



Important notice: Before completing this form we recommend you seek advice from your financial adviser. The selections you make may result in a variation of costs and/or premiums. Please complete the appropriate sections below, and then sign the declaration at the end of this advice.

Policy number

Title

Given name(s)

Surname

Section 1 – Upgrade to RSP series 4 (RSP series 0, 2, 3 members only)

- Please upgrade my existing policy to Series 4, **and**
 - I confirm that I have received financial advice and understand the consequences of my decision.
- or**
- I confirm that I have elected not to obtain financial advice and understand the consequences of my decision.

Section 2 – Switch investment portfolio (RSP series 4 members only)

I wish to alter my investment portfolio so that my total balance is to be invested in the:

- Guaranteed Portfolio
- Managed Portfolio
- Growth Portfolio
- High Growth Portfolio

Before deciding to switch investment portfolios:

- you should note that switching fees and/or costs may apply
- we recommend you seek financial advice from your adviser.

Section 3 – Switch investment portfolio (RSP series 0, 2, 3 members only)

I wish to alter my investment portfolio so that the total balance is to be invested in the:

- Guaranteed Portfolio
- Managed Portfolio

Before deciding to switch investment portfolios:

- you should note that switching fees and/or costs may apply
- we recommend you seek financial advice from your adviser.

Section 4 – Alter Selected Retirement Date

I wish to alter my Selected Retirement Date to: / / or to age

Note: AXA recovers policy costs over each year of the original term of your policy. This is the period from your policy commencement date to your original Selected Retirement Date. If you decide to bring your Selected Retirement Date forward there will be a charge for each year it is brought forward to enable us to fully recoup initial costs. There is no additional charge for extending your Selected Retirement Date.

Section 5 – Making a single lump sum contribution or rollover/transfer to your superannuation savings

I wish to make a lump sum contribution of \$

This lump sum represents: (please tick one of the boxes below)

- a personal (after tax) contribution#
- a rollover or transfer of a superannuation benefit*
- an employer contribution#

* If selected please attach a copy of your Rollover Statement or transfer documentation.

If we do not hold your tax file number (TFN), you may pay tax at a higher rate than necessary on both contributions and any benefits received, and you may not be able to make any personal contributions. Please call our Customer Service Centre on 132 987 if you wish to quote your TFN.

Please indicate below how the payment is being made if this is a personal or employer contribution.

- I enclose a cheque for the nominated lump sum amount.
- Please debit my Bankcard MasterCard Visa. My credit card details are below.

- - - -

Credit card number

Expiry date

Cardholder's name

Cardholder's signature

A contribution charge of up to 5 per cent applies on each single lump sum contribution.

Section 6 – Increasing your regular savings contributions

If you complete this section you will increase the amount that you regularly contribute to your superannuation policy.

I would like to increase my regular contribution to \$

each week fortnight four weeks month quarter half-year year

Of this new amount:

the total regular contribution amount to be paid by my employer is \$

the total regular contribution amount to be paid by me is \$

Note: If your contributions are quarterly, half-yearly or yearly, the increased amount will start on the next due date.

If you would like the increased amount to begin immediately please contact Customer Service on 132 987.

Section 7 – Additional policy condition

Any change you make to your regular savings contributions will not result in a change to the contributions charge and consequently will not alter the rate of remuneration your adviser receives in relation to these contribution payments. If you wish to alter this rate, please advise:

I agree to a contributions charge of % on my regular contributions from the date of this application.

Section 8 – Decrease in regular contributions

I would like to decrease my regular contribution to \$

each week fortnight four weeks month quarter half-year year

Of this new amount:

the total regular contribution amount to be paid by my employer is \$

the total regular contribution amount to be paid by me is \$

Note: Please contact your adviser to find out what the current minimum contribution amount is. If you currently have additional Life or Total and Permanent Disablement cover, for any decrease in regular contributions your additional cover will remain unchanged and your investment contribution will be decreased.

Section 9 – Increasing your cover

Please obtain from your adviser an illustration for the new cost of your insurance and details about how this increase/addition will affect the terms and conditions of your policy, before completing this form.

Please tick the relevant box(es) below and complete the new sum insured column to indicate how much Life or Total and Permanent Disablement insurance you would like.

I wish to:

increase my existing Life Cover to

New sum insured

\$

increase my existing Total and Permanent Disablement Cover to

\$

When you increase your existing cover, supporting health evidence is required. We will arrange for your adviser to contact you shortly to obtain these details. The additional cover will apply once the health evidence has been received and subsequently approved by AXA.

