



For any changes/alterations to your membership please complete this form accompanying the Product Disclosure Statement (PDS), dated 1 May 2011 and the Supplementary Product Disclosure Statement (SPDS) dated 1 October 2011. This form is effective from 1 October 2011.

Contents and instructions

Complete all of the mandatory sections 1, 2 and 6, then complete the sections you wish to change in the optional sections. If you want to make a new nomination, confirm a previous nomination of beneficiary or revoke an existing nomination please download a copy of the 'Death benefit beneficiary nomination form' at axa.com.au or contact our Customer Service Centre on 133 056 to request a copy. Please note that AXA will not be able to process your request unless all mandatory sections are completed. These are sections 1, 2 and 6.

1 Plan details (mandatory section)

Plan name, Plan reference, Member reference

2 Member details (mandatory section)

Mr Mrs Miss Ms Other, Date of birth, Surname, Given name(s), Street number and name, Town/Suburb, State, Postcode, Home telephone, Work telephone, Mobile number, Email address, Occupation

3 Tax file number notification (TFN)

TFN input boxes

Your TFN is confidential. Before you provide your TFN we are required to tell you the following: 1 TFNs are collected under the Superannuation Industry (Supervision) Act 1993, Retirement Savings Accounts Act 1997, the Privacy Act 1988 and taxation acts... 2 The Trustee and fund administrator will only use your TFN for super purposes, including: Finding or joining together your super benefits...

What happens if I do not quote my TFN

You are not obliged to provide your TFN to your super fund. However, if you do not provide your TFN your benefit may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made into your account in the year, compared to the concessional tax rate of 15 per cent and your personal contributions will be refunded. Your fund may deduct additional tax from your account. If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. If you wish to join the Fund as an insurance only member you must supply your TFN upon application otherwise you are not eligible for membership of the Fund. If you are a non-resident and you do not provide a TFN, the Trustee must withhold the prescribed rate of tax when paying a lump-sum benefit. A tax exemption code is not recognised as a valid TFN. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

If you require further information, please contact the ATO Superannuation Helpline on 131 020 or your plan's financial adviser.

5 Changes to insurance benefits and/or smoker/non-smoker status (optional section)

This section defines your insurance benefits. We recommend that you speak to your financial adviser before you make any changes to your insurance. Upon completing this section, any insurance cover you currently have will be overridden with the choice you make below.

Complete the insurance benefit section below ONLY if you would like to define or change your current insurance benefits.

The insurance choices you make could have a significant effect on your super.

- If you select the nominated amount or multiple of salary benefit basis, Total and Permanent Disablement (TPD) cover after you reach age 60 will reduce progressively by 20 per cent at each annual review to zero on your 65th birthday as described in the PDS.
- If you are a casual employee or a permanent employee employed to work less than **15 hours per week**, you are only eligible for one unit of Death only cover. You are not eligible for TPD cover or Salary Continuance. Please refer to the PDS for full eligibility conditions.
- To change your smoker/non-smoker status, please complete the 'Declaration for smoker/non-smoker status' only and sign the member declaration on the next page.

Health evidence is required if

- The level of cover provided to you under your employer arrangement is in excess of the plan's Automatic Acceptance Limit.
- You select a different benefit basis than that provided to you under your employer arrangement.
- Automatic acceptance does not apply.

Declaration for smoker/non-smoker status

Smoking status Smoker **▶ Have you smoked in the past 12 months?** Yes No
 Non-smoker **▶ Have you smoked in the past 12 months?** Yes No

Note: If you have ticked 'non-smoker' and 'yes' to having smoked in the past 12 months, you will still be categorised as a smoker for premium calculation purposes. You will need to re-submit a declaration once you have not smoked for a period of 12 months or more.

Work status Permanent full time
 Permanent part time **▶ Hours employed to work per week** Less than 15 15 or more
 Casual

Are you changing your membership details to Group Life only Yes No

Please note: As a Group Life only member contributions will be made to pay for your insurance premium only. Your employer will need to sign the employer declaration on page 4.

