



For the representative of the employer to complete and sign.

1 Employer details

30 character grid for Name of superannuation plan

Name of superannuation plan (This should be the registered name of the Employer and cannot exceed 30 characters)

Plan reference input field

Plan reference

Company/Employer name input field

Company/Employer name

ABN 11 character grid

ABN

2 Plan contact details

Postal address

Street number and name input field

Street number and name

Town/Suburb input field

Town/Suburb

State input field

State

Postcode input field

Postcode

Telephone () input field

Telephone

Facsimile () input field

Facsimile

Email address input field

Email address

Authorised officer(s) – Please provide at least two signatories

Primary plan contact

Table with 4 columns: Title, Given name and surname, Position, Signature. Signature field contains 'X'.

Secondary plan contacts (required in all cases, except when the employer is a sole trader)

Table with 4 columns: Title, Given name and surname, Position, Signature. Three rows, each with 'X' in the Signature field.

Password

- You will need your password to access or provide plan information and member details over the telephone.
• Your password must have a minimum of four characters.
• For security purposes, please do not disclose your password to any other person (except other authorised officer(s) of the employer).

Password input field

Password

Your password hint

Your password hint will be used by Customer Service to prompt you if you forget your password.

Password hint input field

Password hint

Deed of adoption

3 Employer declaration

To: **N.M. Superannuation Proprietary Limited** ABN 31 008 428 322 AFS Licence No. 234654, as Trustee of the Super Directions Fund (the Fund).

This Declaration is made by the person(s) named on this application (the Employer).

IT IS HEREBY DECLARED AND AGREED THAT:

- the Employer hereby adopts the Fund as a superannuation fund for such of its Employees as become Members of the Fund
- the Employer will be bound by the terms and conditions of the Trust Deed as amended from time to time and by which the Fund is constituted and governed
- the Employer will make contributions as may be required under the Fund in respect of those Employees who become Members of the Fund and will do all things necessary and supply such information to the Trustee as the Trustee shall reasonably require to facilitate the administration of the Fund
- the participation of the Employer and its Employees who become Members of the Fund shall take effect in accordance with the particulars shown in the relevant Schedule(s) to this Deed of adoption, or in such other forms or means approved by the Trustee from time to time. This includes the particulars specified or agreed to by the Plan's previous Employer.

The authorised officer(s) detailed on the previous page are authorised on behalf of the Employer for the purpose of supplying to The National Mutual Life Association of Australasia Limited and to the Trustee any notice, comment or information required to facilitate the administration of the Fund.

I/We have been provided with and have retained for my/our own use the Product Disclosure Statement.

4 Declaration

In WITNESS WHEREOF this Deed has been duly executed this day of Year

4a For use when Employer is a company

Company/Employer name

ABN

Signed in accordance with your company's rules

Director name

Director signature

Director/Secretary name

Director/Secretary signature

4b For use when Employer is a partnership or sole trader

Employer name

ABN

Signed by

Name (Partner/Sole trader)

Signature

Witness signature

Name (Partner)

Signature

Witness signature

Name (Partner)

Signature

Witness signature