

Superannuation

Tailored Super



Product Disclosure Statement

Issue Number 5, 31 March 2011
Effective 1 May 2011



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Supplementary Product Disclosure Statement

Issue date: 1 October 2011

Tailored Super/

This is a Supplementary Product Disclosure Statement (SPDS) to the Tailored Super Product Disclosure Statement (PDS) Issue No. 5 dated 31 March 2011, effective 1 May 2011. You must read this SPDS in conjunction with the PDS.

This SPDS replaces the previously issued SPDS dated 29 August 2011.

The Change to member preferences form attached to this SPDS replaces the form in the PDS and must be used from 1 October 2011.

Important information

The following replaces the text under the sub-heading 'Relationships between the Trustee and some companies through which the Fund will invest' on the inside front cover of the PDS.

Fund assets consist entirely of life insurance policies issued by NMLA. The underlying assets of these policies are held within NMLA Statutory Funds.

These policies represent an interest in the Statutory Funds, they do not represent specific assets. NMFm manages the investments of the Statutory Funds on behalf of NMLA.

ipac and other investment managers, which may be part of the AMP Group, provide investment services for NMLA and NMFm in relation to NMLA's Statutory Funds. Through these

arrangements, NMLA is able to deliver to Australian investors the proven expertise and experience of recognised investment specialists, both locally and globally.

Where the Trustee invests assets of the Fund, by law it must either deal with the other party to the transaction at arm's length, or it must ensure that the terms of the transaction are no more favourable to the other party than those which it is reasonable to expect would apply if the Trustee were dealing with the other party at arm's length in the same circumstances.

What are my investment options?

The following replaces the text under the sub-heading 'Other portfolios' on page 7 of the PDS.

NMFm is solely responsible for the appointment of investment managers of these portfolios. They utilise the expertise of a range of investment managers which may include members of the AMP Group.

The following replaces the text under the heading 'Labour standards and social, ethical and environmental considerations' on page 7 of the PDS.

The Trustee, NMLA and ipac (and the managers appointed by it) do not explicitly take labour standards, environmental, social or ethical considerations into account in the selection or retention of the Fund's investment portfolios.

The following replaces the table under the heading 'Diversified portfolios' on page 8 of the PDS.

Diversified portfolios

Portfolio name	Investment strategy	Risk/return profile	Asset allocation
Guaranteed Plus	To invest mostly in fixed interest and cash. Fixed interest includes government bonds, corporate bonds and loans. Accumulated capital reserves are used to reduce variability in investment returns.	Conservative	Defensive 100%
Secure	To invest in a diversified mix of predominantly defensive assets such as cash and fixed interest. Defensive assets will have a benchmark allocation of 70%.	Conservative	Growth 30% Defensive 70%
Security Plus¹	To invest in a diversified mix of mostly defensive assets, including cash and fixed interest securities, with limited allocation to growth assets such as equities and property. Accumulated capital reserves are used to reduce variability in investment returns.	Conservative to moderate	Growth 30% Defensive 70%
Managed	To invest in a diversified mix of growth and defensive assets. Growth assets such as equities and property will have a benchmark allocation of 70%, with the balance in defensive assets such as cash and fixed interest.	Moderate	Growth 70% Defensive 30%
Property Biased	To invest in a mix of growth and defensive assets, with a benchmark allocation of 40% to property. Growth assets including equities and property will have a benchmark allocation of 70%, with the balance in defensive assets such as cash and fixed interest.	Moderate	Growth 70% Defensive 30%

1. The Security Plus portfolio is only available to members of plans that had assets invested in the portfolio prior to 26 April 1994 and continuously since that date.



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What fees and other costs apply?

The following replaces the table under the heading 'Fees and other costs' on page 10 of the PDS.

