



This form is only to be used when transferring AXA's Elevate insurance between Individual payment, North, Summit, Generations or iAccess.

In order to qualify to use this form, the following conditions apply. If these conditions cannot be met, please use the Insurance Application form from AXA's Elevate Insurance solutions Product Disclosure Statement (PDS). If you qualify to use this form, no quote for the transferring cover is required.

	Requirement
Payment source	The old and new platforms must be either both superannuation based or both non-superannuation based
Cover type and level	There must be no changes to the type or level of cover
Insurance product and series	The insurance product must be AXA's Elevate and the series must be 19 April 2010 or later. There must be no change to the insurance product or series of the cover
Policy owner	There must be no change in the owner of the policy

Note: Please be aware that if you apply to transfer a Life Insurance Superannuation Plan or Income Insurance Superannuation Plan:

- to North, you are also applying for membership of the Wealth Personal Superannuation and Pension Fund
- to Summit, Generations or iAccess, you are also applying for membership of the Wealth Personal Superannuation and Pension Fund
- to Individual Payment, you are also applying for membership of the Super Directions Fund.

Please refer to the appropriate PDS for your insurance for further information.

Transfer details

Date this transfer signed

Plan number

Will the premium payments now be made through North

If through North please provide your existing North account number ►

If you nominate North, all superannuation plans transferred will be owned by N.M. Superannuation Proprietary Limited, through the Wealth Personal Superannuation and Pension Fund, and premiums will be paid out of the North account. The person to be insured must be the member of the nominated account. You do not need to provide any dependant or tax file number information, as this information from your North account will be used.

Summit Generations iAccess

If through Summit, Generations or iAccess please provide your existing client reference number ► - -

If you nominate a Summit, Generations or iAccess IDPS account, all non-superannuation plans transferred will be paid out of your IDPS account. To nominate a Summit, Generations or iAccess IDPS account, you must be authorised to transact on that account. If you have a Life Insurance Plan and wish to nominate beneficiaries, do so on page 3.

If you nominate a Summit, Generations or iAccess Superannuation or Pension Plan, all superannuation plans transferred will be owned by N.M. Superannuation Proprietary Limited, through the Wealth Personal Superannuation and Pension Fund, and premiums will be paid out of your Superannuation/Pension account. The person to be insured must be the member of the nominated account. You do not need to provide any dependant or tax file number information, as this information from your applicable Summit, Generations or iAccess account will be used.

Individual payment

If you nominate Individual payment, all non-superannuation plans transferred will be paid by the method nominated in Payment authorities on page 2. If you have a Life Insurance Plan and wish to nominate beneficiaries, do so on page 3.

If you nominate Individual payment, all superannuation plans transferred will be owned by N.M. Superannuation Proprietary Limited, through the Super Directions Fund, and premiums will be paid by the method nominated in Payment authorities on page 2. If you have a Life Insurance Superannuation Plan and wish to nominate dependants, do so on page 4. You are required to complete the tax file number details on page 6.

Person insured

Title Given name(s) (please print) Family name

Gender Male Female Date of birth

Payment authorities

Must be completed if paying premiums through Individual payment.

► **Before you complete this page**, please read the terms and conditions of this facility in the Product Disclosure Statement(s).

Payment method

Select method of payment:

- Direct debit by credit card (please complete option 1 below)
- Direct debit by bank account (please complete option 2 below)
- Receive payment due notices (only available for quarterly, half yearly or yearly payments)

Option 1: Direct debit by credit card

► **Only complete this section to pay your insurance premiums by credit card.**

Initial premium deposit: No Yes (Note: The premium will be deducted on **acceptance** and completion of this application)

Frequency of ongoing premium deductions (tick one): Fortnightly Monthly Quarterly Half yearly Yearly

Credit card type: MasterCard Visa

Credit card number

- - - Expiry date
 -

Name as shown on credit card

Cardholder's signature

Date signed

X	/ /
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Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment.

You will need to complete a new direct debit authority form or provide the new credit card details over the phone. To do this, please contact our Customer Service Centre on 132 987.

