

The JR Superannuation Fund is a division of IOOF Employer Super. IOOF Employer Super is one of many products and services offered by the IOOF group.

JR
SUPERANNUATION FUND



Forms booklet

How to get started

In this guide you will find out about:

- the application forms included in this booklet
- the three easy steps you need to follow to set up your account
- how to make additional contributions into your super account (once it has been set up) using BPAY®.

Which forms to complete

Form	When to complete this form
New Member Form – Employer Division	Employer Division members can complete this form to update details or amend/select available options.
Personal Superannuation Application	You need to complete this form to set up a personal super account.
Pension Application	You need to complete this form to set up a pension account.
Binding Death Benefit Nomination	You need to complete this form to make a Binding Death Benefit Nomination.
Non-Binding Death Benefit Nomination	You need to complete this form to make a Non-Binding Death Benefit Nomination.
Request to Transfer	You need to complete this form to transfer monies into the JR Superannuation Fund from another superannuation fund.
Application for Insurance	You may need to complete this form if you are applying for or changing your insurance cover.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact a member of the client services team on (07) 3222 8444 or your Pitcher Partners adviser. Please note that our client services team is not authorised to give you investment or financial product advice.

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Step-by-step guide to opening your account

Once you have read the PDS and discussed your investment strategy with your Pitcher Partners adviser, you are ready to set up your account.

How to set up your account

Step 1	Complete the relevant Application form and all other forms that are relevant to you.
Step 2	If sending a cheque for your application, make it payable to: IPS – JR Super – [your full name or account number] For example, if your name is Robert Brown, your cheque should be made payable as follows: IPS – JR Super – Robert Brown. If you have completed one or more Request to Transfer forms, attach the signed original(s) to the application(s).
Step 3	Attach your cheque to your Application form, and post the Application and all other completed forms to the following address: JR Superannuation Fund GPO Box 1144 BRISBANE QLD 4001

We will send you a Welcome Pack, normally within seven business days of joining, confirming your personal details and investment strategy.

BPAY details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY

Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	To make contributions via the BPAY facility, simply log on to your personal account on our website www.pitcher.com.au/Brisbane to obtain your biller code and unique Customer Reference Number (CRN) information. If you are not registered for access to your account details, this information is also available by calling our client services team.
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.

Please forward all correspondence and enquiries to

Applications & forms

Post GPO Box 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

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New Member Form – Employer Division

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided. *Indicates a mandatory field or section. If you do not complete all of the mandatory fields or sections, there may be a delay in processing your request.

1 Member details

Member status	<input type="checkbox"/> New member	<input type="checkbox"/> Existing member	Member number	J	R															
Employer/Company name	<input type="text"/>																			
Employer code	<input type="text"/>																			
*Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Surname	<input type="text"/>														
*Given name(s)	<input type="text"/>																			
*Tax File Number ¹	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current residential address																				
*Unit No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Street No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
*Street name	<input type="text"/>																			
*Suburb	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										*State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to above)																				
*Unit No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Street No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
*Street name/PO Box	<input type="text"/>																			
*Suburb	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										*State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (home)	<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"/>	Phone (work)	<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"/>
Mobile	<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"/>	*Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Email address	<input type="text"/>																			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				*Occupation	<input type="text"/>													
* (P)ermanent/(C)asual	<input type="checkbox"/>				*If casual, number of hours worked per week	<input type="text"/>	<input type="text"/>													

1 Important information on providing Tax File Numbers

- We cannot accept personal contributions unless you have provided a valid Tax File Number (TFN).
- Please read the information on collection of Tax File Numbers (TFNs) in the Product Disclosure Statement before providing your TFN as you are not obliged to disclose your TFN, but if you do not there may be tax consequences.

2 Nomination of beneficiaries

You may complete a Binding Death Benefit Nomination form or a Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting our client services team. Otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative on behalf of your estate.

New Member Form – Employer Division

3 Investment strategy

Please nominate the type of investment strategy:

MySuper default investment strategy (100% IOOF Balanced Investor Trust)

OR

Choice investment strategy² (Please provide further details below. If you require more space or wish to select listed investments or term deposits (which cannot be nominated below) please go to our website and download the New Member Investment Authority).

Investment code	Investment fund name	Allocation
<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"/> <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"/> %
<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
TOTAL (must equal 100%)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

To see the full range of investment options, codes and details of investment performance, contact our client services team for assistance.

² If no investment strategy is nominated, the MySuper default investment strategy will apply.

*4 Contribution eligibility requirement

I am under 65 years of age

OR

I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year

OR

Only mandated contributions (SG or award) will be made to this account

5 Insurance cover

Default insurance

Death and TPD

Do you require additional Death and TPD cover above the default level of \$3 per week?

Yes* No

Additional Death and TPD cover available (these options must be exercised within 120 days of joining your employer).

- \$4 per week
- \$5 per week
- \$6 per week

Income protection

Do you require additional Income Protection cover above the default level of \$2,000 per month with a 90 day waiting period and a 2 year benefit period?

Yes* No

Additional Income Protection cover available (these options must be exercised within 120 days of joining your employer).

- \$4,000 per month with a 90 day waiting period and a 2 year benefit period
- \$5,000 per month with a 90 day waiting period and a 2 year benefit period
- \$6,000 per month with a 90 day waiting period and a 2 year benefit period

* If you have selected Yes, for additional Death and TPD and/or Income Protection cover, you **must complete** the Insurance application – top-up default form available from our website or by contacting our client services team. If you require cover above what is listed above please complete an Application for Insurance available in this forms booklet, from our website or by contacting our client services team.

New Member Form – Employer Division

6 Transfer of existing super

Do you have any previous super funds that you would like to transfer into the Fund? Yes No

If Yes, please complete a Request to Transfer form available from our website or by contacting our client services team.

