



Forms booklet

Issued by IOOF Investment Management Limited (IIML) ABN 53 006 695 021 AFSL 230524
as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818

MySuper No. 70815369818036

Unique Superannuation Identifier: SMF0129AU

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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	Complete this form to set up a personal super account.
Pension Application	Complete this form to set up a pension account.
Binding Death Benefit Nomination	Complete this form to make a Binding Death Benefit Nomination.
Non-Binding Death Benefit Nomination	Complete this form to make a Non-Binding Death Benefit Nomination.
Request to Transfer	Complete this form to transfer monies into the Pitcher Partners 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 – PP Super – [your full name or account number] For example, if your name is Robert Brown, your cheque should be made payable as follows: IPS – PP 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: Pitcher Partners 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, investment strategy and any insurance cover held.

BPAY details

Once your account has been set up you can make additional deposits using B_{PAY}.

How to use B_{PAY}

Step 1	Through your nominated financial institution's telephone or internet banking service, choose the B _{PAY} option.
Step 2	To make contributions via the B _{PAY} facility, simply log on to your personal account on our website www.pitcherpartnerssuper.com.au 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 Pitcher Partners Superannuation Fund
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	Account number	J	R																	
Employer/Company name	<input type="text"/>																					
Employer code	<input type="text"/>																					
*Title (Dr/Mr/Mrs/Ms/Miss)	<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"/>		<input type="text"/>						Phone (work)	<input type="text"/>		<input type="text"/>										
Mobile	<input type="text"/>		<input type="text"/>		<input type="text"/>		*Date of birth	<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"/>							

1 Important information on providing tax file numbers

Please provide your tax file number (TFN) when acquiring this product. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the *Privacy Act 1988*. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

On joining the Employer Division if you provide your TFN to your employer, your employer must disclose it to us within 14 days to avoid penalties imposed by the Australian Tax Office (ATO).

Please read the information on TFNs in the Product Disclosure Statement (PDS) before providing your TFN.

New Member Form – Employer Division

*Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law), please advise the following:
(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law.)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes No

If Yes, please nominate one of the below:

I hold one of the above mentioned publically exposed roles. Please specify

I am a close associate/family member. Please specify your relationship to the PEP

Source of wealth (the origin of your financial standing or total net worth ie, how you generated your wealth)

Employment Investments Other (please specify, eg inheritance)

Source of funds (the origin of your contribution to set up your account)

Employment Investments Other (please specify, eg inheritance)

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. Alternatively, you can log into Pitcher Partners Super Online and submit the signed and dated nomination electronically.

3a: Deposit Instruction

You can make your own investment choice as part of your application. If you do not make an investment selection, you will be classified as a MySuper member and invested in the MySuper default investment strategy. If you make an investment selection other than the default investment strategy, you will be classified as a Choice member.

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account (Choice members only). The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within Pitcher Partners Superannuation Fund go to our website and select from the **investment guide (PPS.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 3b and 3c to provide these instructions.

MySuper member (default investment strategy – 100% IOOF Balanced Investor Trust). Please refer to Step 3b and 3c to provide these instructions.

OR

Choice member

New Member Form – Employer Division

Step 3c: Fixed rate/fixed term investments (minimum \$20,000)

Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- Adelaide Bank
 NAB
 ANZ

Please note:

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

4 Cash Account preferences (Choice members only)

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

Cash Account default minimum of 1%

OR

Cash Account percentage nominated in your Deposit Instruction

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

The Cash Account dollar based cap is not available if you are a MySuper member.

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.

Please note:

- The percentages allocated your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of redemption instruction – percentage.

New Member Form – Employer Division

7 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.

8 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.

9 Request for SuperMatch search and consolidation

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

When you complete this section, you will be authorising the Trustee to conduct a search for your super monies with other superannuation funds including lost member accounts or any ATO-held super (such as super guarantee payments, superannuation holding accounts, Government super contributions or unclaimed superannuation monies).

Alternatively, log into Pitcher Partners Super Online and consolidate your super with a few clicks of a mouse.