Option 2: Direct debit by bank account

► **Only complete this section to pay your insurance premiums by direct debit.**

Note: Please refer to your financial institution to check your account offers direct debiting.

Initial premium deposit: No Yes (Note: The premium will be deducted on **acceptance** and completion of this application)

Frequency of ongoing premium deductions (tick one): Fortnightly Monthly Quarterly Half yearly Yearly

(Optional) If paying **monthly** direct debit by bank account, you may choose a date for deduction, between 1st to 28th only

BSB number

Account number

-

Bank/financial institution name

Bank/financial institution branch name

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Account in name of (name in full)

Company ABN (Australian Business Number)

	<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"/>
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Account holder signature(s)

Signature – account holder 1

Date signed

Signature – account holder 2 (if applicable)

Date signed

X	/ /	X	/ /
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Nomination of beneficiaries

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid for out of a Summit, Generations or iAccess investment account.

'You' refers to the Plan owner (ie The person who has the authority to decide how the benefit is dispersed).

Nominate beneficiaries – only for Life Insurance Plan

► Only complete this page if you have applied for the Life Insurance Plan

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Do you wish to make a nomination? No Yes If yes, please nominate the beneficiaries to receive the payment of benefits below.

1 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

2 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

3 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

4 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner % of death benefit* %

Total percentage **100 %**

**Nomination of beneficiaries
(continued)**

Plan owner declaration

Plan owner family name I/We	Given name(s)
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the Plan owner(s), nominate the person(s) named above to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

I understand that:

- payment of benefits will be made on the basis of the latest nomination received in writing by AXA Australia
- if there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate)
- nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received
- if a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the Plan owner (or their estate)
- the Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AXA Australia.

Signature of Plan owner X	Date signed / /
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Nomination of dependants

(For Super Directions Fund members only)

To be completed only if you are applying for a Life Insurance Superannuation Plan held through Super Directions.

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess as applicable. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

► **Before you complete this page:**

- you should read the 'Holding your policy in superannuation' section of the Product Disclosure Statement, and
- discuss your needs with your financial adviser.

What nomination do you wish to make?

To make a binding nomination complete the binding nomination section below including witness declarations.

To make a non-binding nomination complete the non-binding nomination section on page 7.

Please note: you can change your nomination at any time by notifying the Trustee of the Super Directions Fund in the approved form.

Binding nomination (Trustee must pay specific people you have selected, provided that your nomination is valid)

Direct the Trustee to pay my death benefit exactly as follows (ie no Trustee discretion)

1	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value=" "/>
	Address <input type="text"/>				
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="()"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> IR† <input type="checkbox"/> Child		<input type="text" value=" %"/>	
2	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value=" "/>
	Address <input type="text"/>				
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="()"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> IR† <input type="checkbox"/> Child		<input type="text" value=" %"/>	
3	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value=" "/>
	Address <input type="text"/>				
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="()"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> IR† <input type="checkbox"/> Child		<input type="text" value=" %"/>	
4	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value=" "/>
	Address <input type="text"/>				
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="()"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> IR† <input type="checkbox"/> Child		<input type="text" value=" %"/>	
5	Title	First name	Family name	Gender	Date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value=" "/>
	Address <input type="text"/>				
	Phone number	Relationship of the nominated person to the Plan owner		% of death benefit*	
	<input type="text" value="()"/>	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Spouse <input type="checkbox"/> IR† <input type="checkbox"/> Child		<input type="text" value=" %"/>	
				Total percentage	<input type="text" value="100 %"/>

or My Legal Personal Representative (eg the executor of your will)

* Percentages must be whole numbers

† Interdependency Relationship

**Nomination of dependants
(continued)**

To be completed only if you are applying for a Life Insurance Superannuation Plan held through Super Directions.

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess as applicable. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

Declaration, acknowledgment and signature

Member declaration

Do not sign this declaration unless in the presence of both witnesses.