7 Additional super contributions

Do you want to make any of the following additional contributions? (For a full description on the types of contribution payments below, please refer to the PDS).

Salary sacrifice (pre tax salary or wages)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal (after tax salary or wages)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spouse contributions	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have selected 'Yes' to any of these options you will need to liaise directly with your payroll officer to arrange for their deduction from your salary or contact your Pitcher Partners adviser.

8 Member declaration

Important note: Information provided to the Trustee is primarily used for the purpose of opening a superannuation account and for other ancillary purposes detailed in the PDS and Privacy Policy, for example: assisting your financial adviser in providing you with advice, facilitating requested insurance and to provide you with statements through mail houses. The Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, mail houses, professional advisers, businesses that may have referred you to the Trustee, medical professionals where you have applied for insurance cover, banks and other financial institutions.

The Trustee is required to collect your personal information under *the Superannuation Industry (Supervision) Act 1993* and *the Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. If you do not provide all of the requested information, the Trustee will not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients. Your personal information will be used in accordance with the Trustee's Privacy Policy. The Privacy Policy contains information about how you may access or correct your personal information held by the Trustee and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Privacy Policy by contacting our client services team on (07) 3222 8444 or through the IOOF website at www.ioof.com.au/privacy.

- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and Privacy Policy.
- I confirm that all details supplied in this form are true and correct.
- I understand that by electing the MySuper default investment strategy I will only be invested in the IOOF Balanced Investor Trust and MySuper fees will apply to my account.
- I understand that by electing a Choice investment strategy I have access to the full investment menu and Choice fees will apply to my account.

Member signature

Date / /

New Member Form – Employer Division

9 Employer use only

*Date commenced employment / / Category Current salary \$

I have acted in accordance with the instructions in section 7 regarding additional super contributions Yes No

I declare that the employee was at work on the date of commencing employment. I understand that if the employee was absent due to a public holiday or a weekend, this is classified as being at work Yes No

Reason employee was not at work on commencing employment

Authorised signature

Date / /

Name

Position

Contact phone number

Please forward all correspondence to

Applications & forms

Post GPO Box 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Personal Superannuation Application

Before you sign this Application form, the Trustee or your Pitcher Partners adviser is obliged to give you a PDS, which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided. *Indicates a mandatory field or section. If you do not complete all of the mandatory fields or sections, there may be a delay in processing your request.

1 Personal details

*Title	<input type="text"/>	*Surname	<input type="text"/>
*Given name(s)	<input type="text"/>		
*Tax File Number ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current residential address			
*Unit No	<input type="text"/>	*Street No	<input type="text"/>
*Street name	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
		*Postcode	<input type="text"/>
Postal address (if different to above)			
*Unit No	<input type="text"/>	*Street No	<input type="text"/>
*Street name/PO Box	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
		*Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>		<input type="text"/>
		*Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
*Email address	<input type="text"/>		
*Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>
Employer name (if employer is contributing)	<input type="text"/>		
*Occupation	<input type="text"/>	(P)ermanent/(C)asual	<input type="checkbox"/>
Employer's phone number	<input type="text"/>	If casual, number of hours worked per week	<input type="text"/>
If you are retired or not currently working, please provide the date you were last gainfully employed	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>

1 Important information on providing Tax File Numbers

- We cannot accept personal contributions unless you have provided a valid Tax File Number (TFN).
- Please read the information on collection of Tax File Numbers (TFNs) in the PDS before providing your TFN. Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your TFN, but if you do not, there may be tax consequences.

2 Nomination of beneficiaries

You may complete a Binding Death Benefit Nomination form or a Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting our client services team. Otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative on behalf of your estate.

Personal Superannuation Application

3 Investment strategy

You are required to make an investment choice as part of your application. If you have not made a decision about your future investment strategy, you can choose to invest in the Cash Account until you make another investment choice. Alternatively, if you wish the Trustee to take responsibility for your investments, you can choose to invest all of your super into the IOOF MySuper default investment strategy.

Cash account

OR

MySuper default investment strategy (100% IOOF Balanced Investor Trust)

OR

Choice investment strategy (Please provide further details below. If you require more space or you wish to select listed investments or term deposits (which cannot be nominated below) please go to our website and download the New Member Investment Authority).

Investment code	Investment fund name	Allocation
<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"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> %
Total (must equal 100%)		<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0. <input type="text"/> 0 <input type="text"/> 0 %

To see the full range of investment options, codes and details of investment performance, visit our website or contact our client services team for assistance.

*4 Contribution eligibility requirement

I am under 65 years of age

OR

I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year

OR

Only mandated contributions (SG or award) will be made to this account

5 Contribution details

Details of the contribution included with this application

Rollovers/transfers	\$	<input type="text"/>
Personal contribution	\$	<input type="text"/>
Salary sacrifice contribution	\$	<input type="text"/>
Superannuation guarantee contribution	\$	<input type="text"/>
Spouse contribution	\$	<input type="text"/>
Total contribution amount	\$	<input type="text"/>

6 Insurance cover

This fund offers death, death and total & permanent disablement and income protection insurance. You may apply for insurance cover by completing the Application for Insurance form available in this forms booklet, from our website or our client services team.

Personal Superannuation Application

7 Transfer of existing super

Do you have any previous super funds that you would like to transfer into the Fund? Yes No

If Yes, please complete a Request to Transfer form available in this forms booklet, from our website or by contacting our client services team.

8 Member advice fees

Choose your fee option. Fees should be provided including GST. Where the default fee is not selected, all boxes for the relevant fee option must be completed. Blank boxes will default to nil.