Important note:

- To use this feature, please ensure you provide your TFN and email address in Step 1.
- Any ATO-held super monies located will be automatically transferred to your account without any further instructions from you.
- You will be notified of any super accounts located from the SuperMatch search in an email. Note that super accounts located cannot be automatically transferred without your authorisation. Please note that any insurance attached to your accounts may be cancelled as a result of consolidating your super accounts.
- Please read the SuperMatch declaration on page 11 for important information.

a. Do you wish the Trustee to conduct a SuperMatch search? Yes No

(Note: If you only want to be notified of the search results, select No to question b below).

b. Do you wish to consolidate your super accounts using SuperMatch? Yes No

Your request for us to conduct a SuperMatch search and consolidation will not be accepted if your TFN and email address are not provided.

New Member Form – Employer Division

10 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 make the appropriate arrangements (such as liaise with your payroll officer for salary sacrifice).

11 Member declaration

Important note: Information (including your personal information) provided to the Trustee is used for the purpose of opening a superannuation account and for other related 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 account statements. 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, 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, or to provide you with information about other products or services that may be of interest to you.

The Trustee is authorised 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 may not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients, however, any overseas disclosure does not affect the Trustee's commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient of personal information complies with the *Privacy Act 1988*. 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.

SuperMatch

By completing Step 9 – Request for SuperMatch search and consolidation:

- I authorise the Trustee to store, use and disclose my TFN and any other information held by the Trustee, as authorised by law, to contact the ATO or use SuperMatch (or such other ATO authorised search facilities), contact other super funds identified by the search result, to find out if they have other super monies and to meet any requirements set by the relevant super laws, the ATO or other regulatory authorities in relation to consolidating my super accounts
- I understand that my consent provided in relation to the use, storage and disclosure of my TFN when I provide the Trustee with my TFN details continues to apply unaffected.
- I authorise the Trustee to receive any ATO held super monies identified through the SuperMatch search and to transfer the ATO held super monies to my account.
- By ticking Yes in Step 9b, I instruct the Trustee to transfer to my Pitcher Partners Superannuation account the balance of any accounts held by other super funds found as a result of any searches authorised to be conducted.
- I authorise the deduction of the transfer fees, if applicable, by my previous super fund from the super monies rolled over to my Pitcher Partners Superannuation account.
- I am aware that I may ask the Trustee for information about any fees or charges that may apply to a rollover, or any other information about the effect that the rollover may have on my super monies.
- I acknowledge that the Trustee cannot guarantee that all of my super accounts will be found and/or transferred to my Pitcher Partners Superannuation account despite all reasonable efforts being made.
- I am aware that any insurance attached to my accounts may be cancelled as a result of transferring my super monies to my Pitcher Partners Superannuation account.

Member signature

Date / /

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 (Dr/Mr/Mrs/Ms/Miss)	<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"/>	<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"/>	Phone (work)	<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"/>	<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"/>	
												*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"/>	<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"/>	
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"/>	<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"/>	
												If casual, number of hours worked per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>

1 Important information on providing tax file numbers

Please provide your tax file number (TFN) when acquiring this product. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the *Privacy Act 1988*. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

We require your TFN in order to process your Personal Division application.

Please read the information on TFNs in the Product Disclosure Statement (PDS) before providing your TFN.

Personal Superannuation Application

Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law), please advise the following:
(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law.)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes No

If Yes, please nominate one of the below:

I hold one of the above mentioned publically exposed roles. Please specify

I am a close associate/family member. Please specify your relationship to the PEP

Source of wealth (the origin of your financial standing or total net worth ie, how you generated your wealth)

Employment Investments Other (please specify, eg inheritance)

Source of funds (the origin of your contribution to set up your account)

Employment Investments Other (please specify, eg inheritance)

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. Alternatively, log into Pitcher Partners Super Online and submit the signed and dated nomination electronically.

3a: Deposit Instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice.

Please advise us of the your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must be add up to 100%.
- For a full list of investment options available for selection within Pitcher Partners Superannuation Fund go to our website and select from the **investment guide (PPS.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 3b and 3c to provide these details.

