservation age, in accordance with the Act, or
 - death or total and permanent disablement, or
 - other circumstances, as provided for under the Act.
- iv. Transferred benefits are fully vested in the member.
- v. No borrowings can be made by members.
- vi. The full name of the Fund is:
HUB24 Super Fund
ABN: 60 910 190 523
USI: 60910190523001

The Fund accepts contributions from members and employers on behalf of members. Members are accepted to the Fund upon completion of an application form and the receipt of an initial deposit.

Should you require any further information, please do not hesitate to contact us on 1300 854 994 or email admin@hub24.com.au.

Notes to the Rollover form

Important Information

This transfer may close your account with the transferring fund – you will need to check this with your transferring fund.

This form **cannot** be used to:

- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

What happens if I do not quote my TFN?

The Trustee requires all applicants for an account in the Fund to provide a valid TFN before they can be accepted as a member of the Fund. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

What happens to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits from.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit ato.gov.au or call the Australian Taxation Office (ATO) on **13 10 20**.

Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your transferring fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees. The receiving fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super you will have to retire on – for example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your transferring fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have – other funds may not offer insurance, or may require you to pass a medical examination before they cover you.
- When considering a new fund, you should consider checking the costs and amount of any cover offered.

Rollover form

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sign the original and the copy and make sure both documents are

identical, then make sure all pages have been certified as true copies by writing or stamping '**certified true copy**' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)

- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

Where do I send the form?

You can send your completed and signed form with your certified proof of identity documents to either the transferring or the receiving fund.

More information

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at moneysmart.gov.au
- ATO website at ato.gov.au/super

Beneficiary Nomination form

Mail to:
WealthSolutions2 Super
GPO Box 529
Sydney NSW 2001

Tel: 1300 854 994
Fax: 1300 781 689
Email: admin@hub24.com.au

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)
HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Complete this form if you wish to nominate a beneficiary in relation to your account. You can make either a lapsing binding (3 year expiry), non-lapsing binding or a non-binding death benefit nomination.

If you have more than one account in the Fund, you must complete a separate Beneficiary Nomination form for each account in which you wish to make such a nomination (showing the applicable Account number).

Fields marked with an asterisk (*) must be completed.

Section 1 Member details

Account number *(if known)*

Product type *(Super or Pension)*

*Title *(tick one ✓)*

Mr Mrs Ms Dr Other

*Date of birth *(dd/mm/yyyy)*

*Given name(s)

*Surname

*Section 2 Confirm the reason for completing this form (please select one option)

By submitting this death benefit nomination, you revoke and replace all previous nominations.

- You are establishing a new death benefit nomination
 You are amending an existing death benefit nomination
 You are cancelling your death benefit nomination (complete sections 1, 2, 5 and 6 only)

Section 3 Nomination type (please select one option)

What type of death benefit nomination do you wish to make?

- Lapsing binding (3 year expiry)
 Non-binding
 Non-lapsing binding

Beneficiary Nomination form

*Section 4 Beneficiary details

Legal Personal Representative	Allocation <input type="text"/> %
-------------------------------	-----------------------------------

Beneficiary 1	
Given name(s) <input type="text"/>	Surname <input type="text"/>
Gender (tick one ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) <input type="text"/>
Relationship (tick one ✓) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other dependant	Allocation <input type="text"/> %

Beneficiary 2	
Given name(s) <input type="text"/>	Surname <input type="text"/>
Gender (tick one ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) <input type="text"/>
Relationship (tick one ✓) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other dependant	Allocation <input type="text"/> %

Beneficiary 3	
Given name(s) <input type="text"/>	Surname <input type="text"/>
Gender (tick one ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) <input type="text"/>
Relationship (tick one ✓) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other dependant	Allocation <input type="text"/> %

Beneficiary 4	
Given name(s) <input type="text"/>	Surname <input type="text"/>
Gender (tick one ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) <input type="text"/>
Relationship (tick one ✓) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Other dependant	Allocation <input type="text"/> %

Beneficiary Nomination form

*Section 5 Member declaration and signature

You agree and declare that:

- You have read and understood the information in the PDS (including any information incorporated into the PDS) on beneficiary nominations and the requirements of this form.
- For lapsing binding nominations:
 - this nomination (if valid) will remain in effect for three years from the date you have signed, or last amended, and
 - the Trustee will be legally bound to pay your death benefit to the beneficiaries nominated on this form provided the form is valid and less than 3 years old.
- For non-lapsing binding nominations:
 - this nomination (if valid) will remain in effect even if your circumstances change, until you either revoke your nomination or update your nomination, and
 - the Trustee will be legally bound to pay your death benefit to the beneficiaries nominated on this form provided this nomination is valid and has been accepted by the Trustee.
- If this form is found to be invalid at the time of your death, the Trustee will treat the invalid nomination as a non-binding nomination (i.e. the Trustee will consider the nominated beneficiaries provided by you, but is not legally bound to follow the nomination).
- Your nomination may be revoked or amended by completing a new Beneficiary Nomination form.
- It is your responsibility to periodically review your nomination and ensure it remains valid and continues to reflect your wishes. Your annual member statement will reflect any beneficiary nomination you have in place.
- This form will revoke and replace all previous death benefit nominations.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in the Trustee's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.

Applicant name
Signature
Date D D / M M / Y Y Y Y

*Section 6 Witness declaration and signature (mandatory)

You agree and declare that:

- You have witnessed the member sign and date this Beneficiary Nomination form in your presence.
- You are over the age of 18 and are not listed as a beneficiary on this form.

Witness 1 Full Name
Witness 1 Signature
Date D D / M M / Y Y Y Y

Witness 2 Full Name
Witness 2 Signature
Date D D / M M / Y Y Y Y

Note: This date for the witnesses' signature must be the same as the date stated in Section 5 Member declaration and signature.