Member Advice Fee – Upfront
Up to a maximum of 5.50% of each contribution:

<input type="checkbox"/> Contributions	<input type="text"/>	%
<input type="checkbox"/> Transfers/rollovers (not applicable to transfers from existing accounts within IOOF Employer Super)	<input type="text"/>	%

Member Advice Fee – Ongoing

. % pa (up to a maximum of 2.20% pa of account balance)

AND/OR

\$ (up to a maximum of \$18,000 pa)

Member Advice Fee – Insurance
Up to a maximum of 50% of each insurance premium:

Primary: Death or Death & TPD cover	<input type="text"/>	% pa
Additional: Death or Death & TPD cover	<input type="text"/>	% pa
Income protection cover	<input type="text"/>	% pa

OR

Up to a maximum of \$18,000 pa \$

Notes:

- Maximum fees above include GST.
- For further information on adviser remuneration and advice fees, please refer to the PDS.

Member advice fees (if applicable)

- I authorise the Trustee to charge the member advice fee(s) selected in section 8 against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, as agreed by me, will be an additional cost to me and charged against my super account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, until I instruct the Trustee to cease payment.

Member signature Date / /

Adviser name **PITCHER PARTNERS CORPORATE FINANCE LIMITED**

Licensee name **PITCHER PARTNERS CORPORATE FINANCE LIMITED**

AFSL No Adviser code Dealer code

Adviser signature Date / /

Personal Superannuation Application

9 Member declaration

Important note: Information provided to the Trustee is primarily used for the purpose of opening a superannuation account and for other ancillary purposes detailed in the PDS and Privacy Policy, for example: assisting your financial adviser in providing you with advice, facilitating requested insurance and to provide you with statements through mail houses. The Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, mail houses, professional advisers, businesses that may have referred you to the Trustee, medical professionals where you have applied for insurance cover, banks and other financial institutions.

The Trustee is required to collect your personal information under *the Superannuation Industry (Supervision) Act 1993* and *the Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. If you do not provide all of the requested information, the Trustee will not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients. Your personal information will be used in accordance with the Trustee's Privacy Policy. The Privacy Policy contains information about how you may access or correct your personal information held by the Trustee and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Privacy Policy by contacting our client services team on (07) 3222 8444 or through the IOOF website at www.ioof.com.au/privacy.

- I have received and read the PDS, including the section outlining my Duty of Disclosure. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and Privacy Policy.
- I confirm that all details supplied in this form are true and correct.
- I understand that by electing the MySuper default investment strategy I will only be invested in the IOOF Balanced Investor Trust and MySuper fees will apply to my account.
- I understand that by electing a Choice investment strategy I have access to the full investment menu and Choice fees will apply to my account.
- I understand that the insurer will not be able to process my application, administer my insurance or process a claim if my Application for Insurance is not provided.
- I confirm that I have read and understood the instructions on how to complete the application form.

Member signature³ Date / /

3 We require an original Personal Superannuation Application form.

If you are under 18 we require a parent/guardian to co-sign this application here:

Parent/guardian signature Date / /
Parent/guardian full name

Please forward all correspondence and enquiries to

Applications & forms

Post GPO Box 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Pension Application

Before you sign this application form, the Trustee or your Pitcher Partners adviser is obliged to give you a PDS, which is a summary of important information. The PDS will help you to understand the product and decide if it is appropriate to your needs.

Please note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act)*, the Trustee must obtain proof of identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided. *Indicates a mandatory field or section. If you do not complete all of the mandatory fields or sections, there may be a delay in processing your request.

1 Personal details

*Title	<input type="text"/>	*Surname	<input type="text"/>
*Given name(s)	<input type="text"/>		
Current residential address			
*Unit No	<input type="text"/>	*Street No	<input type="text"/>
*Street name	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
		*Postcode	<input type="text"/>
Postal address (if different to above)			
*Unit No	<input type="text"/>	*Street No	<input type="text"/>
*Street name/PO Box	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
		*Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>		
		*Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
*Email address	<input type="text"/>		
*Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>

2 Tax file number

Tick one of the following:

I am age 60 or over and my TFN is

I am less than 60 years of age and have attached my completed Tax File Number Declaration

If you are less than 60 years of age, a Tax File Number Declaration form must be completed for each pension account opened. You do not have to provide your TFN by law, but your Application will not be accepted if it is not provided.

Pension Application

3 Investment allocation and pension drawdown

Personal investment strategy¹

Please provide further details below. If you require more space or you wish to select listed investments or term deposits (which cannot be nominated below), please go to our website and download the Investment Authority – Pension Division.

Investment code	Investment fund name	Allocation	Source of Pension Payment (if applicable)
<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"/> %
<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"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/> %	<input type="text"/> . <input type="text"/> %
TOTAL (must equal 100%)		1 0 0 . 0 0 %	1 0 0 . 0 0 %

To see the full range of investment options, codes and details of investment performance contact our client services team for assistance.

¹ If no investment strategy is nominated, funds will be allocated to cash.

New members – If you do not complete this section, your investments will be allocated and pension drawn from cash.

Existing members – If you are transferring an existing account to the Pension Division and you do not complete this section, your existing assets will be purchased with the equivalent pension assets (where available) and pension payments drawn from your existing investment strategy.

4 Nomination of beneficiaries

Please complete section A OR section B.

Section A: Reversionary Pensioner

This nomination must be made before the commencement of your pension. Your nominated Reversionary Pensioner cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Death Benefit Nomination.

In the event of your death you wish the remaining balance of your pension account (if any) to continue to be paid as a pension to your nominated Reversionary Pensioner.

*Title *Surname

*Given name(s)

Current residential address

*Unit No *Street No

*Street name

*Suburb *State *Postcode

Mobile *Gender Male Female

*Email address

*Date of birth / /

*Relationship to member² Spouse/defacto (including same sex) Child Financial dependant Interdependency relationship

² Refer to the PDS for the restrictions that apply.

