

ClearView Superannuation and Roll-overs Additional Contributions Form

Use this form:

- to make an additional contribution to your ClearView Superannuation and Roll-overs account in the ClearView Retirement Plan (the Plan); and/or
- to commence or vary Regular Savings Plan contributions to the Plan.

If you would like ClearView Life Nominees Pty Limited to arrange the transfer or roll-over of superannuation benefits you hold elsewhere to the Plan on your behalf, please complete a Transfer Request and Authority form instead.

1. Member

Account Number

Mr Mrs Miss Ms Other

Surname

Given name(s)

Address

Home phone number

Work phone number

2. Taxation Declaration

Please indicate whether you intend claiming a tax deduction for your contribution to the Plan.

In respect of my contribution to the Plan in the

/ financial year.

I will NOT be claiming a tax deduction; or

I will be claiming a tax deduction for \$

If you change the amount you wish to claim as a tax deduction, you need to let us know as soon as possible, as this will affect the amount of contributions tax we need from your account.

I am self-employed* or an employee^Δ or a spouse

*Generally tax deductions are only available to self-employed people.

^Δ For details please refer to Part 1 - General Information Booklet of the Product Disclosure Statement.

If you are claiming a tax deduction you will need to also give us a Section 290-170 notice. We will write to you regarding this.

3. Contribution options

The latest information about the current investment options can be found in the current Product Disclosure Statement and ViewPoint magazine. You should read this information about the current investment options before making your investment selection.

Call us on 132 977 to obtain a copy of these documents.

This is:

an additional contribution.
Complete 'Section A' over the page.

the commencement or change of regular contributions.
Complete 'Section B' over the page.

4. Employer details

Complete only if your employer is contributing at your request.

Employer Company name

Address

Contact name

Telephone number

Fax number

5. Investment options

A. Lump sum contributions

These contributions are to be allocated to units as follows:

	<input type="checkbox"/> Your own or <input type="checkbox"/> spouse's contribution	Employer's SG contribution Please complete Section 4	Salary sacrifice contribution Please complete Section 4	OFFICE USE ONLY Dissection Code
Guaranteed Cash	\$	\$	\$	558 GSUP
Conservative	\$	\$	\$	390 COSP
Cautious	\$	\$	\$	391 CASP
Prudent	\$	\$	\$	392 PRSP
Assertive	\$	\$	\$	393 ATSP
Aggressive	\$	\$	\$	394 AGSP

The contribution is to be made by:

Cheque OR Direct Debit. (Please complete the Direct Debit Request on page 3.)

We do not accept cash for investment in the ClearView Retirement Plan. Please make all cheques payable to ClearView Life Nominees Pty Limited and crossed "Not negotiable".

B. Regular savings plan

I wish to:

commence regular contributions of \$ per month. (Please ensure you complete the Direct Debit Request on page 3.)

change the amount of my regular contributions to \$ per month. (There is no need to complete the Direct Debit Request unless you want to change your account details.)

These contributions are to be allocated to units as follows:

	<input type="checkbox"/> Your own or <input type="checkbox"/> spouse's contribution	Employer's SG contribution Please complete Section 4	Salary sacrifice contribution Please complete Section 4	OFFICE USE ONLY Dissection Code
Guaranteed Cash	\$	\$	\$	558 GSUP
Conservative	\$	\$	\$	390 COSP
Cautious	\$	\$	\$	391 CASP
Prudent	\$	\$	\$	392 PRSP
Assertive	\$	\$	\$	393 ATSP
Aggressive	\$	\$	\$	394 AGSP

Member declaration

I declare that I am under age 65 or aged 65-74 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the current financial year. I declare that the information provided on this application is correct to the best of my knowledge. I have considered the different investment objectives of each investment option. I have read and consent to the collection, use and disclosure of my personal information as set out in the Privacy and your personal information section in the enclosed information.

Signature 1
X
DATE / /

OFFICE USE ONLY	DATE	Adviser number	Office name
	/ /		
Same day sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Regular savings plan contributions Direct Debit Request Authority to debit account

Your details

ClearView Superannuation and Roll-overs account number if known

Surname

Given name(s)

Work phone number

Home phone number

Address

Surname

Given name(s)

Work phone number

Home phone number

Address

Company name

ARBN/ABN Please circle

Contact phone number

Address

Request and authority to debit

ClearView Life Assurance Limited ID 022829 may debit and/or charge any amount through the Bulk Electronic Clearing System, from the account nominated on this form. Each debit or charge must be effected according to the Service Agreement.

