

Application Form

ClearView Pension Plan

22 June 2012

Please print clearly in **BLOCK LETTERS**.

Part A: Your details

Section 1: Account details

Do you have an existing ClearView Pension Plan?

Yes. Please provide your account number (e.g. 750000000) No

Section 2: Personal details

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name/s

Date of birth

DD/MM/YYYY

Sex

Male Female

Section 3: Contact details

Residential address (cannot be PO Box address)

Suburb/Town

State

Postcode

Home phone

()

Mobile

Business phone

()

Fax

()

Email

Postal address (if different to the above)

Suburb/Town

State

Postcode

Section 4: Tax File Number (TFN)

If you do not provide your TFN, you may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income tax assessment).

If you need to complete a TFN declaration, please ensure you complete a TFN Declaration Form for each pension you apply for.

Tax File Number

: : - : : - : :

Section 5: Eligibility to commence a pension

What type of Pension Plan are you seeking to establish?

I wish to establish a (select one of the following):

ClearView Pension Plan – Ease into Retirement and I am between age 55 and 64 and not retired from the workforce.
Or

ClearView Pension Plan and (select one of the following):

- I am aged 55 or over and have permanently retired from the workforce
- I am aged 60 to 64 and ceased an arrangement of gainful employment on or after attaining age 60
- I am aged 65 or older
- I am permanently incapacitated or have a terminal illness

Part B: Your investment details

Section 6: How your investment will be made

My Pension Plan will be funded from my benefits in (select one):

- My ClearView Superannuation and Roll-overs account; or
- My ClearView Superannuation and Roll-overs account PLUS additional benefits currently held in one or more other superannuation funds (please complete details of other funds below); or
- One or more other superannuation funds (please complete details of other funds below).

Important information

If you intend to lodge a notification that you will be claiming a tax deduction (Section 290-170 Notice), you will need to do so prior to transferring to ClearView Pension Plan. You will be unable to claim a tax deduction once you have commenced a ClearView Pension Plan.

Details of other Superannuation Funds

Full name of Fund	Account number	Approximate amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Section 7: Investment Allocation

Please specify the percentage you wish to invest in each option.

Option Name	Option Code	Initial investment		Percentage (must be a whole percentage)
Guaranteed Cash	495 GALP	\$ <input type="text"/>	OR	<input type="text"/> %
Conservative	440 COAP	\$ <input type="text"/>	OR	<input type="text"/> %
Cautious	441 CAAP	\$ <input type="text"/>	OR	<input type="text"/> %
Prudent	442 PRAP	\$ <input type="text"/>	OR	<input type="text"/> %
Assertive	443 ATAP	\$ <input type="text"/>	OR	<input type="text"/> %
Aggressive	444 AGAP	\$ <input type="text"/>	OR	<input type="text"/> %
TOTAL		\$ <input type="text"/>		100%

Section 8: Pension Payments

If you selected in Section 5:

- **ClearView Pension Plan.** The annual pension payment amount due in the year in which you commence this pension will be reduced in proportion to the number of days remaining in the financial year.
- **ClearView Pension Plan – Ease into Retirement.** The first year pension payment may or may not be pro rated depending on your selection. For further information, refer to the section titled ‘How are my pension payments calculated?’ in the Additional Information.

A. Annual pension amount

i. How much would you like to receive? Please select one of the following pension payment options:

Minimum payment

Maximum payment (only applies to ‘Ease into Retirement’ investors)

Do you wish to receive the full 100% maximum payment in the first year? Yes No

Other payment (Subject to minimum/maximum guidelines) \$ p.a.

ii. Do you want your Annual pension amount to increase in line with inflation each year? Yes No

B. Payment Frequency

iii. Please select one of the following payment frequencies

Monthly

Quarterly

Commencement date

Yearly

Commencement date

iv. Are you investing between 1 June and 30 June?

Yes. Do you wish to defer your first payment until the next financial year? Yes No

No. Go to Section 9.