Pension Application

4 Nomination of beneficiaries continued

Section B: Binding or Non-Binding Death Benefit Nomination

Do not complete this section if you have nominated a Reversionary Pensioner in section A.

If you are transferring your entire balance from the Super Division of the Fund, any existing valid Binding or Non-Binding Death Benefit Nomination will be transferred to the Pension Division unless you make a new Binding or Non-Binding Death Benefit Nomination.

Binding or Non-Binding Death Benefit Nomination (please complete a Binding or Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting our client services team).

If you do not make a Binding or Non-Binding Death Benefit Nomination or nominate a Reversionary Pensioner, your death benefit will normally be paid to your Legal Personal Representative in the event of your death.

5 Pension payment details

I have reached my preservation age and I am applying for:

*Account-based pension *Transition to retirement pension

Please note: Failure to indicate your preferred option above will result in an account-based pension (default).

Pay my initial payment on / /

*Frequency Monthly Quarterly Half-yearly Yearly

Please note: If all pension account requirements are not received by the 2nd business day of the month, your pension payments will commence on the 7th of the following month.

6 Pension level details

*Pension level Minimum³ Maximum⁴

*Nominated amount \$ per annum net gross Indexation rate %

*Nominated amount \$ per month⁵ net gross Indexation rate %

3 If you commence your pension other than on 1 July, this amount will be pro-rated.

4 For transition to retirement pension members only. The full maximum (10%) pension payment will apply.

5 This is a whole monthly amount.

7 Financial institution details⁶

Name of financial institution	<input type="text"/>
Branch address	<input type="text"/>
Suburb	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Account name	<input type="text"/>
Branch (BSB) number	<input type="text"/> - <input type="text"/> Account number <input type="text"/>

Please ensure your account details are correct as we will not be liable for mistaken payments based upon incorrect details.

6 The nominated account must be in your own name or in one jointly owned by you.

*8 Contribution eligibility requirement

I am under 65 years of age.

OR

I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year.

Pension Application

9 Contribution or rollover details

Section A:

Personal contribution \$

Spouse contribution \$

Section B:

If you wish to roll over funds from another account(s), please fill in the following details and complete a Request to Transfer form, available in this forms booklet, for each account. If you do not know the amount of your rollover(s), please provide an estimate.

1) Rollover institution name

Expected amount \$

2) Rollover institution name

Expected amount \$

3) Rollover institution name

Expected amount \$

Section C:

For existing members only

Member number

I would like to transfer my whole balance from the above account and I understand that by doing this the above account (and any insurance cover) will be closed as a result.

I would like to transfer a partial amount of \$ OR I would like to leave the amount of \$ in the above account⁷

⁷ Minimum amount to leave in your existing account is \$1,000. Minimum initial investment is \$30,000.

Please note: Your licensed financial adviser may elect to charge a fee on the transfer of your existing account.

For full or partial transfers

If you have made personal contributions during the current financial year to your existing super account, please tick the box below and attach a completed ATO Notice of Intent to Claim a Tax Deduction with your Application. This can be obtained from our website (www.pitcher.com.au/Brisbane) or by contacting our client services team on (07) 3222 8444. We recommend that you speak to your Pitcher Partners adviser in relation to your eligibility to claim a personal tax deduction.

I wish to claim a tax deduction for some or all of the personal contributions(s) in the current financial year, and have attached a completed ATO Notice of Intent to Claim a Tax Deduction.

A completed ATO Notice of Intent to Claim a Tax Deduction notice must be submitted and be carried out prior to the transfer to your pension account.

Pension Application

10 Proof of identity

You need to provide a certified copy of a document(s) with this pension application that clearly shows your full name, your signature, date of birth and residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER

- A ONE of the following documents only**
- current driver's licence issued under State or Territory law
 - passport.

OR

- B ONE of the following documents**
- birth certificate or birth extract
 - citizenship certificate issued by the Commonwealth
 - pension card issued by Centrelink that entitles the person to financial benefits.

AND

ONE of the following documents

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Refer to the Proof of identity requirements section for more information.

11 Member advice fees

Choose your fee option. Fees should be provided including GST. Where the default fee is not selected, all boxes for the relevant fee option must be completed. Blank boxes will default to nil.

Member Advice Fee – Upfront	
Up to a maximum of 5.50% of each contribution:	
<input type="checkbox"/> Contributions	<input type="text"/> %
<input type="checkbox"/> Transfers/rollovers (not applicable to transfers from existing accounts within IOOF Employer Super)	<input type="text"/> %

Member Advice Fee – Ongoing	
<input type="text"/> . <input type="text"/> <input type="text"/> % pa	(up to a maximum of 2.20% pa of account balance)
AND/OR	
\$ <input type="text"/>	(up to a maximum of \$18,000 pa)

Notes:

- Maximum fees above include GST.
- For further information on adviser remuneration and advice fees, please refer to the PDS.

Member advice fees (if applicable)

- I authorise the Trustee to charge the member advice fee(s) selected in section 11 against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, until I instruct the Trustee to cease payment.

Member signature

Date / /

continued over

Pension Application

11 Member advice fees continued

Adviser name	PITCHER PARTNERS CORPORATE FINANCE LIMITED				
Licensee name	PITCHER PARTNERS CORPORATE FINANCE LIMITED				
AFSL No	2 5 5 5 1 6	Adviser code	2 3 4 1	Dealer code	2 0 5 0
Adviser signature			Date	/ /	

12 Member declaration

Important note: Information provided to the Trustee is primarily used for the purpose of opening a superannuation account and for other ancillary purposes detailed in the PDS and Privacy Policy, for example: assisting your financial adviser in providing you with advice, facilitating requested insurance and to provide you with statements through mail houses. The Trustee may disclose your personal information, such as, your name and contact details, along with your account information to its related bodies corporate, your employer, your financial adviser, insurers, mail houses, professional advisers, businesses that may have referred you to the Trustee, medical professionals where you have applied for insurance cover, banks and other financial institutions.