100% Cash Account

OR

Deposit Instruction

Personal Superannuation Application

Step 3c: Fixed rate/fixed term investments (minimum \$20,000)

Months	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	Amount	\$	<input type="text"/>
Months	<input type="text"/>	Amount	\$	<input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

Adelaide Bank
 NAB
 ANZ

Please note:

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

4 Cash Account preferences

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

Cash Account default minimum of 1%

OR

Cash Account percentage nominated in your Deposit Instruction

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.

Please note:

- The percentages allocated your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of redemption instruction – percentage.

Personal Superannuation Application

APIR Code	Investment option	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"/>	<input type="text"/>	<input type="text"/>
Total (must = 100%)		<input type="text"/>

5 Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

Re-invest (default option) – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

Retain in Cash Account – Leave all income distributions to accumulate in my Cash Account.

If you don't indicate your income preference, the default option of re-invest will be applied.

6 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

OR

I am over 65 and I am making a downsizer contribution. (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. This form is available from the ATO website.)

Personal Superannuation Application

7 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"/>
Downsizer contribution	\$	<input type="text"/>
Total contribution amount	\$	<input type="text"/>

8 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.

9 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.

10 Request for SuperMatch search and consolidation

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

When you complete this section, you will be authorising the Trustee to conduct a search for your super monies with other superannuation funds including lost member accounts or any ATO-held super (such as super guarantee payments, superannuation holding accounts, Government super contributions or unclaimed superannuation monies).

Alternatively, log into Pitcher Partners Super Online and consolidate your super with a few clicks of a mouse.

Important note:

- To use this feature, please ensure you provide your TFN and email address in Step 1.
- Any ATO-held super monies located will be automatically transferred to your account without any further instructions from you.
- You will be notified of any super accounts located from the SuperMatch search in an email. Note that super accounts located cannot be automatically transferred without your authorisation. Please note that any insurance attached to your accounts may be cancelled as a result of consolidating your super accounts.
- Please read the SuperMatch declaration on page 20 for important information.

a. Do you wish the Trustee to conduct a SuperMatch search? Yes No
(Note: If you only want to be notified of the search results, select No to question b below).

b. Do you wish to consolidate your super accounts using SuperMatch? Yes No

Your request for us to conduct a SuperMatch search and consolidation will not be accepted if your TFN and email address are not provided.

Personal Superannuation Application

11 Member advice fees

Choose your fee option. Fees should be provided including GST. 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)	<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 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 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

Licensee name

AFSL No Adviser code Dealer code

Adviser signature Date / /

Personal Superannuation Application

12 Member declaration

Important note: Information (including your personal information) provided to the Trustee is used for the purpose of opening a superannuation account and for other related 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 account statements. 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, 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, or to provide you with information about other products or services that may be of interest to you.

The Trustee is authorised 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 may not be able to action your request. The Trustee is not likely to disclose your personal information to overseas recipients, however, any overseas disclosure does not affect the Trustee's commitment to safeguarding your personal information and the Trustee will take reasonable steps to ensure any overseas recipient of personal information complies with the *Privacy Act 1988*. 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.

SuperMatch

By completing Step 10 – Request for SuperMatch search and consolidation:

- I authorise the Trustee to store, use and disclose my TFN and any other information held by the Trustee, as authorised by law, to contact the ATO or use SuperMatch (or such other ATO authorised search facilities), contact other super funds identified by the search result, to find out if they have other super monies and to meet any requirements set by the relevant super laws, the ATO or other regulatory authorities in relation to consolidating my super accounts
- I understand that my consent provided in relation to the use, storage and disclosure of my TFN when I provide the Trustee with my TFN details continues to apply unaffected.
- I authorise the Trustee to receive any ATO held super monies identified through the SuperMatch search and to transfer the ATO held super monies to my account.
- By ticking Yes in Step 10b, I instruct the Trustee to transfer to my Pitcher Partners Superannuation account the balance of any accounts held by other super funds found as a result of any searches authorised to be conducted.
- I authorise the deduction of the transfer fees, if applicable, by my previous super fund from the super monies rolled over to my Pitcher Partners Superannuation account.
- I am aware that I may ask the Trustee for information about any fees or charges that may apply to a rollover, or any other information about the effect that the rollover may have on my super monies.
- I acknowledge that the Trustee cannot guarantee that all of my super accounts will be found and/or transferred to my Pitcher Partners Superannuation account despite all reasonable efforts being made.
- I am aware that any insurance attached to my accounts may be cancelled as a result of transferring my super monies to my Pitcher Partners Superannuation account.