Section 10 – Discontinue/Decrease Life/Disablement Cover

I wish to:

discontinue my Life Cover

discontinue my Total and Permanent Disablement Cover

New sum insured

decrease my Life Cover to

\$

decrease my Total and Permanent Disablement Cover to

\$

Section 11 – Temporarily ceasing regular contributions

Temporarily ceasing regular contributions is only available if two years of contributions have been received by AXA.

I wish to:

- Temporarily cease regular contributions until notified by me and:
- discontinue my Life Cover/Total and Permanent Disablement Cover, or
 - continue paying for my Life Cover/Total and Permanent Disablement Cover contributions ONLY (You must meet superannuation contribution requirements to do so). **Please note: If we do not receive payment of these contributions within 42 days of your Premium notice being sent, the appropriate amount will be deducted from your investment account. Where your investment account balance is insufficient to meet the cover premium, the amount will be deducted from your basic account and withdrawal penalties will apply. This will in turn deplete your retirement savings. If there are insufficient funds in your investment and basic accounts to meet the premium your cover will automatically cease without notice.**

Note: Premium notices will be issued regularly.

Section 12 – Permanently ceasing regular contributions

I wish to:

- cease all regular contributions and alter my policy to a 'Paid-up' Plan and:
- discontinue my Life Cover/Total and Permanent Disablement Cover, or
 - continue my Life Cover/Total and Permanent Disablement Cover under another policy.
Please note: this will require starting a new insurance policy.

Note: Premium notices will not be issued until you notify AXA that you wish to recommence regular premium payments.

Section 13 – What is paid to your adviser?

The adviser involved in providing advice about, and arranging alterations to, your Retirement Security Plan (RSP) may receive payment for that and other ongoing servicing of your RSP. Your adviser and principal, if any, has to meet his or her expenses from this remuneration, and also relies on it to provide him or her with an income. **Your adviser may receive upfront remuneration for any single or regular contribution that you contribute to your RSP. This remuneration is included in the charges that will be applied to your account (except any remuneration that the adviser charges you directly by agreement as a fee for any special services provided and other remuneration not based on your investment contributions).** For your single or regular contributions, your adviser and their dealer or principal, if any, may share in a commission of up to 5.5 per cent of contributions. Your adviser can choose to reduce the amount of remuneration paid to less than the maximum. Further details are available by contacting our Customer Service Centre on 131 737

Section 14 – Privacy

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 for release of your benefits. If the information you give us is not complete or accurate, we may not be able to pay your benefit. In assessing and managing your application for release of your benefits, we may need to disclose your personal information to other parties, such as government authorities, external providers, other insurers, regulated bodies, financial administrators and AXA Group companies. 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 our policy on privacy refer to www.axa.com.au or contact our Customer Service Centre on 131 737.

Declaration and consent

Truth and accuracy – I have checked the truth, accuracy and completeness of the information submitted with this alterations/increases and additional policy condition advice, and all statements in writing given in support of this application which shall, subject to law, form the basis of the contract of investment and insurance.

I have not given any further information relevant to the risks to an adviser of AXA or AXA itself.

I declare that at the date of this application I am eligible to have contributions placed in the Fund on my behalf.

I agree to notify the Trustee of the Fund in writing immediately if I cease to be eligible to contribute to the Fund.

I am aware of and agree to be bound by the terms of the applicable Trust Deed and Policy document (including amendments made from time to time).

I understand that the terms and conditions of my policy will be altered where appropriate in accordance with changes by me in this form.

I understand the alterations selected on this advice will take effect once this completed advice is received at AXA Customer Service, in accordance with administrative procedure, and that AXA accepts no responsibility for any delays in post or delivery failure.

I understand the fees and costs that apply to any alterations made to my policy.

I accept responsibility for the investment 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.

X

/ /

Client's signature

Date

Please sign and return this advice to:

AXA Customer Service Centre
 PO Box 14330
 MELBOURNE VIC 8001

Adviser use only

Indicate the commission you want to receive on single contributions:

0% 1% 2% 3% 4% 5%

Indicate the commission you want to receive on regular contributions:

0% 1% 2% 3% 4% 5%

Adviser details

Please indicate the amount of commission to be **received**.

Adviser name/stamp and phone number	Adviser account no.(s)	% single contribution commission	% regular contribution commission

Adviser notes