The Trustee is required to collect your personal information under *the Superannuation Industry (Supervision) Act 1993* and *the Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. If you do not provide all of the requested information, the Trustee will not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients. Your personal information will be used in accordance with the Trustee's Privacy Policy. The Privacy Policy contains information about how you may access or correct your personal information held by the Trustee and how you may complain about a breach of the Australian Privacy Principles. You may request a copy of the Privacy Policy by contacting our client services team on (07) 3222 8444 or through the IOOF website at www.ioof.com.au/privacy.

If you do not provide all of the requested information, we may not be able to action your request.

- I have received and read the PDS. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and Privacy Policy.
- I have either advised my tax file number or completed a Tax File Number Declaration (if applicable).
- I declare that the information supplied is true to the best of my knowledge and authorise the Trustee to adjust my pension payments as required from time to time under Commonwealth Government regulations.
- I confirm that I have read and understood the instructions on how to complete the application form.
- I declare that with regard to preservation of funds, one of the following is true:
 - I have reached my preservation age and I am no longer gainfully employed. I am not intending to rejoin the workforce either full-time or part-time at any time in the future
 - I have reached age 60 or older and I have ceased gainful employment
 - I have been declared totally and permanently disabled/incapacitated and have provided the Trustee with two medical certificates to this effect
 - I am aged 65 or over
 - I have reached my preservation age and I am applying for a transition to retirement pension.
- I have attached the relevant certified document(s) which has been correctly certified as being a true copy of the original document(s) and signed by a person who has seen the original(s) and is authorised to certify a copy of the document(s).

Member signature		Date	/	/
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Please forward all correspondence and enquiries to

Applications & forms

Post GPO Box 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Proof of identity requirements

AML/CTF law obligates the Trustee to verify the identity of each applicant before providing financial services to them.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER A

ONE of the following documents only:

- current driver's licence issued under State or Territory law
- passport

OR B

ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

ONE of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (such as Tax Office Notice of Assessment or rates notice from local council).

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 a 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 sight 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 (such as Justice of the Peace, Australia Post employee, etc) and date.

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

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

Other persons:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner of Declarations
- Credit union officer with two or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the *Consular Fees Act 1955*; and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(d) of the *Consular Fees Act 1955*; and
 - exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court

- Justice of the Peace
- Magistrate
- Marriage celebrant registered under *Subdivision C of Division 1 of Part IV of the Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is either:
 - an officer; or
 - a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with two or more years of continuous service; or
 - a warrant officer within the meaning of that Act
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of either:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under *Subdivision A of Division 1 of Part IV of the Marriage Act 1961*
- Notary public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority; with two or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of either:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.

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Binding Death Benefit Nomination

This form allows you to nominate one or more beneficiaries to receive your benefits in the event of your death. Please read the conditions in section 5 of this form before completion. You should also read the section 'Dependants – paying benefits if you die' in the PDS before completing this form.

If you are opening a pension and wish to nominate a Reversionary Pensioner to receive the remaining balance of your member account (if any) in the event of your death, do not complete this form. Please complete section 4 of the Pension Application form.

You must be at least 18 years of age to make a valid Binding Death Benefit Nomination.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

***Indicates a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.**

1 Member details

Member number to which BDN applies

*Title *Surname

*Given name(s)

Current residential address

*Unit No *Street No

*Street name

*Suburb *State *Postcode

Contact phone number *Date of birth / /

*Email address

2 Nomination

Nomination status New nomination Amendment Revocation (do not nominate any beneficiaries)

In the event of my death, I direct the Trustee to pay my death benefit in accordance with the following direction:

Name of nominated beneficiary		% of benefit
1	Title <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Surname <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"/> <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"/> %
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	Residential address <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"/> <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"/>	
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	Email address <input type="text"/>	
*Relationship to member	<input type="checkbox"/> Spouse/de facto (including same sex) <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative	
My preferred form of payment is	<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension	

Please note: Your preferred form of payment is not binding on the Trustee.

continued over

Binding Death Benefit Nomination

2 Nomination continued

Name of nominated beneficiary		% of benefit
2 Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Surname <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"/> <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"/> %
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*Relationship to member	<input type="checkbox"/> Spouse/defacto (including same sex) <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative	
My preferred form of payment is	<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension	

Please note: Your preferred form of payment is not binding on the Trustee.

Name of nominated beneficiary		% of benefit
3 Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Surname <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> %
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Email address	<input type="text"/>	
*Relationship to member	<input type="checkbox"/> Spouse/defacto (including same sex) <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative	
My preferred form of payment is	<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension	

Please note: Your preferred form of payment is not binding on the Trustee.

Name of nominated beneficiary		% of benefit
4 Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Surname <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> %
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Email address	<input type="text"/>	
*Relationship to member	<input type="checkbox"/> Spouse/defacto (including same sex) <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Legal personal representative	
My preferred form of payment is	<input type="checkbox"/> Lump sum <input type="checkbox"/> Pension	

Please note: Your preferred form of payment is not binding on the Trustee.

Total (total nominations must equal 100%) **100.00** %

How many beneficiaries have you nominated? This is form of used for this nomination

Binding Death Benefit Nomination

3 Member declaration

Important note: Information provided to the Trustee will only be used for the purposes specified in the PDS. It may be accessed and updated by you through our client services team. It will only be disclosed to other parties where required by law (eg ATO) or to implement your request (eg beneficiary). If you do not provide all of the requested information, we may not be able to action your request.

- I have read the conditions in section 5 of this form and understand them.
- I consent to the collection and use of the above information by the Trustee for the purposes specified in the PDS.