I have read the information in the 'binding nominations' section of the Product Disclosure Statement and understand that:

- in the event of my death, the Trustee will pay the death benefit in accordance with this nomination
- unless I revoke or amend it before it expires, this nomination will cease to be valid in three years time
- this nomination revokes any previous nomination that I may have made
- I declare that at the date of this application I have answered all questions accurately
- I am aware that if I do not make a valid binding nomination, the Trustee has the right to select the person or persons to whom to pay the benefit in the event of my death. I ask that the Trustee consider the preferred dependant(s) mentioned above when making a selection
- I acknowledge that my binding nomination is not valid unless completed to the satisfaction of the Trustee and received at the Customer Service Centre.

Signature of member

Date signed

X	/ /
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Please complete the Witness declarations section below ►

Witness declarations – must be completed if making a binding nomination

Note: Each witness must be an independent person and cannot be a nominated beneficiary.

I declare that:

I am over 18 years of age and am not a person nominated above, and that this nomination was signed by the member in my presence.

Witness 1 – full name

Signature

Date signed

	X	/ /
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I am over 18 years of age and am not a person nominated above, and that this nomination was signed by the member in my presence.

Witness 2 – full name

Signature

Date signed

	X	/ /
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OR

**Nomination of dependants
(continued)**

To be completed only if you are applying for a Life Insurance Superannuation Plan held through Super Directions.

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess as applicable. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

Non-binding nomination (The Trustee of the Super Directions Fund will consider your preference but is not bound by this nomination. Witnesses are not required for a non-binding nomination.)

1 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

2 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

3 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

4 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

5 Title First name Family name Gender Male Female Date of birth / /

Address

Phone number () Relationship of the nominated person to the Plan owner Financial dependant Spouse IR† Child % of death benefit* %

Total percentage **100 %**

or My Legal Personal Representative (eg the executor of your will)

* Percentages must be whole numbers

† Interdependency Relationship

Signature of member Date signed / /

Tax file number (TFN)

Must be completed if you have a Life Insurance Superannuation Plan or Income Insurance Superannuation Plan and are paying through Individual payment.

► Only complete this page if you are applying for superannuation cover with the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan.

Plan number

Note: the Plan owner is the Trustee of Super Directions Fund.

This section must be completed by the Person to be insured applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan. Applications cannot be accepted without a tax file number.

TFN – only for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan

Title Family name Given name(s)

Date of birth / / Telephone number () Tax file number (TFN)

Your TFN is confidential. Before you provide your tax file number we are required to tell you the following:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I have read the information (above) and agree to provide my TFN (tick one only) No Yes

Signature X Date / /

Signatures

Non-superannuation signatures

To be completed for all non-superannuation based policies.

Signature of Person insured

If the Person insured is the same person as the Plan owner ► go to 'Signature of Plan owner – only for individuals'.

Title	Print full name of Person insured	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Signature of Plan owner – only for individuals

For Plan owners (must be aged 16 years or over)

Title	Print full name of Plan owners	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Title	Print full name of Plan owners	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Signature of Plan owner – only for companies and trustees (including self-managed superannuation funds)

Company seal	Print full name of company/self-managed superannuation fund
<input type="text"/>	<input type="text"/>
	Signature 1
	X
	Signature 2
	X
	Date signed
	<input type="text"/> / <input type="text"/> / <input type="text"/>
Title	Print full name of person signing for and on behalf of the above company/self-managed superannuation fund
<input type="text"/>	<input type="text"/>

- Company seal and two directors or director and secretary, or
- Company seal and one signature noted as 'sole director and secretary' where the company has only one director, or
- The signature of a person whose name is clearly written, with the words 'XXX for and on behalf of XYZ Pty Ltd'.

Superannuation signature

Are you transferring your insurance to North, Summit, Generations or iAccess? No Yes

If no, please complete questions 1 to 3

Q1 Current employment status
 Employee ► Go to Question 2 Self employed (sole trader, partnership) Employed by own company ► Go to Question 3

Q2 Does your employer contribute to an existing superannuation fund on your behalf? No Yes

Q3 Have you selected an employer supported plan (ie your employer pays part or all of your premiums)? No Yes

Company name

Company address

Signature of Person insured

To be completed for all superannuation based policies

Title	Print full name of Person insured	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>