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

Personal Superannuation Application

Please forward all correspondence and enquiries to

Applications & forms

Post Pitcher Partners Superannuation Fund
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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Pension Application

Before you sign this application form, the Trustee or your licensed financial 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 note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law), 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.

1 Applicant details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone (work)	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<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"/>

Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with AML/CTF Law, please advise the following:

(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes No

If Yes, please nominate one of the below:

I hold one of the above mentioned publically exposed roles. Please specify

I am a close associate/family member. Please specify your relationship to the PEP

Source of wealth (the origin of your financial standing or total net worth ie, how you generated your wealth)

Employment Investments Other (please specify, eg inheritance)

Source of funds (the origin of your contribution to set up your account)

Employment Investments Other (please specify, eg inheritance)

Pension Application

2 Pension Details

Please select the appropriate pension for you.

I wish to commence a **Retirement phase pension**. I am eligible to so do because:

(Please tick one box applicable to your circumstance)

My existing benefits are unrestricted non-preserved.

I have reached age 65.

I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.

I have left gainful employment on / / and was over age 60 at that time.

I wish to commence a **Transition to retirement pension** as I have reached my preservation age but not met a condition of release.

I wish to commence a **Death benefit pension**. I am rolling over a death benefit and my relationship to the deceased is:

Spouse.

Child under the age of 18 or financially dependent child under 25.

Child of any age and suffering from a disability (please attach evidence of disability).

Financial dependant or interdependent and not a child (please attach evidence of relationship).

3 Tax file number

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. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

We require your TFN in order to process your Pension Division application.

4a: Deposit Instruction

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within Pitcher Partners Superannuation Fund go to our website and select from the **Pitcher Partners Superannuation Fund Investment guide (PPS.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 4b and 4c to provide these details.

Pension Application

APIR Code	Investment option	Allocation (%)
	Cash Account (Mandatory)	
Total (must = 100%)		

- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- If you require more space, please go to our website and download the Investment Authority – Pension Division form.

New members – If you do not complete this section, your investments will be allocated to the Cash Account.

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 transferred.

Pension Application

Step 4b: Listed investments

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<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"/>
<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"/>

Please note:

- If additional investments and/or listed investments are required, attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 95% of your account balance invested in listed investments
- The maximum buy price will be valid for 30 days, after which the amount for the purchase of your selected listed investments will be retained in your Cash Account until we receive further instructions from you.

Step 4c: Fixed rate/fixed term investments (minimum \$20,000)

Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- Adelaide Bank
 NAB
 ANZ

Please note:

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95 per cent of your account balance.

Pension Application

5 Cash Account preferences

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

Cash Account default minimum of 1%

OR

Cash Account percentage nominated in your Deposit Instruction

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

Pro-rata (default option) – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

Redemption instruction – percentage – Redeem funds from specified managed investments according to the percentage allocation nominated below.

Please note:

- The percentages allocated your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of redemption instruction – percentage.

APIR Code	Investment option	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"/>
Total (must = 100%)		<input type="text"/>

If you don't indicate a top-up method, the default option of pro-rata will be applied.

Pension Application

6 Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

Re-invest (default option) – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

Retain in Cash Account – Leave all income distributions to accumulate in my Cash Account.

If you don't indicate your income preference, the default option of re-invest will be applied.

7 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 (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<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"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member ²	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	

² Refer to the PDS for the restrictions that apply.

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.

8 Pension payment details

Pay my initial payment on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> 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.

Pension Application

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	<input type="text"/>
Expected amount	\$ <input type="text"/>
2) Rollover institution name	<input type="text"/>
Expected amount	\$ <input type="text"/>
3) Rollover institution name	<input type="text"/>
Expected amount	\$ <input type="text"/>

Section C:

For existing members only

Account 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 account*

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

Tax Declaration Notice under section 290-170 ITAA 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.pitcherpartnerssuper.com.au) 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.