*Member signature *Date signed / /

4 Witnesses' declaration

Both witness sections must be completed.

I declare that the member declaration was signed and dated by the member in my presence and that I am aged 18 or over and am not a nominated beneficiary of the member.

Witness 1

*Surname

*Given name

*Witness signature 1

*Date witnessed (must be the same as the date the member signs) / /

Witness 2

*Surname

*Given name

*Witness signature 2

*Date witnessed (must be the same as the date the member signs) / /

5 Conditions

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

When you have nominated a beneficiary and the nomination is legally binding, the Trustee must act in accordance with that nomination. Commonwealth Government regulations have imposed strict conditions on how a binding death nomination must be made, amended or revoked. The following conditions apply to binding death nominations of beneficiaries:

- You must be 18 years of age or over to make a valid and legally binding death nomination.
- Nominations, amendments and revocations can only be accepted on a form that is approved by the Trustee. This form is an approved form.
- A beneficiary must be your Legal Personal Representative (on behalf of your estate), your spouse (includes de facto and same sex spouse), your child or your spouse's child, any person who is financially dependent on you or any person with whom you have an interdependency relationship. For the nomination to remain valid you must still be financially dependent or in the same interdependency relationship at the date of your death.
- If you want to nominate more than four beneficiaries, you must complete and attach an additional form.
- For each beneficiary, you must specify the proportion of your benefit they are to be paid. The total benefit must have been allocated by you on the form (or forms, if you have nominated more than four people). If your allocation does not total 100 percent, the entire nomination will be invalid.
- The nomination must be signed and dated by you in the presence of two witnesses, both of whom must be at least 18 years of age and not nominated as beneficiaries.
- You may also indicate whether you would prefer the death benefit payment to be made in the form of a lump sum or pension. Please note your preferred form of payment is not binding on the Trustee. In addition, the Trustee cannot pay a death benefit in the form of a pension to your Legal Personal Representative, and certain beneficiaries are only able to be paid a death benefit in the form of a lump sum. Please see the PDS for further details.

continued over

Binding Death Benefit Nomination

5 Conditions continued

- Your nomination remains valid for three years from the date it is made. The Trustee will attempt to contact you before the expiry date of your nomination to give you the opportunity to confirm or amend your nomination. It is your responsibility to keep your nomination up to date and confirm it every three years. Where your nomination is valid and in effect at the date of your death, the Trustee must pay your death benefits in accordance with your nomination. If your personal circumstances and those of your beneficiaries have changed, you should complete a new form.
- Your nomination may be amended at any time by submitting a new approved form to the Trustee. If an amendment is made, the nomination will be valid for three years from the date the amending nomination is signed.
- If my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Death Benefit Nomination.

Please forward all correspondence and enquiries to

Applications & forms

Post GPO Box 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Non-Binding Death Benefit Nomination

2 Nomination continued

Name of nominated beneficiary % of benefit

2	Title	<input type="text"/>	*Surname	<input type="text"/>	<input type="text"/>	%
	*Given name	<input type="text"/>	*Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
	Residential address	<input type="text"/>				
	Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
	Contact phone number	<input type="text"/>	<input type="text"/>			
	Email address	<input type="text"/>				
	*Relationship to member	<input type="checkbox"/> Spouse/defacto (including same sex)	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Legal personal representative
	My preferred form of payment is	<input type="checkbox"/> Lump sum		<input type="checkbox"/> Pension		

Please note: Your preferred form of payment is not binding on the Trustee.

Name of nominated beneficiary % of benefit

3	Title	<input type="text"/>	*Surname	<input type="text"/>	<input type="text"/>	%
	*Given name	<input type="text"/>	*Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
	Residential address	<input type="text"/>				
	Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
	Contact phone number	<input type="text"/>	<input type="text"/>			
	Email address	<input type="text"/>				
	*Relationship to member	<input type="checkbox"/> Spouse/defacto (including same sex)	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Legal personal representative
	My preferred form of payment is	<input type="checkbox"/> Lump sum		<input type="checkbox"/> Pension		

Please note: Your preferred form of payment is not binding on the Trustee.

Name of nominated beneficiary % of benefit

4	Title	<input type="text"/>	*Surname	<input type="text"/>	<input type="text"/>	%
	*Given name	<input type="text"/>	*Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
	Residential address	<input type="text"/>				
	Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
	Contact phone number	<input type="text"/>	<input type="text"/>			
	Email address	<input type="text"/>				
	*Relationship to member	<input type="checkbox"/> Spouse/defacto (including same sex)	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Legal personal representative
	My preferred form of payment is	<input type="checkbox"/> Lump sum		<input type="checkbox"/> Pension		

Please note: Your preferred form of payment is not binding on the Trustee.

Total (total nominations must equal 100%) **100.00** %

How many beneficiaries have you nominated? This is form of used for this nomination

Non-Binding Death Benefit Nomination

3 Member declaration

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

If you do not provide all of the requested information, we may not be able to action your request.

I understand that:

- the persons nominated must be my Dependents at the date of nomination and at the date of my death
- my Non-Binding Death Benefit Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee
- my Non-Binding Death Benefit Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

*Member signature

*Date signed

 / /

Please forward all correspondence and enquiries to

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Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

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Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into a super or pension product.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (www.pitcher.com.au/Brisbane) if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided. *Indicates a mandatory field or section. If you do not complete all of the mandatory fields or sections, there may be a delay in processing your request.

This form, including the certificate of compliance, should be forwarded to us by post.