Beneficiary Nomination form

Important notes to read when completing this form:

- Complete all sections of this form unless you are cancelling an existing beneficiary nomination (in which case, complete sections 1, 2, 5 and 6 as applicable).
- Ensure total allocation for beneficiaries equals 100%.
- Each beneficiary allocation can be up to 2 decimal places.
- It is mandatory for the applicant and witnesses to sign and date the form on the same day in each other's presence.
- You can nominate dependant(s), your legal personal representative, or a combination of both. If you nominate your legal personal representative, it is important that you have a valid will and keep it up-to-date, as the Trustee must pay your death benefit to your estate.
- If any of the nominated beneficiaries on this form die before you do or, no longer qualify as your dependant at the time of your death, your nomination will be invalid.
- If you exceed the number of beneficiaries, please provide the same membership details on a separate form with any additional beneficiaries.
- Dependants include the following:
 - Spouse, including de facto partners and legal same-sex partners
 - Child, including child of a spouse
 - Interdependent, including someone who shares with you a close personal relationship, lives together with you, one or each of you provides the other with financial support, and one or each of you provides the other with domestic support and personal care
 - Any other person who the Trustee considers was financially dependent on you at the date of your death.
 - Please note that any nominated beneficiaries must fall under one of the above categories.
- We will not accept a binding beneficiary nomination made under a power of attorney.

This page has been left blank intentionally.



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

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

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 What is your date of birth?

Day / Month / Year

7 On what basis are you paid? (select only one)

Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer?

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 Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

Date Day / Month / Year

You MUST SIGN here

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

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

Date Day / Month / Year

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

Return the completed original ATO copy to:

Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT

See next page for:
■ payer obligations
■ lodging online.



30920619

Sensitive (when completed)

How to complete the Tax File Number Declaration

Question 1

What is your tax file number (TFN)?

Your super fund is authorised by the Superannuation Industry (Supervision) Act 1993 to collect your TFN on this form.

It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

Question 2-5

Complete with your personal information.

Question 6

On what basis are you paid?

Check with your payer if you are not sure.

Question 7

Are you an Australian resident for tax purposes?

Generally, you are considered to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and do not set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

ⓘ Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

Answer no to this question if you are not an Australian resident for tax purposes, unless you are in receipt of an Australian Government pension or allowance. If you answer no, you must also answer no at question 10.

Question 8

Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Otherwise answer **no**.

Question 9

Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

ⓘ Claim tax offsets with only one payer

You are not entitled to reduce your withholding amounts, or claim the seniors and pensioners tax offset (SAPTO), with more than one payer at the same time.

If you receive income from more than one source and need help with this question, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.

How your income affects the amount of your tax offset

You must meet the eligibility conditions to receive SAPTO.

Your rebate income, not your taxable income, determines the amount of SAPTO, if any, you will receive.

Answer **yes** if you are eligible and choose to claim SAPTO with this payer. To reduce the amount withheld from payments you receive during the year from this payer, you will also need to complete a Withholding declaration (NAT 3093).

Answer **no** if one of the following applies:

- you are not eligible for SAPTO
- you are already claiming SAPTO with another payer
- you are eligible but want to claim your entitlement to the tax offset as a lump sum in your end-of-year income tax assessment.

How to complete the Tax File Number Declaration

Question 10

Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?

① Claim tax offsets with only one payer

You are not entitled to claim tax offsets with more than one payer at the same time.

You may be eligible for one or more of the following:

- a zone tax offset if you live or work in certain remote or isolated areas of Australia
- an overseas forces tax offset if you serve overseas as a member of Australia's Defence Force or a United Nations armed force
- an invalid and invalid carer tax offset.

Answer **yes** to this question if you are eligible and choose to receive tax offsets by reducing the amount withheld from payments made to you from this payer. You also need to complete a Withholding declaration (NAT 3093).

Answer **no** to this question if you are either:

- not eligible for the tax offsets
- a foreign resident
- choose to receive any of these tax offsets as an end-of-year lump sum through the tax system
- are already claiming the offset from another payer.

Question 11

(a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, SSL or TSL debt.

Answer **no** if you do not have a HELP, SSL or TSL debt, or you have repaid your debt in full.

① You have a HELP debt if either:

- the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP or SA-HELP.
- you have a debt from the previous Higher Education Contribution Scheme (HECS).

(b) Do you have a Financial Supplement debt?

Answer **yes** if you have a Financial Supplement debt.

Answer **no** if you do not have a Financial Supplement debt, or you have repaid your debt in full.

Have you repaid your HELP, SSL, TSL or Financial Supplement debt?

When you have repaid your HELP, SSL, TSL or Financial Supplement debt, you need to complete a Withholding declaration (NAT 3093) notifying your payer of the change in your circumstances.

Group Insurance Application form

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)
HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Instructions

You can use this Group Insurance Application form (the Forms) to apply:

- for Standard Cover within 60 days of joining the HUB24 Super Fund (the Fund);
- for Tailored Cover at any time; and
- to transfer existing insurance in another superannuation fund or with another insurer to the Fund.

Please attach an insurance quote which your adviser can obtain from AdviserHUB under Insurance>Group Insurance Calculator.

For insurance transfers, please include a statement from your current provider confirming the existing level of insurance. This statement cannot be older than 6 months.

Please note that cover will not commence until the Insurer accepts your application for insurance.

Some of the insurance terms used in this form are defined elsewhere, please refer to Section 6 Insurance in your super in the Additional Information Booklet and the relevant group policy, which is available from your adviser or by contacting us.

Types of insurance application (tick one)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Standard Cover application | Complete sections 2, 3, 4, 8 and 9 |
| <input type="checkbox"/> Tailored Cover application | Complete sections 2, 3, 5, 8 and 9 |
| <input type="checkbox"/> Insurance Transfer application | Complete sections 2, 3, 6, 8 and 9 |

Section 1 Duty of disclosure

Your Duty of Disclosure to TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL, Insurer) is set out below.

Before you enter into a life insurance contract with an insurer, you have a duty to tell the Insurer anything that you know, or could reasonably be expected to know, that may affect their decision whether to insure you and, on what terms.

You have this duty until the Insurer agrees to insure you. You have the same duty before you extend, vary, or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to them about.

If the insurance is for the life of another person and that person does not tell the insurer everything he or she should have, this may be treated as a failure by you to tell the insurer something that you must tell them.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time reduce the amount that you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering in the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

Group Insurance Application form

Section 2 Applicant details

If any of your answers are unclear, we may contact you as this can save unnecessary delays.

