

Application Form

ClearView Superannuation and Roll-overs

22 June 2012

Please print clearly in **BLOCK LETTERS**.

Part A: Your details

Section 1: Account details

Are you opening a new account?

- ☐ Yes. I am a new ClearView investor
- ☐ No. Please link to my existing account (e.g. 650000000)

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)

Please provide your TFN. We are unable to accept contributions if this is not provided.

Tax File Number

: : - : : - : :

Section 5: Eligibility to contribute to super

Please select one of the following:

- ☐ Under age 65
- ☐ Age 65-74. Have you been gainfully employed for at least 40 hours during any consecutive 30 day period in the financial year? ☐ Yes ☐ No
- ☐ Age 75 or over and still working (compulsory employer contributions only).

If none of the above options apply, please contact Customer Service.

Part B: Your Investment Details

Section 6: Contribution Details

For further information, refer to the section titled 'What contributions can be made?' in the ClearView Superannuation and Roll-overs Additional Information.

How would you like to make your investment?

- ☐ Cheque. Complete contribution type details below and make cheque payable to 'ClearView Life Nominees Pty Limited'.
- ☐ Direct Debit. Complete contribution type details below and Section 9: Direct Debit Details.
- ☐ Rollover. Complete contribution type details below and complete Section 7: Rollover Details.
- ☐ Spouse Contribution Split. Complete contribution type details below.

Contribution type

Please indicate below the amount of your contribution and/or rollover.

	Lump sum investment or contribution amount	Regular monthly investment
a. Personal contribution (please complete 'Taxation deduction intention' section below)	<input type="text" value="\$"/>	<input type="text" value="\$"/>
b. Employer contribution	<input type="text" value="\$"/>	<input type="text" value="\$"/>
c. Salary sacrifice	<input type="text" value="\$"/>	<input type="text" value="\$"/>
d. Spouse contribution	<input type="text" value="\$"/>	<input type="text" value="\$"/>
e. CGT contribution*	<input type="text" value="\$"/>	
f. Directed termination payment or any other amount*	<input type="text" value="\$"/>	
g. Rollovers total (complete Rollover Details section)	<input type="text" value="\$"/>	
Total Investment	<input type="text" value="\$"/>	<input type="text" value="\$"/>

* For CGT small business, directed termination payment or any other amount please attach the relevant notification.

Taxation deduction intention – Personal contributions only

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

☐ I will NOT be claiming a tax deduction; or

☐ I will be claiming a tax deduction for \$

Note: If you are claiming a tax deduction you will need to give us a Section 290–170 notice. We will write to you at the end of the financial year regarding this.

Section 7: Rollover Details

If you are rolling benefits from one or more superannuation fund(s) please complete the details below.

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

Note: Please complete the Transfer Request and Authority Form for each rollover and attach original certified identification document for each transfer.

Section 8: Investment Allocation

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

Option Name	Option Code	Lump sum initial or additional investment		Regular Savings Plan (per month)	
Guaranteed Cash	558 GSUP	\$ <input type="text"/>	OR <input type="text"/> %	\$ <input type="text"/>	OR <input type="text"/> %
Conservative	390 COSP	\$ <input type="text"/>	OR <input type="text"/> %	\$ <input type="text"/>	OR <input type="text"/> %
Cautious	391 CASP	\$ <input type="text"/>	OR <input type="text"/> %	\$ <input type="text"/>	OR <input type="text"/> %
Prudent	392 PRSP	\$ <input type="text"/>	OR <input type="text"/> %	\$ <input type="text"/>	OR <input type="text"/> %
Assertive	393 ATSP	\$ <input type="text"/>	OR <input type="text"/> %	\$ <input type="text"/>	OR <input type="text"/> %
Aggressive	394 AGSP	\$ <input type="text"/>	OR <input type="text"/> %	\$ <input type="text"/>	OR <input type="text"/> %
Pre-Retirement	395 PKSP	\$ <input type="text"/>	OR <input type="text"/> %		
TOTAL		\$ <input type="text"/>	100%	\$ <input type="text"/>	100%

Section 9: Direct Debit Details

Please cross (x) the relevant boxes below if you would like to establish a direct debit arrangement.

I wish to establish the following direct debit arrangement:

- ☐ Regular Savings Plan (complete parts A and B)
- ☐ To make a one-off contribution (complete part B only)

A. Regular Savings Plan Details

The regular contribution will be:

- ☐ Personal Contributions ☐ Employer contributions ☐ Spouse Contributions

When would you like to commence your Regular Savings Plan?

MM/YYYY

Note: Once the direct debit is established, the direct debit will occur on or around the 15th day of each month.

B. Nominated financial institution details (Contributions by credit card are not accepted)

I/We request and advise ClearView Life Assurance Limited (User ID number: 022829) to debit my/our nominated account in terms of the payment arrangement made between us:

Name of financial institution

Branch where account held

Name of account

Branch Number (BSB)

Account Number

Nominated Amount

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement. For further information, refer to the section titled 'Direct Debit Request Service Agreement' in the ClearView Superannuation and Roll-overs Additional Information. I/we understand that where a regular deduction is dishonoured, a fee is charged and a processing fee may be charged by my/our financial institution each time a contribution is made. All bank account signatories must sign below.

Name of account holder A (please print clearly)

Name of account holder B (please print clearly)

Signature of account holder A (sign clearly within box)

Signature of account holder B (sign clearly within box)

Date

Date

Part C: Other information

Section 10: Commencing a ClearView Pension Plan

Are you in the process of consolidating all your contributions and rollovers before you transfer the funds to the ClearView Pension Plan?

☐ Yes. Please complete the following additional documents:

- A ClearView Pension Plan Application Form; and
- A Section 290-170 Notice must be submitted to ensure that you are able to receive a tax deduction for your personal contributions (if applicable) before you convert your superannuation to a pension.

☐ No.

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: Binding Death Nomination

Would you like 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 13: ClearView Family Fee Rebate

Have you completed and attached a ClearView Family Fee Rebate Election Form?

☐ Yes. Please attach the Family Fee Rebate form with this Application Form.

☐ No

Section 14: Additional Instructions/Notes

Are there any additional instructions? ☐ Yes ☐ No

If yes, please complete below.

<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

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 Superannuation and Roll-overs you acknowledge that joining the relevant 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 Deeds.

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:

- are eligible under superannuation law to make contributions to ClearView Superannuation and Roll-overs
- 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 until your account balance reaches \$1500, your account balance will be invested in the Guaranteed Cash option, rather than the Investment Option(s) nominated by you;
- 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 Superannuation and Roll-overs 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