(i) Please provide me with the following insurance cover (benefit type): (please tick ONE option only)

- 1 No insurance
- 2 Death only ▶ Complete section (ii)
- 3 Death and TPD ▶ Complete section (ii)
- 4 Death and Salary Continuance ▶ Complete sections (ii) and (iii)
- 5 Death, TPD and Salary Continuance ▶ Complete sections (ii) and (iii)

Note: By selecting one of the above options you will override any existing cover you have.

(ii) Death only or Death and TPD – choose one of the following benefit basis:

No change to my existing benefit basis and amount of Death only or Death and TPD cover (applicable only if you have selected 4 or 5 above)

OR

Units of cover (Refer to your plan's financial adviser for the amount of cover for each unit)

Please enter number of units of cover units

OR

Nominated amount

Enter the amount of insurance you would like and then select from A or B \$

- A Nominated amount only
- B Nominated amount linked to Consumer Price Index (CPI)

OR

Salary multiple

Select from E or G and then enter a salary multiple

- E Multiple only times salary
- G x% of salary multiplied by term to age 65 Value of X (subject to a maximum of Y multiplied by salary) Value of Y

(iii) Salary Continuance

No change to my existing Salary Continuance cover (applicable only if you have selected 4 or 5 above)

OR

Waiting period 30 days 60 days 90 days **Amount of benefit** % of annual salary (maximum 75%)
 Please note: If an amount is not nominated the default of 75% will be applied.

Benefit basis two-years (You can select this benefit as additional cover or to amend existing cover)

If you have current Salary Continuance with a benefit basis to age 65, any changes made to the waiting period or amount of benefit will automatically change the benefit basis to two years.

6 Member declaration (mandatory section)

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AXA. The purpose of collecting your information is to assess your application and manage your membership with the Fund.

If you are also applying for insurance cover, we will collect additional information about you and your immediate family background that is necessary for assessing your application for insurance, or any claim you may make, and for managing your cover. This includes information about health, financial situation, occupation and lifestyle. If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for.

In assessing your application, or any subsequent claim, and managing your super, AXA may disclose your personal information to government bodies as required by law (eg the ATO), to individuals as required by law (eg under family law superannuation splitting arrangements) and to other parties, such as providers of retirement and savings products, a financial adviser, your employer, a policy committee (where applicable), an online web service provider, re-insurers, medical and financial professionals and judicial or dispute resolution bodies.

We will only use information about your nominated preferred dependant(s) or legal personal representative in the event of your death.

In the future, we may contact you about new products or special offers. If, at any time, you do not want to receive this information you can opt out by telephoning 133 056 and quoting your plan and member number.

We may provide a financial adviser of your current or former employer plan with information about your membership such as your contact details, account balance and insurance cover so that they can contact you to discuss other financial products and services. If you do not want us to provide your information to a financial adviser for this purpose, please contact us. We do not give your personal details to any other external parties for marketing purposes.

You are entitled to request reasonable access to information we have about you. We reserve the right to charge an administration fee for collating the information you request.

For a copy of our policy on privacy refer to axa.com.au or contact our Customer Service Centre on 133 056.

Member declaration

I have been provided with and have retained for my use the current 'Super Directions for Business' Product Disclosure Statement.

I agree to be bound by the terms and conditions of the Trust Deed of the Fund as amended from time to time.

I accept responsibility for the choices I have made on this form and acknowledge that the Trustee shall not be liable for any loss due to an inappropriate choice made by me.

I undertake to reimburse The National Mutual Life Association of Australasia Limited on demand in respect of any amount incorrectly paid to me.

I have read and understood the Privacy – use and disclosure of personal information statement.

I consent to my personal information being collected and used in accordance with the Privacy – use and disclosure of personal information statement.

I acknowledge that I can opt out from the use of that information for the purpose of direct marketing by calling 133 056.

X	/ /
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Member's signature

Date

Employer declaration (only required where the member is changing to Group Life only)

I certify that all the above information is true and correct

X	/ /
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Signature of Authorised Officer

Date