Title (tick one ✓) Mr Mrs Ms Dr Other Gender (tick one ✓) Male Female Date of birth (dd/mm/yyyy)

Account number Have you smoked tobacco in the last 12 months? No Yes If yes, how many cigarettes do you smoke per day:

Given name(s) Surname

Residential address (this must be a street address, a PO Box Number or c/- address will not be accepted)

Suburb State Postcode

Email address

Preferred contact number Secondary contact number

Please provide name and member number of any family members who have or are applying for Group Insurance through the fund

Note: You may receive up to a 5% family discount on insurance costs if an immediate family member has Group Insurance cover in the Fund.

Section 3 Occupation details

Name of current employer

Employment status¹ Self-employed Employee (full time) Employee (part-time) Casual Not working Domestic duties Hours per week

Your main occupation (job title) Industry of your main occupation

What are the main duties of your occupation and percentage of time in each? (e.g. office work, sales, supervision, manual)

<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"/> %

Annual income before tax \$

¹ You must be working at least 15 hours per week to be eligible for income protection cover within the Fund.

Group Insurance Application form

Section 4 Eligibility questions for Standard Cover

Complete this section if applying for Standard Cover

	Yes	No
1 Are you, due to Illness or Injury, currently absent from work, or restricted or unable to perform your full and normal duties of your usual occupation on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time or casual?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you ever been paid or are you eligible to be paid, or have you lodged or are you entitled to lodge or in the process of lodging a claim for any Illness or Injury through the Fund, Workers' Compensation, other Government benefits (e.g. sickness benefit, invalid pension) or any insurance policy providing total and permanent disablement, terminal illness or income protection type cover, or accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been diagnosed with, or do you suffer from, an Illness or Injury that may cause permanent inability to work or a Terminal Illness (as defined under the Fund's insurance policy)?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever had an application for death, total and permanent disablement, trauma or income protection declined?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever had an application for death, total and permanent disablement, trauma or income protection cover accepted and offered with a loading, limitation or exclusion added for insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you have answered Yes to questions 1 to 5, you are ineligible to apply for Standard cover. If you still wish to apply for insurance through the Fund, you may apply for Tailored Cover by completing sections 2, 3, 5, 8 and 9.

Section 5 Applications for Tailored Cover

5.1 Cover requested

Death sum insured

TPD sum insured¹

Income protection monthly benefit²

Benefit period

Waiting period

	Yes	No
A Is this an increase?	<input type="checkbox"/>	<input type="checkbox"/>
B Have you ever held or applied for any life, disability, accident and sickness or trauma insurance, that was declined, postponed, had the premium increased or modified, or had a current policy cancelled or renewal refused?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you claimed on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation or Motor Vehicle Third Party?	<input type="checkbox"/>	<input type="checkbox"/>
D Do you have, or are you applying for, any other life or disability cover?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to B, C and/or D, please provide full details below.

¹ TPD cover is only available in conjunction with death cover and cannot be purchased alone. The total of all TPD cover held under your group insurance policy cannot exceed that total death sum insured.

² The maximum level of cover is 75% of your Declared Earned Income.

Group Insurance Application form

Name of company	Cover type	Sum insured/ monthly benefit	Date of application or claim	Decision	State any loadings/ exclusions	Duration of claim	Recovery %	Is other cover to be replaced? Y or N
		\$	/ /					
		\$	/ /					
		\$	/ /					

Please provide any details of premium loadings and/or exclusions for existing insurance.

If a claim has been made, please advise details including dates, reason, treatment, degree of recovery and time off work.

5.2 Habits and activities

	Yes	No	
A Have you smoked any substance other than tobacco in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please specify: Type of substance Frequency of use When last smoked <input type="text"/> <input type="text"/> <input type="text"/>
B Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please state the: a. quantity of alcohol consumed per day (in standard units) <input type="text"/> Standard Unit = 1 Nip (30ml) spirits, 1 glass (100ml) of wine, 285ml glass of beer b. type of alcohol <input type="text"/>
C Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete a drug use or alcohol consumption questionnaire.
D Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger travelling over recognised routes), football, scuba diving, motor sports, trail bike riding or rock climbing?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please complete a sports and pastimes statement.
E Except for holidays, do you intend to live or travel anywhere outside Australia, New Zealand, Western Europe or North America within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide details below: Where When Duration <input type="text"/> <input type="text"/> <input type="text"/> Reason <input type="text"/>
F Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa?	<input type="checkbox"/>	<input type="checkbox"/>	If no to F, please advise type of visa, expiry date, plans for applying for permanent residency and nationality/current citizenship: <input type="text"/> <input type="text"/> <input type="text"/>

Group Insurance Application form

5.3 Medical details

A	Height (cm)	Weight (kg)
Please state your:	<input type="text"/>	<input type="text"/>
B Name of your usual doctor or medical centre		
<input type="text"/>		
Address		
<input type="text"/>		
State	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
C Details of last medical consultation with your usual doctor or medical centre:		
Date	Reason	
<input type="text"/>	<input type="text"/>	
Outcome/results		
<input type="text"/>		
D If you have attended that doctor for less than 12 months, name of previous doctor:		
<input type="text"/>		
Address		
<input type="text"/>		
State	Postcode	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Group Insurance Application form

5.4 Your medical history

You will need to provide details for all 'Yes' answers in Part 5.5

	Yes	No
1 Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
A Chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
B Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition?	<input type="checkbox"/>	<input type="checkbox"/>
C Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder?	<input type="checkbox"/>	<input type="checkbox"/>
D Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)?	<input type="checkbox"/>	<input type="checkbox"/>
E Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout?	<input type="checkbox"/>	<input type="checkbox"/>
F Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition?	<input type="checkbox"/>	<input type="checkbox"/>
G Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
H Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse?	<input type="checkbox"/>	<input type="checkbox"/>
I Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)?	<input type="checkbox"/>	<input type="checkbox"/>
J Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
3 In the last 5 years have you engaged in any activity reasonably expected to having an increased risk of exposure to the HIV/AIDS virus? (This includes unprotected anal sex, sex with a sex worker or sex with someone you know, or suspect to be HIV positive).	<input type="checkbox"/>	<input type="checkbox"/>
4 Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
5 Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
6 Apart from any condition already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis?	<input type="checkbox"/>	<input type="checkbox"/>
7 Apart from any condition already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

Group Insurance Application form

		Yes	No
8 Family history			
Has any of your immediate family (mother, father, brother or sister), before the age of 65, suffered from heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:			
Relationship to you	Medical condition (e.g. breast cancer, heart attack, type 1 or 2 diabetes)	Age	
		when diagnosed	at death (if applicable)

5.5 Supplementary medical questionnaire

Please provide details for all 'Yes' answers given to questions in Part 5.4. Please complete on a separate sheet if required.

