

# Member Application Form

Before you sign this application form, the Trustee or financial adviser is obliged to give you a Product Disclosure Statement ("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. This application can be used by individuals to become a member of the Personal Division of Emplus Super.

## 1. YOUR DETAILS

Surname:

First Names:

Preferred Title:  Gender:  Date of Birth:

Street Address:

Postal Address:

Email Address:

Mobile Phone:  Occupation:

Will you or your employer be contributing to this account?  You  Employer

Employer's Business Name (if contributing):

Employment Basis:  Full Time  Permanent Part Time  Casual  Other

Annual Salary:  Average hours work per week:

## 2. NOMINATION OF PREFERRED BENEFICIARY (OPTIONAL)

You have the option of creating either a Preferred or a Binding Nomination of Beneficiary to be used by the Trustee In the event of your death whilst a member of the Fund. If you wish to create a Binding Nomination of Beneficiary, you must use the Binding Nomination of Beneficiary form. You may revoke or change your nomination at any time by completing a new Nomination of Beneficiaries form. Please refer to the Member Guide (Personal Division) for more information about beneficiaries.

Beneficiary Name	Relationship To You	% of Benefit
<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"/>

### 3. YOUR INVESTMENT CHOICE

Investment Options	Your Allocation
Emplus MySuper	%
m+ LifeStages	%
m+ High Growth	%
m+ Growth	%
m+ Balanced	%
m+ Moderate	%
m+ Conservative	%
m+ Global Shares	%
m+ Global Smaller Companies Shares	%
m+ International Equities – Growth	%
m+ International Equities – Index (Hedged)	%
m+ International Equities – Index (Unhedged)	%
m+ International Equities – Emerging Markets	%
m+ Australian Equities – Geared	%
m+ Australian Equities – Growth	%
m+ Australian Equities – Value	%
m+ Australian Equities – Index	%
m+ Australian Equities – Small Companies	%
m+ Global Property	%
m+ Australian Property Securities	%
m+ Diversified Fixed Income	%
m+ Australian Fixed Interest	%
m+ Cash	%
<b>TOTAL (Must equal 100%)</b>	<b>%</b>

Full Name:

### 4. INSURANCE COVER (OPTIONAL)

Please refer to the Insurance Guide (Personal Division) for full details about your insurance cover and what options are available.

Insurance Cover is subject to suitable health evidence. Members requiring additional cover will be asked to complete a health questionnaire. Cover will not take effect until acceptance is confirmed by the insurer.

<p>Nominate the number of additional units you require</p>	<p>Death: <input type="text"/> Units</p> <p>Total And Permanent Disablement: <input type="text"/> Units</p>
<p>OR</p> <p>Nominate the dollar amount of additional Insurance Cover you want</p>	<p>Death: \$ <input type="text"/></p> <p>Total And Permanent Disablement: \$ <input type="text"/></p>
<p>Do you want Income Protection Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, Amount of Monthly Benefit: \$ <input type="text"/></p> <p>Waiting Period (30, 60 or 90 days): <input type="text"/> days</p> <p>Benefit Period (2 or 5 years or to age 65): <input type="text"/> years / to age</p>

## 5. ADVISER REMUNERATION (OPTIONAL)

An adviser service fee can be deducted from your account if the services of your adviser relate directly and exclusively to matters concerning your super account. Before establishing your authorisation, you and your adviser should agree on an amount for the adviser service fee. The fee can be either:

1. A once-off percentage based fee
2. A once-off dollar based fee
3. An ongoing percentage based fee
4. An ongoing dollar based fee
5. Any combination of the above.

You or your adviser (with your agreement) can cancel or change your authorisation at any time by completing an Adviser Remuneration Authorisation Form and returning it to us. We will update your authorisation on the day we receive this form and your request will be effective from the next monthly deduction. Changes cannot be retrospective.

I appoint the adviser nominated below as my adviser and understand that my adviser will typically have MySuperSolution read only access to my membership information in accordance with the Privacy Statement.

Your Full Name:

<p>1. Once-Off Fee Deducted from the member's account balance upon lodgement of this form.</p>	<p>Amount to be paid (exclusive of GST): \$ <input type="text"/></p> <p style="text-align: right;">OR <input type="text"/> %</p>
<p>2. Ongoing Fees Deducted from the member's account at the last day of the month, commencing from a specified date</p>	<p>Amount to be paid (exclusive of GST): \$ <input type="text"/></p> <p style="text-align: right;">OR <input type="text"/> %</p>
<p>3. Switching Fee Amount to be paid on all amounts switched between investment options, and deducted from the member's account balance upon each and every investment switch</p>	<p>Amount to be paid (exclusive of GST): \$ <input type="text"/></p> <p style="text-align: right;">OR <input type="text"/> %</p>

## 6. MEMBER DECLARATION

By signing this section, you are confirming that:

1. I have read the PDS dated 30 September 2017, the contents of which include the terms and conditions of any benefit you are entitled to receive as a member of Emplus.
2. I am applying to become a member of the Fund and agree to be bound by the provisions of the Trust Deed and the Rules constituting the Fund, as may be amended from time to time ('the Trust Deed').
3. I have read and understood the implications of supplying/withholding your Tax File Number (refer to Member's Guide (Personal Division)).
4. I will provide the Trustee with any information relating to my participation in the Fund as and when requested, or upon any change to information previously advised, including information relating to health and insurance.
5. Where my employer has appointed a financial adviser in relation to the Fund I understand that the adviser may be given MySuperSolution read only access to my personal information (refer to the Privacy Statement).
6. Where I have nominated a financial adviser I understand that my adviser may be given MySuperSolution read only access to my personal information. Refer section headed 'Privacy Statement' (refer to the Privacy Statement).
7. I agree to the use of information by the Trustee in accordance with the Privacy Statement.
8. I have not been paid, and am not entitled to be paid, an insurance benefit for total and permanent disablement benefit or terminal illness, and am not in a waiting period or in the process of claiming such a benefit.

Tax File Number:

Signature:

Date:  /  /

We are committed to respecting the privacy of the personal information you give us. Our formal Privacy Statement sets out how we do this. If you would like a copy of Emplus Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.emplus.com.au/privacy](http://www.emplus.com.au/privacy)

## DUTY OF DISCLOSURE

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer) anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an Insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us [Trustee] and the Insurer, anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell us and the Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that they must tell the Insurer.

### If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different

types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell us or the Insurer anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer and the Trustee everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have.

However this right does not apply if the contract provides cover on death.

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

*As a condition of your membership to the Fund, the Trustee requires you to comply with this Duty of Disclosure and to disclose every matter that you know will be relevant to the Insurer's decision to accept the risk of insurance, and if so, on what terms.*

## ONEPATH LIFE'S PRIVACY STATEMENT

### Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to life insureds.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

### Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner;
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The *Family Law Act 1975 (Cth)* enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

### Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

### Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

### Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

### Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:  
GPO Box 75  
Sydney NSW 2001  
Email: [privacy@onepath.com.au](mailto:privacy@onepath.com.au)

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

### Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at [anz.com/privacy](http://anz.com/privacy)