13 Appointment of a representative (optional)

I hereby appoint the following person as my representative for the purposes listed below.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>	/	<input type="text"/>
Signature of representative	<input type="text"/>		Date <input type="text"/>
			/ <input type="text"/>
			/ <input type="text"/>

I authorise my representative to do the following in relation to my account:

- make enquiries about my account
- direct the trustee to establish/change my investment strategy and/or Standing Instructions (excluding MySuper members)
- request a full or partial withdrawal (payable only to me)
- alter the amount of my pension payments.

Note: Please provide proof of identification for the appointed representative above. Refer to the 'Completing Proof of Identity' document on www.pitcherpartnerssuper.com.au for more guidance on acceptable forms of individual identification.

Pension Application

14 Proof of identity

You need to provide a certified copy of a document(s) with this pension application that clearly shows your full name, date of birth or 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 or a foreign equivalent
- passport (we will accept an Australian passport that has expired within the preceding 2 years).

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 'Completing proof of identity' document on our website for more guidance on acceptable forms of individual identification.

15 Member advice fees

Choose your fee option. Fees should be provided including GST. 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 your initial contribution:	
<input type="checkbox"/> Contributions	<input type="text"/> % (inclusive of GST)
<input type="checkbox"/> Transfers/rollovers (not applicable to transfers from existing accounts)	<input type="text"/> % (inclusive of GST)

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	
up to a maximum of \$18,000 pa	
Flat fee (dollar amount) \$	<input type="text"/> pa (inclusive of GST)

- 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 14 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

Adviser name	<input type="text"/>																				
Licensee name	<input type="text"/>																				
Contact name	<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"/>						
AFSL No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Adviser code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dealer code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Adviser signature	<input type="text"/>										Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16 Member declaration

Important note: Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension account and for other related purposes. The Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me.

The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting the Trustee on 1800 333 500 or at www.ioof.com.au/privacy.

- 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 my personal information by the Trustee for the purposes specified in this application, the PDS and the Trustee's privacy policy.
- It is my responsibility to inform my beneficiaries that I have provided their personal information to the Trustee and to refer my beneficiaries to the Trustee's privacy policy.
- I understand that it is not an offence if I choose not to quote my TFN, but if I do not, I will be taxed at the highest marginal rate.
- 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	<input type="text"/>	Date	<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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Please forward all correspondence and enquiries to

Applications & forms

Post Pitcher Partners Superannuation Fund
GPO BOX 1144, Brisbane QLD 4001
Email info@pitcherpartners.com.au
Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444
Email enquiries info@pitcherpartners.com.au

Binding Death Benefit Nomination

Dependant 2

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	

Dependant 3

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	

Binding Death Benefit Nomination

Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant

Part b: Legal Personal Representative

Legal Personal Representative

Percentage of benefit . %

If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependents and your Legal Personal Representative adds up to 100%.

Total of Part a and Part b . %

The percentages nominated in Step 2 must add up to 100% or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

3 Member/Applicant declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy available at www.ioof.com.au/privacy.

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the Trustee's privacy policy.

I understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me
- the nomination must be in favour of one or more of my Dependents or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death

- the allocation of my benefit must be clearly set out
- 100% of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100%)
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my nomination will not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- 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
- it is my responsibility to ensure my nomination remains valid and current.

Binding Death Benefit Nomination

Member/Applicant signature

Please ensure that you sign and date this Binding Death Benefit Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature Date / /

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

Parent/guardian signature Date / /

Parent/guardian full name

Please complete Step 4: Witness declaration and signature on the next page.

4 Witness declaration and signature

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Binding Death Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witness 1

Surname

Given name

Witness signature 1

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

Witness 2

Surname

Given name

Witness signature 2

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

Please forward all correspondence and enquiries to

Applications & forms

Post Pitcher Partners Superannuation Fund
GPO BOX 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Email info@pitcherpartners.com.au

Non-Binding Death Benefit Nomination

Dependant 3

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	

Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Defacto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	

Part b: Legal Personal Representative

Legal Personal Representative

Percentage of benefit . %

If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependents and your Legal Personal Representative adds up to 100%.

Total of Part a and Part b 1 0 0 . 0 0 %

The percentages nominated in Step 2 must add up to 100%.