Details of financial institution

Name and address of financial institution

Postcode

Details of account to be debited

Name of account

BSB number

Account number

Signature(s)

Before signing this section, please read the Service Agreement on page 4 which has been given to you. Your signature below will indicate you accept the terms of the Service Agreement and confirm that the details on this form have been checked and are correct.

If a joint account, please have all account holders sign. If the account is held by a company please have one director and the company secretary each sign.

If you are signing for and on behalf of another person or entity, please state the capacity in which you sign in the signature box below.

Signature 1

DATE / /

Signature 2

DATE / /

Direct Debit Request Service Agreement

Definitions

'account' means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

'agreement' means this Direct Debit Service Agreement between you and us.

'business day' means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

'debit day' means the day that payment by you to us is due.

'debit payment' means a particular transaction where a debit is made.

'Direct Debit Request' means the Direct Debit Request between us and you.

'us' or 'we' or 'our' means ClearView Life Assurance Limited, (who trades as Clearview Life, the Administrator of the Clearview Retirement Plan and acting on behalf of Clearview Life Nominees Pty Limited who is the Trustee of the Plan), the Debit User you have authorised by signing a Direct Debit Request.

'you' means the customer(s) who signed the Direct Debit Request.

'your financial institution' is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

- 1.1 By signing a Direct Debit Request, you have authorised us to arrange for the funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the agreement between us and you.
- 1.2 We will only arrange for funds to be debited from your account:
 - (a) as authorised in the Direct Debit Request; and/or
 - (b) if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.
- 1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited, please check with your financial institution.

2. Changes by us

- 2.1 We may vary any details in this agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a Direct Debit Request by contacting us on 132 977.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least 7 business days before the next debit day or alternatively, you may arrange it through your financial institution.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us 14 business days notice in writing before the next direct debit day. This notice should be given to us in the first instance or alternatively, you can arrange it through your financial institution.

4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds available in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and

(c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.

- 4.4 If ClearView Life Assurance Limited is liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If you believe there has been an error in debiting your account, you should notify us on 132 977 and confirm that notice in writing with us as soon as possible so that we can resolve your query quickly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

- 6.1 You should check:
 - (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
 - (b) your account details that you have provided to us are correct by checking them against a recent account statement; and
 - (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. Confidentiality

- 7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
 - (a) to the extent specifically permitted by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with a query or claim).

8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should call 1800 265 744 to obtain or appropriate mailing address and/or fax number.
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3 Any notice will be deemed to have been received two business days after it is posted.

Privacy and your personal information

Collection, Use and Disclosure of your Personal Information

The Trustee and Administrator collect, use, and disclose your personal information in order to consider your application for the products in this brochure, to administer your account, and to pay any benefit or assess any claim made. You can choose not to provide us with some or all of your personal information, but this may affect our ability to do these things. Superannuation and taxation laws permit us, and in some cases require us, to collect this information.

By providing your personal information to us you acknowledge and declare that, and consent to the following:

1. we can collect and use your personal information for the following purposes: to assess your current and any subsequent application; administer your accounts; provide you with statements; calculate and offer benefits and discounts; underwrite, price and issue any insurance issued to you as part of your account; to investigate, assess and pay any benefit or claim made by or against you or your account; locate your lost superannuation money; and determine to whom your benefit will be paid to in the event of your death;
2. for these purposes we can collect your personal information from, and disclose it on a confidential basis to: our related entities; insurers; insurance reference bureaus; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; employers; accountants; and the agent of any of these;
3. where you provide personal information to us about another person, you are authorised to provide that information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual);

Marketing Purposes

We are committed to providing you with access to a range of leading products and services.

In order to do this we will use your personal information to offer you other products and services. We may disclose your personal information on a confidential basis to our related entities within the ClearView Group of Companies so that they can also offer you products and services.

By providing your personal information to us you acknowledge that, and consent to:

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you will inform us if you do not want your personal information to be used, or disclosed for these marketing purposes.

Please call 1800 265 744 if you have any questions, comments or concerns regarding privacy matters.

Our Privacy Policy

Further information on how we handle your personal information is explained in Information Handling Policy which can be accessed at www.clearview.com.au, which includes information about:

- How to contact us regarding Privacy;
- How to inform us to change your marketing consent; and
- How to access your personal information.

If you have any questions, comments or concerns regarding privacy matters or any other matter please call us on 1800 265 744.



This form can be posted (no stamp required) to:

ClearView
Client Operations
Reply Paid 4232 — GPO Box
Sydney NSW 2001



**If you have any questions about this form,
please call us on**

132 977