	Condition 1	Condition 2	Condition 3	Condition 4
Specify condition				
A Date symptoms first started and description of symptoms.				
B What was the condition and which part and side of the body was affected?				
C What was the medical diagnosis including results of tests and investigations?				
D What was the frequency (daily, weekly, etc) of attacks or symptoms?				
E What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
F How long were you unable to work or perform your normal duties/activities?				
G If a hospital visit was required, please provide date and duration of your stay.				
H What advice/ treatment did you receive?				

Group Insurance Application form

	Condition 1	Condition 2	Condition 3	Condition 4
I Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
J Date treatment/medication ceased.				
K When did you last suffer from any symptoms?				
L Degree of recovery (%).				
M Please supply the name and address of all doctors, hospitals or other practitioners consulted.				
N Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Section 6 Transfer cover

If you hold insurance cover (existing insurance) in another superannuation fund or directly with an insurer, you can apply to transfer such existing insurance to increase your existing group insurance cover in the Fund. Maximum limits apply.

The transfer of any existing insurance is subject to acceptance by the Insurer. The transferred cover in the Fund will commence on the later of the date:

1. the Insurer accepts in writing this application to transfer cover; and
2. your existing insurance is cancelled.

What type of cover can be transferred?

Death Only and Death and Total and Permanent Disablement cover, up to \$2,000,000. However, the total amount of Death Only or Death and Total and Permanent Disablement cover you hold in the Fund after the transfer cannot exceed \$3,000,000.

You can also apply to transfer income protection (IP) cover, up to \$20,000 per month. However, the total amount of IP cover you hold in the Fund and the transfer cannot exceed \$25,000 per month.

Please note – cover cannot be transferred if the cover you are transferring is subject to:

1. more than two medical exclusions;
2. a loading of more than 100%;
3. a loading of +50% and two medical exclusions; or
4. a loading of +100% and any medical exclusion.

Instructions

To apply to transfer your existing insurance you will need to:

1. complete sections 2, 3, 6, 8 and 9 of this form,
2. attach evidence, if applicable, and
3. attach an up-to-date member statement (dated within 6 months from the date of this application) from your other super fund or individual insurer confirming the type and level of your existing insurance and the terms of acceptance.

To be eligible to apply to transfer your existing insurance, you must, as at the date of transfer acceptance, be:

1. under age 60; and
2. not engaged in a hazardous occupation (as defined below).

A 'hazardous occupation' means an occupation that the Insurer determines as an occupation involving hazardous or very heavy manual work and/or presenting particular underwriting difficulties. Some examples are (this is not an exhaustive list): factory workers involved in highly repetitive and unskilled duties; fishermen; firemen; police; ambulance drivers/paramedics; forestry workers; labourers; linesmen working over 10 metres; mining groups or drilling, exploration and explosive related industries; any underground/underwater workers; offshore oil rig workers; prison services workers; professional divers; professional sports people or entertainers; seasonal workers/industries with a high proportion of seasonal or casual workers (e.g. fruit picking); truck drivers; workers at heights – including riggers, scaffolders, roof workers and antenna erectors.

If you are not sure whether your current occupation is considered a hazardous occupation you can contact the Fund on 1300 854 994 for more information.

Do not cancel your existing insurance until you receive confirmation in writing that your transfer has been accepted.

Group Insurance Application form

6.1 Existing insurance details

Use this section to provide us with the details of your existing insurance with one or more superannuation fund or insurer. If you require additional space, you can either re-print this page or handwrite the details and provide to us with your application.

1) Name of superannuation fund or insurance company holding my existing insurance

Member/policy number

I confirm that the details of my existing insurance are as follows:

Death, TPD and Income Protection cover

	Death	TPD	Income protection (Monthly benefit)
Amount of cover (\$)			
Date cover started (dd/mm/yyyy)			
Acceptance terms			

Income protection cover – additional information

Waiting period	Benefit period

2) Name of superannuation fund or insurance company holding my existing insurance

Member/policy number

I confirm that the details of my existing insurance are as follows:

Death, TPD and Income Protection cover

	Death	TPD	Income protection (Monthly benefit)
Amount of cover (\$)			
Date cover started (dd/mm/yyyy)			
Acceptance terms			

Income protection cover – additional information

Waiting period	Benefit period

Group Insurance Application form

6.2 Eligibility questions to transfer cover

Before you complete the following questions, please make sure that you have read and understood your Duty of Disclosure under section 1.

If you answer 'Yes' to questions 1-5, you are not eligible to transfer your existing insurance using this application. Please complete the Tailored Cover sections if you still wish to apply for insurance cover.

NOTE: If you answer 'Yes' to question 6, you may also be ineligible to transfer your insurance cover. Please refer to section 6 'What type of cover can be transferred' for important information regarding medical exclusions and loadings.