1 Member details

Title	<input type="text"/>	*Surname	<input type="text"/>
*Given name(s)	<input type="text"/>		
Current residential address			
*Unit No	<input type="text"/>	*Street No	<input type="text"/>
*Street name	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
		*Postcode	<input type="text"/>
Postal address (if different to above)			
*Unit No	<input type="text"/>	*Street No	<input type="text"/>
*Street name/PO Box	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
		*Postcode	<input type="text"/>
Previous address (if the address held by your previous fund is different to the above)			
Unit No	<input type="text"/>	Street No	<input type="text"/>
Street name/PO Box	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
*Contact phone number	<input type="text"/>	Mobile	<input type="text"/>
*Email address	<input type="text"/>		
*Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>
			<input type="text"/>
Gender	Male	<input type="checkbox"/>	Female
		<input type="checkbox"/>	<input type="checkbox"/>
Tax File Number ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>

¹ Although you do not have to provide your tax file number by law, your FROM fund may require your tax file number to process the transfer.

- If you do not supply your tax file number you will need to provide certified proof of identity. Please download the Proof of Identity form from our website for instructions.
- If you have provided your tax file number certified proof of identity is not required.

Unique Superannuation Identifier (USI)	<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"/>
Member number (if existing member)	<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"/>
ABN	<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"/>

Request to Transfer

2 Details required for transfer

A: Details of your FROM fund

I request and direct that the benefit held in my super fund or income stream, as detailed below, be transferred to my account.

Name of your FROM fund																														
ABN#	[] [] []			[] [] []			[] [] []			[] [] []																				
Unique Superannuation Identifier (USI)#	[] [] [] [] [] [] [] [] [] [] [] [] [] [] []																													
Account/member number#	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []																													
Member client identifier# (if different from Account/member number)	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []																													
Address	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []																													
Suburb	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []															State	[] [] []			Postcode	[] [] [] [] [] []									
Phone	[] [] [] [] [] [] [] [] [] []																													
Name of previous employer (if applicable)	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []																													
Date left employer (if applicable)	[] []		/	[] []		/	[] [] [] [] [] []																							

You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

B: Benefit to be transferred

Amount to be transferred

<input type="checkbox"/> Entire balance (account in the FROM fund will be closed)	Approximate value	\$	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
<input type="checkbox"/> Partial balance of		\$	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Payment instruction to FROM fund (SMSF only): Please forward a cheque made payable to 'IPS – JR Super [your full name or member number]' with any related documentation and certified proof of identity to: **JR Super, GPO Box 1144, Brisbane QLD 4001**

3 Member declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the Privacy Policy at www.ioof.com.au/privacy.

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

- I declare that I have fully read this form and declare that the information completed is true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account.
- I discharge the Trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my account.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my account and I authorise IOOF Investment Management Limited (IIML) to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF super product (subject to legislative restrictions).
- I consent to my tax file number being disclosed for the purposes of consolidating my account.

*Member signature	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	Date	[] []	/	[] []	/	[] [] [] [] [] []
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Please forward all correspondence and enquiries to

Post GPO Box 1144, Brisbane QLD 4001
Email enquiries info@pitcherpartners.com.au

Telephone enquiries (07) 3222 8444

JR Superannuation Fund is issued by IOOF Investment Management Limited ABN 53 006 695 021 AFSL 230524 as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818



SUPERANNUATION FUND

Level 30
345 Queen Street
Brisbane
Queensland 4000

Postal Address:
GPO Box 1144
Brisbane
Queensland 4001

Tel: 07 3222 8444
Fax: 07 3221 7779

www.pitcher.com.au/Brisbane
info@pitcherpartners.com.au

Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

JR Superannuation Fund (Unique Superannuation Identifier (USI) SMF0129AU), a sub-plan of IOOF Employer Super, is a division of IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818. IOOF MySuper Unique Identifier No. 70815369818036.

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows benefits to be transferred/rolled over to the Fund.

Julie Orr
General Manager Operations
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Postal Address GPO Box 1144, Brisbane QLD 4001
Telephone (07) 3222 8444
Fax (07) 3221 7779
Email info@pitcherpartners.com.au

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Application for Insurance

3 Income protection cover

Please complete section 3 to apply for, or increase/decrease your existing income protection cover.

This is an application for:

New cover

Increase/decrease of existing income protection cover

Please note: You can have a monthly benefit of up to 75 per cent of your monthly salary plus an optional superannuation contributions benefit up to 10 per cent of your monthly salary not exceeding \$30,000 per month.

Specify cover required (mandatory information)

Income level (% of your salary) 75% Other: (up to 75%)
Waiting period (days) 30 60 90
Benefit payment period 2 years 5 years to age 65

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit? Yes No

Income level (% of your salary) % (up to 10% of your salary)

See the JR Superannuation Fund insurance guide (JRS.03) for more information.

4 Personal health statement

1. Have you smoked in the last 12 months? Yes No
If you have answered 'Yes', how many cigarettes do you smoke per day?
2. Have you smoked any substance other than tobacco? Yes No
If you have answered 'Yes', please specify the type of substance
3. Do you consume alcohol? Yes No
If 'Yes', please specify:
A. Quantity of alcohol consumed per day (in standard units)
Standard unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, 285ml glass of beer
B. Type of alcohol:
4. Height cm
5. Weight kg

Occupation details

6. What is the name of your employer?
7. What is your usual occupation?

Application for Insurance

4 Personal health statement continued

8. What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%):

Principal duties	Percentage of time spent (%)
Clerical/Administration/Managerial	%
Light manual (eg qualified tradespeople, coffee shop owner)	%
Manual (eg carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor))	%
Heavy manual (eg interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	%
Other — please specify:	%

Activities

9. Do you currently intend to participate in any of the following activities?

- A. Aviation other than as a fare paying passenger on a commercial airline Yes No
- B. Any activity generally classified as hazardous or extreme in nature Yes No
(eg parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving, etc)

If you have answered 'Yes', please specify the activity and provide details (eg scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered).