Non-Binding Death Benefit Nomination

3 Member/Applicant declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy available at www.ioof.com.au/privacy.

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the Trustee's privacy policy.

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/applicant signature

Date

 / /

Please forward all correspondence and enquiries to

Applications & forms

Post Pitcher Partners Superannuation Fund
GPO BOX 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

Enquiries

Telephone enquiries (07) 3222 8444

Email enquiries info@pitcherpartners.com.au

Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into Pitcher Partners Superannuation Fund.

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.pitcherpartnerssuper.com.au) 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.

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

1 Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>											
Given name(s)	<input type="text"/>													
Mailing address	<input type="text"/>													
Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<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"/>		
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email	<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"/>	<input type="text"/>	<input type="text"/>		
							Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
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"/>		

1 We are authorised by superannuation and taxation law to collect your TFN which will be used to action your transfer request. It is not an offence if you choose not to provide your TFN but providing it has advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

If you choose not to provide your TFN, we may not be able to process your request. If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document in the forms section of the website.

Please provide the Pitcher Partners Superannuation Fund account number that will receive the transfer of super benefit below:

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

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

Pitcher Partners Superannuation Fund (Unique Superannuation Identifier (USI) SMF0129AU), 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.



Group General Manager Client and Process
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% of your monthly salary plus an optional superannuation contributions benefit up to 10% 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 **Pitcher Partners Superannuation Fund insurance guide (JRS.03)** for more information.

4 Personal health statement

- Have you smoked in the last 12 months? Yes No
If you have answered 'Yes', how many cigarettes do you smoke per day?
- Have you smoked any substance other than tobacco? Yes No
If you have answered 'Yes', please specify the type of substance
- Do you consume alcohol? Yes No
If 'Yes', please specify:
 - 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
 - Type of alcohol:
- Height cm
- Weight kg

Occupation details

- What is the name of your employer?
- 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 you 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? Yes No

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

5 Your duty of disclosure

Before you answer any questions, you must first understand your duty of disclosure rights and obligations shown in Step 5. If you do 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. Non-disclosure can impact a future claim so it is important to be as open and honest as possible.

Your duty of disclosure

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

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

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

If you do not tell the insurer something

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

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

If the insurer chooses not to void the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have.

However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

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

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

Non-disclosure

If you have not disclosed all relevant matters to us and the insurer, and the insurer would not have entered into all or part of the cover on the same terms had they known about those matters, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure or misrepresentation is fraudulent and the insurer would not have provided the cover on the same terms had they known about these matters, the insurer may avoid all or part of the cover at any time. This means that the insurer can treat the cover as if it never existed and would not be liable to pay any claims.

Application for Insurance

Alternatively, instead of avoiding all or part of the cover the insurer may decide:

- a. to reduce the benefits for all or part of the cover in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer, although any reduction to benefits payable in respect of your death can only occur within three years of the commencement date; or
- b. for any benefits provided under the cover other than benefits payable in respect of your death, to vary the cover in such a way as to place you in the position you would have been in if you had disclosed all relevant matters to the insurer.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the Application Form.

6 Privacy statement

The way in which IOOF 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.ioof.com.au/privacy (IIML) and www.tal.com.au/Privacy (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including sensitive 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 form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

Telephone 1300 209 088

Fax 02 9448 9100

Postal address 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 sensitive health 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:
 - their personal information will be collected, held and used 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.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy with TAL.

Member signature

Date / /

Please forward all correspondence and enquiries to

Applications & forms

Post Pitcher Partners Superannuation Fund
GPO Box 1144, Brisbane QLD 4001

Email info@pitcherpartners.com.au

Fax (07) 3221 7779

PLA-13308

Enquiries

Telephone enquiries (07) 3222 8444

Pitcher Partners 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
Dated: 1 July 2018

Contact us

Postal address

GPO BOX 1144
BRISBANE QLD 4001

Telephone

Pitcher Partners Client Services
(07) 3222 8444

Fax

(07) 3221 7779

Email

info@pitcherpartners.com.au

Website

www.pitcherpartnerssuper.com.au

Trustee

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

Registered address

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Sponsor

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BRISBANE QLD 4000

Unique Superannuation Identifier

SMF0129AU