	Yes	No
1 Are you currently off work, or unable to perform the full and normal duties of your Occupation on a full-time basis (for at least 30 hours per week) even if your actual Employment may be full-time, part-time or casual?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you, in the last 12 months been absent from work or unable to fully perform: <ul style="list-style-type: none"> a. the duties of your usual occupation (whether employed or unemployed); or b. your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties; due to Illness or Injury (other than cold or flu) for more than six days?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been diagnosed with, or do you suffer from, an Illness that may cause permanent inability to work or a Terminal Illness (as defined under the Fund's insurance policy)?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any Illness or Injury through the Fund, Workers' Compensation, other Government benefits (such as sickness benefit, invalid pension) or any insurance policy providing terminal illness, total and permanent disablement or income protection cover, or accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions? If you have answered 'Yes' to question 6, please provide details in the box below.	<input type="checkbox"/>	<input type="checkbox"/>

Group Insurance Application form

Section 7 Privacy statement

The Trustee, HUB24 Custodial Services Ltd (Administrator), and the Insurer understand that the information you provide is confidential and take all reasonable steps to meet current privacy law obligations. Links to each of these respective policies is set out below and a copy of them is available free of charge on request.

The Insurer's (TAL) Privacy Policy is available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

The Trustee's privacy policy can be found at www.eqt.com.au/global/privacystatement.

The Administrator's privacy policy can be found at www.hub24.com.au/Privacy.

The Trustee, the Administrator and the Insurer may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made.

The Trustee, the Administrator and the Insurer may collect or disclose personal and sensitive information relating to you, your application or any claim you may make to a range of third parties including: financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers, claim investigators and other third party service providers. If we are unable to collect information from you or about you, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless the Trustee, the Fund Administrator or the Insurer is legally entitled to deny access.

If you want to know more about the Trustee's, the Administrator's or the Insurer's approach to privacy or you want to know more about your application, you can contact the Administrator on 1300 854 994.

Section 8 Adviser brokerage

Please indicate the brokerage percentage your adviser is charging (**inclusive of GST**). This fee will not take into account any RITCs that may be claimed. Where applicable, the actual amount that will be deducted from your cash account may be adjusted for RITCs that may be claimed in respect of this fee, and may therefore be less than the amount you specify on this form.

Adviser brokerage %

Note: The maximum Adviser brokerage amount is 22% of the cost of your insurance including GST.

Section 9 Declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Section 1 above and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief, all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge that I have received, read and understood the PDS (including any information incorporated into the PDS) in relation to this group insurance.
- I, the Applicant, authorise the Insurer and the Trustee to contact my current fund or insurer to obtain confirmation of any information I have provided on this form, and to obtain copies from that fund or insurer of any health or medical information I have provided in relation to that cover. A photocopy of this authority is as effective and valid as the original.
- I have read the privacy statement in the Fund's Additional Information Booklet and in Section 7 of this application, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by the Trustee, the Administrator, and the Insurer or its external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information the Trustee, the Administrator or the Insurer collects on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in the Trustee's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- If using this form to transfer cover, I understand that this new insurance cover is intended to replace my previous cover. Accordingly, I confirm that I will not apply for a continuation option, or reinstatement my existing cover, with the current fund or insurer.
- If using this form to transfer cover, I confirm that since the cover to be transferred was issued by the current insurer, I have not had an application for life insurance, disability insurance or other related insurance cover declined, deferred or offered on special terms.
- If using this form to transfer cover, I will cancel my existing insurance cover upon receipt of confirmation from the Trustee that my application has been accepted.

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- I elect for the Trustee to take out and maintain insurance to provide the benefits, even if:
 - my account balance in the Fund is less than \$6,000; or
 - I am under the age of 25 years.

I acknowledge that, by submitting this application, I have elected for the benefits to continue in accordance with superannuation law regardless of the factors above (subject to meeting the policy terms including premium requirements), and that I can cease the insurance by submitting a request to the Administrator.

By ticking this box, you consent to maintaining your insurance cover in the event that your account becomes inactive for a continuous period of 16 months.

Should you elect to not tick this box, we will be required to cancel all your insurance policies in the event your account is inactive for a continuous period of 16 months.

We will warn you, at intervals of 9, 12 & 15 months, that your insurance will cease at 16 months unless you either make a contribution to the fund or make an election, at that time, to maintain your cover.

Full name of Member
Signature
Date

Life Events form

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)

HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Instructions

- TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL, Insurer) is the insurer for group insurance cover in the Fund.
- To apply for an increase to your existing Tailored Cover with the Fund due to a Life Event, you should complete this form and provide evidence of the Life Event satisfactory to TAL. An acceptable form of evidence of a Life Event is a certified copy of the relevant document(s) outlined in Section 5 of this form confirming the occurrence of the following Life Event:
 - Birth of your child or adoption of a child by you
 - Your dependent child starting secondary school
 - Your marriage or divorce; or
 - Taking out a new mortgage to purchase your primary residence, or you increase your existing mortgage to renovate your primary residence.
 - A 'certified copy' is a true copy of an original document that has been sighted and certified by an 'acceptable person' and noted as follows: 'I certify that I have sighted the original document and this is a true copy of it.' This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated.
 - An 'acceptable person' is any of the following: legal practitioner, Justice of the Peace, Magistrate, Notary Public, police officer, dentist, veterinary practitioner, pharmacist, accountant, Member of Parliament, minister of religion and medical practitioner.

Please note that you are not eligible for an increase of your existing cover due to a Life Event if:

- Your application form is not received by the Fund within 90 days of the Life Event or within 30 days from issuing of your latest statement following the occurrence of the Life Event
- You are 60 years of age or older at the time of this application
- You are engaged in a 'hazardous occupation' (as defined below); or

- You are not eligible for an increase in cover due to a life event under the Fund's insurance Policy or according to Section 4 of this form.

A 'hazardous occupation' means an occupation involving hazardous or very heavy manual work and some examples of 'hazardous occupations' are as follows (but this is not an exhaustive list):

- factory workers involved in highly repetitive and unskilled duties
- fishermen
- firemen, police, ambulance drivers/paramedics
- forestry workers
- labourers
- linesmen working over 10 metres
- mining groups or drilling, exploration and explosive related industries; any underground/underwater workers
- offshore oil rig workers
- pilots and aircrew of commercial airlines
- prison services;
- professional divers
- professional sports people or entertainers
- seasonal workers/industries with a high proportion of seasonal or casual workers (e.g. fruit picking)
- truck drivers
- workers at heights – including riggers, scaffolders, roof workers, antenna erectors.