Section 9: Payment Options

Please indicate how payments are to be deducted from your account:

Option Name	Option Code	Percentage (must be a whole percentage)	Order of payments
Guaranteed Cash	495 GALP	<input style="width: 50px;" type="text" value="%"/>	OR <input style="width: 30px;" type="text"/>
Conservative	440 COAP	<input style="width: 50px;" type="text" value="%"/>	
Cautious	441 CAAP	<input style="width: 50px;" type="text" value="%"/>	
Prudent	442 PRAP	<input style="width: 50px;" type="text" value="%"/>	
Assertive	443 ATAP	<input style="width: 50px;" type="text" value="%"/>	
Aggressive	444 AGAP	<input style="width: 50px;" type="text" value="%"/>	
TOTAL		100%	

Section 10: Nominated Australian Financial Institution Details

Name of financial institution

Branch where account held

Name of account

Branch Number (BSB)

 : - :

Account Number

Note: 1. Direct crediting is not available on the full range of accounts. If in doubt, please refer to your financial institution. **2.** We must ensure you have received your minimum payments by the end of each financial year. Any outstanding pension payments up to your minimum will be credited to this financial institution.

Section 11: Identification details

Have you completed the Individual Identification Form that is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006?

- Yes. Please attach the Individual Identification form with this Application Form.
- No. You are unable to become a member of the ClearView Retirement Plan until this is completed.

Section 12: Reversionary Beneficiary Details

Do you wish for any pension remaining after your death to continue to be paid to a Reversionary Beneficiary?

- Yes. Complete Reversionary Beneficiary Details below.
- No. Do you wish to make a Binding Death Nomination?
- Yes. Please complete and attach a Binding Death Benefit Nomination Form.
 - No. If you do not nominate a beneficiary, your account balance will be payable to your Legal Personal Representative. If no Legal Personal Representative is appointed within 6 months of your death, the Trustee will use its discretion to determine to whom and the way your account balance is to be paid.

Section 15: Declaration and signature

Before you sign this Application Form, the Trustee or Financial Planner is obliged to give you the PDS to which this application relates. The PDS will help you to understand the product and to decide whether it is appropriate for your needs. Please ensure that you have the entire PDS including the Additional Information brochure.

Important declarations and acknowledgements

If you complete and sign an Application Form to participate in ClearView Pension Plan, you acknowledge that joining the product is subject to the terms of the Trust Deed, as amended from time to time. We may alter the Trust Deed, subject to any limitations and conditions imposed by relevant law and the provisions of the Trust Deed.

You acknowledge:

- your entitlements are subject to the terms of the Trust Deed. An offer made within the PDS only constitutes an offer to persons receiving the PDS within Australia and signing the Application Form in Australia.

You confirm you:

- have received, read and understood the PDS including the Additional Information brochure which is deemed to be included in the PDS, and, any updates issued at the time that you make this application and this Application Form;
- understand and accept the risks of an investment in the product (other than an investment in the Guaranteed Cash option) and that neither investment earnings nor the value of your investments are guaranteed by us or our related entities and that the value of your investments may rise or fall;
- understand that at any time, the Investment Option(s) available may vary and, in such circumstances, we may, without reference to you or your financial planner, and without taking into account any taxation or other potential costs that may be incurred by you as a result, redeem any investments held in respect of your account which have ceased to be offered;
- understand there may be unavoidable delays before an investment transaction (including a switch) may be implemented, including but not limited to delays that occur because we exercise a discretion available to us under the Trust Deed and/or to comply with legal requirements;
- understand the fees and costs described;
- agree to receive reports, statements, confirmation notices, investment instructions and other information by any means including facsimile, email, the internet or by addressed post;
- acknowledge and agree we will not be liable to you for any loss you suffer (including consequential loss) caused by the fact that:
 - we may delay, block, freeze or refuse to process a transaction; and/or - we may refuse to provide you any (initial or ongoing) services, including in circumstances where:
 - we have a legal obligation to refuse to provide those services;
 - your transaction may cause us or you to breach any Australian laws or the laws of another country;
- have read and understood the privacy information set out in the PDS and consent to the use of information as described; and
- if you have not sought advice from a Financial Planner in choosing ClearView Pension Plan, understand that you risk making a financial commitment to a product that may not be appropriate to your needs and objectives.

In this section, all references to 'us' are intended to include a reference to the Trustee and any service provider appointed by us from time to time. We will hold the benefit of (and may enforce) the representations, declarations, releases and indemnities in this section for our own benefit and for the benefit of any such service provider.

Signature of applicant

Date

Financial Planner name

Financial Planner number

PLANNER STAMP HERE