Type of fee or cost	Amount	How and when paid
Fees when your money moves in or out of the Fund		
Establishment fee		
This is the fee to open your investment.	Nil	Not applicable
Contribution fee^{1,2}		
The fee on each amount contributed to your investment – either by you or your employer or anyone else on your behalf.	1.5% to 5% of regular contributions received Up to 4% of non-regular contributions received	Deducted when regular and non-regular contributions are received.
Withdrawal fee¹		
The fee on each amount you take out of your investment.	\$85 per withdrawal, rollover or transfer (may be indexed annually)	Deducted when a withdrawal is made from your account.
Termination fee		
The fee to close your investments.	Varies subject to market movement	Only applies to the Security Plus ³ investment portfolio if you transfer to another fund.
Management costs		
The fees and costs for managing your investment.		
Asset management fee²		
The fee applied to all assets of the plan.	Up to 1.74% pa for Security Plus Up to 1.44% pa for Multi-manager and other portfolios (reduced fee applies for larger plans)	Deducted prior to the declaration of the unit price for each investment portfolio.
Investment management costs⁴		
The charges incurred for investing.	0.30% pa to 0.81% pa	
Member fee¹		
This is a member account-keeping fee charged by the Fund.	Up to \$5.70 per month (reduced fee applies for larger plans). May be indexed annually	Deducted monthly in arrears from your account.
Service fees⁴		
Investment switching fee		
The fee for changing investment portfolios.	Nil	Not applicable

1 While in the Protection portfolio you will not be charged this fee.

2 May vary depending on amount and nature of services provided by your plan's financial adviser and/or the size of your plan. This fee includes an amount payable to an adviser. See page 11 for more details.

3 Refer to 'The Security Plus and Guaranteed Plus portfolios' on page 6.

4 **i** For details on the investment management cost of each investment portfolio and more information on other service fees, refer to section 4 of the Additional information document.

The following replaces the text and table on page 11 of the PDS under the heading 'Example of annual fees and costs'.

Example – the Multi-manager Balanced portfolio		Balance of \$50,000 with total contributions of \$5,000 during year
Contribution fees	1.5% to 5%	For every \$5,000 you contribute, you will be charged between \$75 and \$250.
Plus	Up to \$68.40 plus 2.20% pa ¹	And , for every \$50,000 you have in the fund you will be charged \$1,100 plus up to \$68.40 in member fees.
Management costs		
Equals		
Cost of fund		If you contribute \$5,000 during a year and your balance was \$50,000, then for that year you will be charged fees of between: \$1,175 to \$1,350 pa plus up to \$68.40. What it costs you will depend on the investment option you choose, the size of your employer's plan and the fees negotiated by your employer with the plan's financial adviser.

1 2.20% is based on the Multi-manager Balanced asset management fee of 1.44% pa plus the investment cost of the Multi-manager Balanced portfolio (0.76% pa).

Additional fees may apply. The above example assumes the balance of \$50,000 is fully invested in the Multi-manager Balanced investment portfolio, remains constant throughout the year, and the additional contribution of \$5,000 is made on the last business day of the period. If you leave Tailored Super, you may also be charged a withdrawal fee of \$85.

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N.M. Superannuation Proprietary Limited
 ABN 31 008 428 332 AFS Licence No. 234654
 Super Directions Fund ABN 78 421 957 449
 Registered Office: 750 Collins Street Docklands Victoria 3008



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For any changes/alterations to your membership please complete this form accompanying the Product Disclosure Statement (PDS), issued 31 March 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.
- To provide your smoker/non-smoker status, please complete the 'Declaration for smoker/non-smoker status' section and sign the member declaration on page 4 of this form. Please note that this applies to Simple Super only.
- 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 sections are 1, 2 and 6.

1 Plan details (mandatory section)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan name	Plan reference	Member reference (if known)

2 Member details (mandatory section)

Mr Mrs Miss Ms Other please specify

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname (please print)	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	Town/Suburb	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone	Work telephone	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

3 Tax file number notification (TFN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TFN							

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

- TFNs are collected under the Superannuation Industry (Supervision) Act 1993, Retirement Savings Accounts Act 1997, the Privacy Act 1988 and taxation acts (including the income tax and superannuation surcharge tax acts).
- The Trustee and fund administrator will only use your TFN for super purposes, including:
 - Finding or joining together your super benefits
 - Calculating the correct tax on employment termination payments
 - Passing it to the Trustee of another super fund or provider of a retirement savings account when transferring your benefits. You may give us written instructions not to pass it on before any transfer
 - Passing it on to the Australian Taxation Office (ATO):
 - if we have paid you a benefit,
 - to report contributions, or
 - if you have unclaimed super money after reaching the aged pension age.