If you are not sure whether your current occupation is considered a hazardous occupation you can contact the Fund on **1300 854 994** for more information.

Any increase in cover does not commence until you receive confirmation in writing that your application to increase cover has been accepted by TAL.

Some of the insurance terms used in this form are defined elsewhere, please refer to Section 6 Insurance in your super in the Additional Information Booklet and the relevant group policy, which is available from your adviser or by contacting us.

Section 1 Applicant details

If any of your answers are unclear, we may contact you by telephone, as this can save unnecessary delays.

Member number

Occupation*

Title (tick one ✓)

Mr Mrs Ms Dr Other

Gender (tick one ✓)

Male Female

Date of birth (dd/mm/yyyy)

Given name(s)

Surname

Postal address

Suburb

State

Postcode

Life Events form

Email address

Preferred contact number

Secondary contact number

* You will not be accepted if your occupation is a 'hazardous occupation' (as defined on the front page of this form).

Amount of existing cover in the Fund	
Death Only	\$
Death and TPD	\$
Income Protection (per month)	\$
Insured percentage of salary [†]	%

[†] Refer to the definition of 'salary' in Section 3 of this form.

Section 2. Life event

Please complete the applicable details below:

Event	Date of Life Event
Birth of your child	/ /
Adoption of a child by you	/ /
Your child starts secondary school	/ /
Your marriage or divorce	/ /
New mortgage*	/ /
Increase of existing mortgage [†]	/ /

* Date of drawdown of the new mortgage.

[†] Date of drawdown of the additional mortgage.

Section 3. Additional cover required

What is the additional amount of cover required?

Type of cover	Amount required
Death Only	\$
Death and TPD	\$
Income Protection (per month)	\$

Death Only or Death and TPD cover

The amount of additional cover you nominate must be the same type as your existing cover (Death Only or Death and TPD) and cannot exceed the lesser of:

1. \$200,000
2. The total amount of the mortgage, or the amount of increase in the mortgage (if applicable); and
3. 25% of your existing cover in the Fund.

The maximum total level of Death Only, or Death and TPD cover after the increase is \$3,000,000.

Income Protection cover

The amount you nominate for Income Protection cover cannot exceed the lesser of:

1. 25% of your existing cover in the Fund; and
2. \$2,500 per month.

The maximum total level of income protection cover after the increase will be the lesser of the following:

1. \$25,000 per month; and
2. Your selected insured percentage or 75% of your salary, plus superannuation contribution benefit of up to 10% of your salary (if you have selected this benefit).

Where 'salary' means:

For an Employed person:

- a. the annual remuneration received from personal exertion, including base salary, bonuses, fees, regular overtime, commission and fringe benefits in the last 12 months, but not including employer superannuation guarantee contributions, investment income, income received from deferred compensation plans, disability income policies or retirement plans and income not derived from personal exertion, and
- b. where applicable, includes motor vehicle, regular overtime, regular allowances, and regular commissions averaged over 3 years immediately preceding commencement of Total Disability.

Life Events form

For a Self-Employed person:

- a. The annual income generated by the person from his or her personal exertion, before the deduction of income tax for his or her business (or the relevant portion for part of a financial year), calculated by averaging the person's Net Income* per year for the last two years immediately preceding commencement of Total Disability, or the period from the date the person commenced to be Self-Employed for less than a period of two years.

* 'Net Income' means the person's gross income from personal exertion, less all expenses incurred by that person in earning that income.

Note: For the avoidance of doubt, 'salary' does not include employer superannuation guarantee contributions that are required to be made to meet your employer's superannuation guarantee obligations, award or industrial agreement obligations. However, 'salary' does include employer voluntary superannuation contributions made under an effective salary sacrifice arrangement.

Section 4 Eligibility questions

At the date of this application:

	Yes	No
1 Have you successfully applied for an increase in cover due to a Life Event in the previous 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2 Are you currently absent from work, or unable to perform all the duties of your main occupation on a full-time basis (for at least 30 hours per week), even if your actual Employment may be full-time, part-time or casual?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been diagnosed, or do you suffer from, an Illness that may cause permanent inability to work or a Terminal Illness (as defined under the Fund's insurance Policy)?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever had an application for death, total and permanent disablement or income protection cover declined or accepted but offered with alternative terms such as, a loading, limitation or exclusion added for insurance (including but not limited to pre-existing condition exclusions, or restrictions in regards to medical or other conditions)?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever been paid or are you eligible to be paid, or have you ever claimed, or are you eligible to claim or in the process of lodging a claim, for any Illness or Injury through the Fund, Workers' Compensation, other Government benefits (such as sickness benefit, invalid pension) or any insurance policy providing total and permanent disablement, Terminal Illness or income protection type cover, or accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you answered 'Yes' to any of the above questions in this Section 4, you are not eligible to receive increased cover using this form. You may still apply to increase cover by completing a Member's Personal Statement form which is available by contacting the Fund.

Section 5 Attachments

The table below outlines the documents you need to attach to this application.

Type of Life Event	Evidence required
Birth of your child	Birth certificate
Adoption of a child by you	Order effecting an adoption or an entry in a public official record of the adoption of a child
Your child starts secondary school	Declaration (please complete Section 6 of this form)
Your marriage	Australian marriage certificate or an equivalent overseas marriage certificate recognised in Australia
Your divorce	Divorce order
New mortgage for the purchase of your home (primary residence)	<ol style="list-style-type: none"> Mortgage statement/Official statement from the lender stating: <ul style="list-style-type: none"> Name of borrower Date and amount of drawdown Address of security Declaration (please complete Section 6 of this form)

Life Events form

Type of Life Event	Evidence required
Increase of existing mortgage of your home (primary residence)	<ol style="list-style-type: none">Mortgage statement/Official statement from the lender stating:<ul style="list-style-type: none">Name of borrowerDate and amount of drawdownAddress of securityProof of settlement letter from your lawyerDeclaration (please complete Section 6 of this form)Quotation for renovation/ improvement

Section 6 Declaration

Please complete this declaration if you are applying for increased cover due to any of the following Life Events:

- Your child starting secondary school.
- A new mortgage for the purchase of your home (primary residence).
- Increasing your existing mortgage for renovating your home (primary residence).

