



For an authorised officer to complete and sign accompanying the latest version of the Product Disclosure Statement.

To enrol your employee in the Super Directions Fund with EXTRA start benefits, please complete this form. We will do the rest.

Plan details

Plan name	Plan reference

Member details

Title	Given names	Surname
Street number and name		Town/Suburb
		()
State	Postcode	Home telephone
		()
State	Postcode	Work telephone
/ /	/ /	/ /
Date of birth	Date joined employer	Date joined plan
Payroll number (if applicable)		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Work status (please tick ONE of the below)	
Occupation	<input type="checkbox"/> Casual <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent part-time	
Hours worked per week		
<input type="checkbox"/> Less than 15 <input type="checkbox"/> 15 or more		
\$		
Annual salary	Tax file number	
Was the member actively at work performing the normal duties of their occupation on the date of joining this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please state reason		

Member group

If you do not define a member group we will set the member up with the defined insurance group as set out on the plan or our EASY start option. Our EASY start options are: 1 unit of death only insurance for casual employees or for members on a permanent basis and working less than 15 hours a week; 1 unit of death and total and permanent disablement insurance for members employed on a permanent basis and working for 15 hours a week; no subsidised fees and Super Guarantee funding only.

Employer group name or number	
Payment group name or number	
Subsidised fee group name or number	
Insurance group name or number	

Contribution type

Mandatory employer Superannuation Guarantee (SG) and/or Award contributions paid to satisfy minimum compulsory superannuation requirements.

Member

Voluntary contributions paid by the member.

Salary sacrifice Contributions made from the member's pre-tax income. These contributions are treated as fully vested employer contributions.

Employer 1 These are regular employer contributions which are in addition to SG or award requirements. They can be vested over time or fully vested immediately.

Employer 2 These are also regular employer contributions which are in addition to SG or award requirements but have different vesting options to those of Employer 1 contributions.

% of salary OR Fixed \$

%		\$
%		\$
%		\$
%		\$
%		\$

Employer declaration

- I acknowledge that if the information about the members being actively at work on the date of joining this plan is not accurate, it may result in The Insurer avoiding liability of the insurance risk.
- I certify that all of the above information is true and correct.
- I have received authority to disclose the member's tax file number and have met all obligations about that disclosure for superannuation purposes.
- I have brought to the attention of the member(s) on this application, the Privacy Disclosure Statement contained in the Employer Information Brochure.

	X	/ /
Authorised officer's name	Authorised officer's signature	Date

Can we help? Customer Service PO Box 14669 Melbourne VIC 8001 Telephone 133 056 Facsimile 1800 502 201

Fund: Super Directions Fund ABN 78 421 957 449

Trustee: N.M. Superannuation Pty Ltd ABN 31 008 428 322 AFS Licence No. 234654

Member of the Global AXA Group

Optional member preferences (Optional section for the member to complete and sign)

If you are completing this form with the member, the member may choose to provide additional information in the sections below.

Nomination of dependants

Please refer to your Product Disclosure Statement for full details about dependants. Under the governing rules of the Fund, the Trustee is not bound by your dependant nomination(s) but will take your wishes into consideration. A new nomination may be made at any time by advising the Trustee in writing. The total of % of benefit must equal 100%.

Full names of preferred dependants	Address	M / F	Date of birth	Relationship to you	% of benefit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %
					100 %

Optional member preferences continued (Optional section for the member to complete and sign)

Smoking status

Smoker Non-smoker Have you smoked in the past 12 months? Yes No

Investment choice

Before you decide on your investment portfolio(s), we recommend that you speak to your financial adviser.

Please read the Investment section of your Product Disclosure Statement Part A Issue 2 Dated 24 June 2005 before you complete the following investment details.

If you do not make a choice, contributions received may be invested in the Multi-manager Balanced or the Multi-manager Series 2 – Balanced portfolio. Please note: If your account balance is below \$1,200.00, your money will be invested in the Protection portfolio.

Investment portfolio for contributions	% of contributions
<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"/> %
100 %	

Did you complete the investment choice section?

If **yes**, please tick the statements below that apply to you and read and sign the Member Declaration. If **no**, please read and sign the Member declaration.

1 I have only been given general product information. I have made choices without receiving any advice about the plan options suited to my personal circumstances.

or

2 (a) I have received advice about the plan options suited to my own personal circumstances.

My financial adviser is

and

(b) I have provided all the information my financial adviser requested for a fact find and needs analysis about my plan options.

(c) I have chosen not to provide all the information my financial adviser requested.

(d) I have chosen to take up the options recommended by my financial adviser.

(e) The options I have chosen are different from those my financial adviser recommended.

Member declaration

I accept responsibility for the investment choices I have made on this form and acknowledge that neither my employer nor the Trustee shall be liable for any loss due to an inappropriate choice made by me. I have been given a copy of the latest version of the Product Disclosure Statement, and have kept them for future reference. If I ticked 1, 2(c) or 2(e) I understand that I may be making decisions or a financial commitment in respect of my superannuation needs and objectives based on my own view of my personal circumstances.

I am aware of, and agree to be bound by, the terms and conditions of the Trust Deed governing the Fund (including amendments made from time to time). I declare that the above written statements and information are correct and true and I acknowledge responsibility for their completeness and accuracy.

I have read and understood the Privacy Disclosure Statement contained in the latest version of the Product Disclosure Statement. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I acknowledge that I can opt out from the use of that information for the purpose of direct marketing by telephoning 133 056.

Member's signature / / Date