

Employer Application

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

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 Employer details

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| *Employer name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Trading name | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Website address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Unit No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | *Street No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Street name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Suburb | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal address (if different to above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Unit No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | *Street No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Street name/PO Box | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Suburb | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <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 contact details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | *Surname | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Given name(s) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Position | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Phone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2 Nomination of default fund

Do you wish to appoint the Fund as your employer-nominated default fund under the Choice of Fund legislation? Yes

Upon initial establishment of the Employer Plan, how many employees will be joining the Fund?

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3 Insurance cover

Complete this section if you wish to nominate an insurance basis for each category (must be greater than the default). If you do not complete this section, the MySuper default premium will apply. For full details on insurance benefits and eligibility, please refer to the PDS.

| | <input type="checkbox"/> Category 1 | <input type="checkbox"/> Category 2 | <input type="checkbox"/> Category 3 |
|---------------------------------|---|---|---|
| Category description | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of cover | <input type="checkbox"/> Death only <input type="checkbox"/> Death & TPD <input type="checkbox"/> Income protection | <input type="checkbox"/> Death only <input type="checkbox"/> Death & TPD <input type="checkbox"/> Income protection | <input type="checkbox"/> Death only <input type="checkbox"/> Death & TPD <input type="checkbox"/> Income protection |
| Insurance basis | | | |
| Nominated cover* | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Nominated premium* | \$ <input type="text"/> . <input type="text"/> per week | \$ <input type="text"/> . <input type="text"/> per week | \$ <input type="text"/> . <input type="text"/> per week |
| Formula basis* (please specify) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Subject to Trustee approval

Income protection cover

| | | | |
|------------------------------|--|--|--|
| Waiting period | <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days | <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days | <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days |
| Benefit period | <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 65 | <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 65 | <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 65 |
| Percentage of salary insured | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |

Maximum insurable benefit is 75% plus 10% contributions

4 Authorised signatories

The Trustee of the Fund is authorised to accept on behalf of the applicant the signature of any person as advised by the applicant (including those nominated hereunder) for the purpose of the administration of the Fund in accordance with the Trust Deed.

| | |
|-----------------------|----------------------|
| *Name | <input type="text"/> |
| *Position | <input type="text"/> |
| *Contact phone number | <input type="text"/> |
| *Signature | <input type="text"/> |
| *Name | <input type="text"/> |
| *Position | <input type="text"/> |
| *Contact phone number | <input type="text"/> |

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*Signature

5 Financial adviser details (financial adviser to complete, if applicable)

IOOF will only register a financial adviser who:

- holds a current Australian Financial Services Licence; or
- is a representative of an appropriate Australian Financial Services Licensee.

Financial adviser details

| | |
|---------------------------------------|----------------------|
| Dealer group | <input type="text"/> |
| Licence name | <input type="text"/> |
| Financial adviser name | <input type="text"/> |
| AFS Licence number | <input type="text"/> |
| Financial adviser number ¹ | <input type="text"/> |

If you are a new financial adviser¹, please also complete the following details:

| | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Business name | <input type="text"/> | | | | | | | | | | |
| Registered address | <input type="text"/> | | | | | | | | | | |
| Suburb | <input type="text"/> | | | | | | | State | <input type="text"/> | Postcode | <input type="text"/> |
| Mailing address (if different to above) | <input type="text"/> | | | | | | | | | | |
| Suburb | <input type="text"/> | | | | | | | State | <input type="text"/> | Postcode | <input type="text"/> |
| Phone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Facsimile | <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"/> | |
| Email address | <input type="text"/> | | | | | | | | | | |

¹ An email notifying you of your new financial adviser number will be forwarded to you shortly.

Dealer stamp