Given name(s)

I,

Address

of

do solemnly and sincerely declare that (tick appropriate box):

my child has started secondary school (dd/mm/yyyy)

the address above and the property described is/will be my primary residence.

Signature of Member
Date

Life Events form

Section 7 Duty of disclosure

Your Duty of Disclosure to TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL, Insurer) is set out below.

Before you enter into a life insurance contract with an insurer, you have a duty to tell the Insurer anything that you know, or could reasonably be expected to know, that may affect their decision whether to insure you and, on what terms.

You have this duty until the Insurer agrees to insure you. You have the same duty before you extend, vary, or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to them about.

If the insurance is for the life of another person and that person does not tell the insurer everything he or she should have, this may be treated as a failure by you to tell the insurer something that you must tell them.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time reduce the amount that you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering in the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

Section 8 Privacy statement

The Trustee, HUB24 Custodial Services Ltd (Administrator), and the Insurer understand that the information you provide is confidential and take all reasonable steps to meet current privacy law obligations. Links to each of these respective policies is set out below and a copy of them is available free of charge on request.

The Insurer's (TAL) Privacy Policy is available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

The Trustee's privacy policy can be found at www.eqt.com.au/global/privacystatement.

The Administrator's privacy policy can be found at www.hub24.com.au/Privacy.

The Trustee, the Administrator and the Insurer may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made.

The Trustee, the Administrator and the Insurer may collect or disclose personal and sensitive information relating to you, your application or any claim you may make to a range of third parties including: financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers, claim investigators and other third party service providers. If we are unable to collect information from you or about you, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless the Trustee, the Fund Administrator or the Insurer is legally entitled to deny access.

If you want to know more about the Trustee's, the Administrator's or the Insurer's approach to privacy or you want to know more about your application, you can contact the Administrator on 1300 854 994.

Life Events form

Section 9 Declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Section 7 of this form and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief, all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge that I have received, read and understood the PDS (including any information incorporated by reference into the PDS) in relation to the group insurance.
- I authorise TAL and the Trustee to contact any relevant authority to obtain confirmation of any information I have provided on this form, and to obtain copies from that authority of relevant documents. A photocopy of this authority is as effective and valid as the original.
- I authorise and direct any authorities, or medical or other practitioner, to divulge at any time to the Trustee and TAL or to any lawfully constituted tribunal any and all information concerning this application, including but not limited to my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the Privacy Statement in the Fund's Additional Information Booklet and in Section 8 of this form, and consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee, the Administrator and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process this application or any claim I may make. This consent applies to any health and sensitive information that the Trustee or TAL collects on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in the Trustee's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- I have read and understood the Fund's Additional Information Booklet, and understand that if this Application is accepted, my increased cover will be subject to the terms and conditions of the Fund's insurance Policy.

Signature

Date

Please sign and return this form by post to:

WealthSolutions2 Super
GPO Box 529
Sydney NSW 2001

Application to increase Income Protection Cover due to a Salary Increase form

HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) (Trustee)
HUB24 Super Fund (ABN 60 910 190 523) (Fund)

Instructions

1. TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL, Insurer) is the insurer for insurance cover in the Fund.
2. To apply for an increase to your existing cover with the Fund due to an increase in your salary, you should complete this form and attach the evidence of a salary increase satisfactory to TAL.

An acceptable form of evidence of a salary increase is a certified photocopy of a statement from your employer, confirming the amount and effective date of the increased salary. The statement from your employer must not be older than six months at the date of your application.

- The copy must be a 'certified copy'. A 'certified copy' is a true copy of an original document that has been sighted and certified by an 'acceptable person' and noted as follows: 'I certify that I have sighted the original document and this is a true copy of it.' This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated.
- An 'acceptable person' is any of the following: legal practitioner, Justice of the Peace, Magistrate, Notary Public, police officer, dentist, veterinary practitioner, pharmacist, accountant, Member of Parliament, minister of religion and medical practitioner.

Please note that you are not eligible for an increase of your existing cover due to an increase of your salary if:

1. Your application is not received by the Fund within 60 days of the salary increase
2. You are 60 years of age or older at the time of this application
3. You are engaged in a 'hazardous occupation' (as defined below), or
4. You are not eligible for an increase in insurance cover due to a salary increase under the Fund's insurance Policy or according to Section 5 of this form.

A hazardous occupation means an occupation involving hazardous or very heavy manual work, and some examples of 'hazardous occupations' are as follows (but this is not an exhaustive list):

- a. factory workers involved in highly repetitive, unskilled duties
- b. fishermen
- c. firemen, police, ambulance drivers/paramedics
- d. forestry workers
- e. labourers
- f. linesmen working over 10 metres
- g. mining groups or drilling, exploration and explosive related industries, as well as any underground/underwater workers
- h. offshore oil rig workers
- i. pilots and aircrew of commercial airlines
- j. prison services
- k. professional divers
- l. professional sports people or entertainers
- m. seasonal workers/industries with a high proportion of seasonal or casual workers e.g. fruit picking
- n. truck drivers
- o. workers at heights – including riggers, scaffolders, roof workers, antenna erectors.

If you are not sure whether your current occupation is considered a hazardous occupation you can contact the Fund on **1300 854 994** for more information.

Any increase in cover does not commence until you receive confirmation in writing that your application to increase cover has been accepted by TAL.

Some of the insurance terms used in this form are defined elsewhere, please refer to Section 6 Insurance in your super in the Additional Information Booklet and the relevant group policy, which is available from your adviser or by contacting us.

Section 1 Applicant details

If any of your answers are unclear, we may contact you as this can save unnecessary delays.