Residence and travel

10. Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? Yes No

If you have answered 'Yes', please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11. Are you an Australian or New Zealand citizen? Yes No

If you have answered 'Yes', please go to 'Previous Insurance' section of the form.

12. Do you hold an Australian Permanent Resident's Visa? Yes No

If you have answered 'No', please provide your residency details below:

Previous insurance

13. Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through IOOF or any of its affiliated companies, any superannuation fund, Workers' Compensation, other Government benefits (eg sickness benefit, invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, including accident or sickness benefits? Yes No

14. Have you ever been declined for death, disability, trauma, accident or illness insurance on your life, deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused? Yes No

15. Do you have, or are you applying for, any other life or disability cover? Yes No

Application for Insurance

4 Personal health statement continued

If you have answered 'Yes' to question 13, 14 or 15 please provide full details below:

Name of insurer	Cover type	Sum insured	Date of application	Accepted/loaded/exclusions/declined	To be replaced? (Yes/No)

Medical

16. Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following:

If you have answered 'Yes' to any of the following questions, please complete the table on the following page.

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| A. Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder, rheumatic fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| B. Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| C. Impairment of sight, hearing or speech | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate or gall bladder, thyroid problem | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. Leukaemia, hepatitis, haemochromatosis, or any blood problem | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. Asthma, bronchitis or other respiratory disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. Depression or mental disorder/condition — including but not limited to stress, anxiety, chronic tiredness or, fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I. Cancer, tumour, melanoma, sun spot, mole or growth of any kind | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J. Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K. Psoriasis, eczema or any skin problem? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| L. Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Females only

- | | | |
|--------------------------------------------------------------------------------|------------------------------|-----------------------------|
| M. Gynaecological conditions (such as endometriosis, abnormal pap smear, etc)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| N. Complications of pregnancy or childbirth? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| O. Are you currently pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'Yes' when is the expected delivery?

- | | | |
|---------------------------------------------------------------|------------------------------|-----------------------------|
| P. Breast lump (even if you have not seen a doctor about it)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---------------------------------------------------------------|------------------------------|-----------------------------|

Other medical (both males and females to complete)

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Q. Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (includes, but is not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

Application for Insurance

4 Personal health statement continued

R. Apart from the questions 'A' to 'Q', and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned? Yes No

Please provide details for all 'Yes' answers in Questions 16A to 16R in the table below.

- Place the question number with the 'Yes' answer at the top of the column (such as 16A) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write 'Not applicable'.

	Please state question number (under Question 16) with a 'Yes' answer (eg Q16A)			
Question no:	Q16	Q16	Q16	Q16
	Please state your specific condition			
(1) Date symptoms first started and description of symptoms?				
(2) What was the condition and which part and side of the body was affected?				
(3) What was the medical diagnosis including results of X-rays and investigations?				
(4) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
(5) What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
(6) How long were you unable to work or perform your normal duties/activities?				
(7) If a hospital visit was required, please provide date and duration of your stay.				
(8) What advice/treatment did you receive?				
(9) Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
(10) Date treatment/medication ceased.				
(11) When did you last suffer from any symptoms?				
(12) Degree of recovery (%)				
(13) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

S. Name and address of your usual doctor

T. Details of your last medical consultation with your usual doctor (eg reason for your consultation and outcome)

U. If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

Application for Insurance

4 Personal health statement continued

Family history

17. Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65?

Yes No

18. Please provide details of your family history in the table below:

Details of your immediate family member			
Relationship to you (eg mother, father, sister, brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

Lifestyle

19. To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)?

Yes No

Work health history

20. Are you, at the date of this application, due to injury accident or illness:

- A. Off work; 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 though your actual employment may be on a full time, part time or casual basis?
- B. Have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years?

Yes No

Yes No

5 Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* to disclose to the Trustee and the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer or Trustee before you apply:

- to vary your existing insurance cover;
- for new cover; or
- for any lapsed cover to be reinstated.

Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer;
- is common knowledge;
- the Insurer knows or, in the ordinary course of their business, ought to know; or
- the Insurer has waived.

Your duty of disclosure continues until the insurance cover has been accepted by the Insurer and confirmation is issued to the Trustee.

If you do not, or the Trustee on your behalf does not, disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it.

If the Insurer is entitled to avoid insurance cover, it may elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you, or the Trustee on your behalf, had disclosed all relevant matters to the Insurer.

If your non-disclosure, or the Trustee's non-disclosure on your behalf, is fraudulent, the Insurer may avoid your cover at any time.

Application for Insurance

6 Privacy statement

The way in which the Trustee and the insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL Privacy Policies available at www.jr.com.au/privacy.php and www.tal.com.au/en/privacy.aspx (TAL) or on request.

IIML and TAL may collect and use your personal information (including health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided IIML and TAL may not be able to process your products and services.

Generally individuals are entitled to access information held about them by IIML and TAL unless there is a legal exemption. Information about privacy legislation is available at www.oaic.gov.au the Office of the Australian Information Commissioner.

If you would like to obtain more information regarding your privacy please contact our client services team on **(07) 3222 8444** or TAL:

Telephone: 1300 209 088

Facsimile: 02 9465 2065

Write to: TAL Services, GPO Box 5380, Sydney NSW 2001

7 Member declaration and signature

- I, the member, acknowledge that I have read the notice explaining my duty of disclosure in section 5 and understand that this duty also applies until formal notification of acceptance by TAL. 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 authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning 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 I have received, read and understood the PDS in relation to this insurance.
- I have read the privacy statement in section 6 above, and consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML 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 my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If I provided IIML and/or TAL with information about another person, I undertake to advise them that:
 - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy policies
 - their personal information may be disclosed to a third party; or
 - they may access or correct any personal information held about them.

Member signature

Date / /

Please forward all correspondence and enquiries to

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