Title (tick one ✓) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	Gender (tick one ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mm/yyyy) <input type="text"/>	Member number <input type="text"/>
Given name(s) <input type="text"/>		Surname <input type="text"/>	
Postal address <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	

Application to Increase Income Protection Cover Due to a Salary Increase Form

Email address

Your preferred contact number

Your secondary contact number

Section 2 Occupation details

Name of current employer

Employment status¹

Self-employed

Employee (full time)

Employee (part-time)

Casual

Not working

Domestic duties

Hours per week

Your main occupation (job title)

Industry of your main occupation

What are the main duties of your occupation and percentage of time in each? (e.g. office work, sales, supervision, manual)

 %

 %

 %

 %

 %

 %

¹ You must be working at least 15 hours per week to be eligible for income protection cover within the Fund. You will not be accepted if your occupation is a 'hazardous occupation' (as defined on the front page of this form).

Section 3 Salary details

Please complete the following information regarding your recent salary increase:

Previous salary (per annum)	\$
Current/new salary (per annum)	\$
Date of salary increase (dd/mm/yyyy)	/ /

Application to Increase Income Protection Cover Due to a Salary Increase Form

Section 4 Additional cover required

What is the additional amount of income protection cover required?

Amount required per month	\$
Amount of existing cover in the Fund	\$
Existing income protection cover (per month)	\$
Insured percentage of salary*	%

The amount of increase you nominate for your income protection cover cannot exceed the lesser of:

1. 25% of your existing cover
2. \$2,500 per month.

The maximum total level of income protection cover after the increase will be the lesser of the following:

- \$25,000 per month, and
- Your selected insured percentage or 75% of your salary, plus a superannuation contribution benefit of up to 10% of your salary (if you have selected the superannuation contribution benefit as part of your Income Protection cover).

* Where salary means:

For an Employed person:

- a. the annual remuneration received from personal exertion, including base salary, bonuses, fees, regular overtime, commission and fringe benefits in the last 12 months, but not including employer superannuation guarantee contributions, investment income, income received from deferred compensation plans, disability income policies or retirement plans and income not derived from personal exertion, and
- b. where applicable, includes motor vehicle, regular overtime, regular allowances, and regular commissions averaged over 3 years immediately preceding commencement of Total Disability.

For a Self-Employed person:

- a. the annual income generated by the person from his or her personal exertion, before the deduction of income tax for his or her business (or the relevant portion for part of a financial year), calculated by averaging the person's net income[†] per year for the last two years immediately preceding commencement of Total Disability (or net income per year for the period from the date the person commenced to be Self-Employed for less than a period of two years).

Note: For the avoidance of doubt, salary does not include employer superannuation guarantee contributions that are required to be made to meet your employer's superannuation guarantee obligations, award or industrial agreement obligations. However, salary does include employer voluntary superannuation contributions made under an effective salary sacrifice arrangement.

[†] 'Net income' means the person's gross income from personal exertion, less all expenses incurred by that person in earning that income.

Application to Increase Income Protection Cover Due to a Salary Increase Form

Section 5 Eligibility questions

At the date of this application:

		Yes	No
1	Have you successfully applied for an increase in cover due to a salary increase in the previous 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you currently absent from work, or unable to perform all of the duties of your main occupation on a full-time basis (for at least 30 hours per week), even if your actual Employment may be full-time, part-time or casual?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been diagnosed, or do you suffer from, an Illness that may cause permanent inability to work or a Terminal Illness (as defined under the Fund's insurance Policy)?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever had an application for death, total and permanent disablement or income protection cover declined or accepted but offered with alternative terms such as, a loading, limitation or exclusion added for insurance (including but not limited to pre-existing condition exclusions, or restrictions in regards to medical or other conditions)?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever been paid or are you eligible to be paid, or have you ever claimed, or are you eligible to claim or in the process of claiming, for any Illness or Injury through the Fund, Workers' Compensation, other Government benefits (such as sickness benefit, invalid pension) or any insurance policy providing total and permanent disablement, Terminal Illness or income protection type cover, or accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you answered 'Yes' to any of the above questions in this Section 5, you are not eligible to receive increase cover using this form. You may still apply to increase cover by completing a Member's Personal Statement form which is available by contacting the Fund.

Application to Increase Income Protection Cover Due to a Salary Increase Form

Section 6 Duty of disclosure

Your Duty of Disclosure to TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL, Insurer) is set out below.

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You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to them about.

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If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

Section 7 Privacy statement

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The Trustee's privacy policy can be found at www.eqt.com.au/global/privacystatement.

The Administrator's privacy policy can be found at www.hub24.com.au/Privacy.

The Trustee, the Administrator and the Insurer may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made.

The Trustee, the Administrator and the Insurer may collect or disclose personal and sensitive information relating to you, your application or any claim you may make to a range of third parties including: financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers, claim investigators and other third party service providers. If we are unable to collect information from you or about you, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless the Trustee, the Fund Administrator or the Insurer is legally entitled to deny access.

If you want to know more about the Trustee's, the Administrator's or the Insurer's approach to privacy or you want to know more about your application, you can contact the Administrator on 1300 854 994.

Application to Increase Income Protection Cover Due to a Salary Increase Form

Section 8 Declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Section 6 of this form and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief, all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge that I have received, read and understood the PDS (including any information incorporated by reference into the PDS) in relation to the group insurance.
- I authorise TAL and the Trustee to contact any relevant authority to obtain confirmation of any information I have provided on this form, and to obtain copies from that authority of relevant documents. A photocopy of this authority is as effective and valid as the original.
- I authorise and direct any authorities, or medical or other practitioner, to divulge at any time to the Trustee and TAL or to any lawfully constituted tribunal any and all information concerning this application, including but not limited to my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the Privacy Statement in the Fund's Additional Information Booklet and in Section 7 of this form, and consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee, the Administrator and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process this application or any claim I may make. This consent applies to any health and sensitive information that the Trustee or TAL collects on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in the Trustee's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- I have read and understood the Fund's Additional Information Booklet, and understand that if this application is accepted, my increased cover will be subject to the terms and conditions of the Fund's insurance Policy.

Signature

Date

Please sign and return this form by post to:

WealthSolutions2 Super
GPO Box 529
Sydney NSW 2001

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Please return completed forms to

ClearView WealthSolutions2
GPO Box 529, Sydney NSW 2001
1300 854 994
admin@hub24.com.au

wealthsolutions2.com.au

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