These purposes may change in the future as a result of legislative changes.

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.

4 Changes to investment choice (optional section)

Before you decide on your investment portfolio(s), we recommend that you speak to your plan's financial adviser. Please read the Investments section of your PDS before you complete the following investment details. If you do not make a choice, contributions received may be invested in your plan's default portfolio.

Please note; if your account balance is less than \$1,200, your money will be invested in the Protection portfolio. You may direct future contributions in up to five portfolios. You may invest your existing accumulation in up to five portfolio(s), subject to a minimum of \$1,000 per portfolio.

	Please switch my current retirement accumulation				Investment portfolios for FUTURE contributions*
	FROM (COLUMN A)		TO (COLUMN B)		
Multi-manager Diversified portfolios					
Multi-manager Secure	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager Secure Growth	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager Balanced	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager Growth	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager High Growth	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Diversified portfolios					
Security Plus†	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Guaranteed Plus	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Secure	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Property Biased	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Managed	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Sector portfolios					
Cash	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Diversified Fixed Interest	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Property	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Australian Equities	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
International Equities	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Total	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
The total % or \$ amount specified in COLUMN A must also be specified in COLUMN B				100%	

Your investment choice will start the following business day after the form is received and processed, unless you specify a later start date:

* Contributions include regular and non-regular (which include rollovers) contributions.

† This portfolio is only available to members of plans that had assets invested in the portfolio prior to 26 April 1994, and continuously since that date.

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 plan's 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 own insurance benefits.

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

- For benefit basis A, B and E, Total and Permanent Disablement and Total but Temporary Disablement cover reduces progressively to zero over the 10 years prior to a member reaching age 65.
- To provide your smoker/non-smoker status, please complete the 'Declaration for smoker/non-smoker status' and sign the member declaration. Please note that this only applies to Simple Super.
- Casual employees and part-time employees working less than 15 hours per week are restricted to Death only cover under benefit basis K (\$1 or \$2 per week)
- Part-time employees working more than 15 hours per week can have Death and Total and Permanent Disablement cover under Benefit basis K (\$1 or \$2 per week), nominated amount (benefit basis A or B) or salary linked formulae (benefit basis E or G).

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 (applies only to Simple Super)

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 Total and Permanent Disablement (TPD) **▶ Complete section (ii)**
- 4 Death, TPD and Total but Temporary Disablement (TTD) **▶ Complete section (ii)**

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

(ii) Benefit basis K (Refer to your plan's financial adviser for the amount of cover or section 6 of the Additional information document.)

Fixed table of cover costing \$1 or \$2 per week \$1 \$2 (please tick)

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 (subject to a maximum of Y multiplied by salary)
Value of X Value of Y

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 Simple Super or Tailored Super 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.

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

Signature of Authorised Officer

Date

Important information

Tailored Super is part of the Super Directions Fund (the Fund). The Trustee of the Fund and issuer of this product disclosure statement (PDS) is N.M. Superannuation Proprietary Limited.

Throughout this PDS N.M. Superannuation Proprietary Limited is referred to as the Trustee, we, us or our.

The Trustee is a licensed Trustee under the Superannuation Industry (Supervision) Act 1993 (SIS), which means that it has satisfied certain conditions set by the Australian Prudential Regulation Authority (APRA). The Trustee is responsible for the monitoring and management of the Fund for the benefit of all members in accordance with the governing rules of the Fund and relevant legislation.

The Trustee is a wholly owned subsidiary company of the National Mutual Life Association of Australasia Limited (NMLA).

All benefits for Tailored Super are provided by means of life insurance policies. The Insurer is NMLA and insurance cover is provided under the insurance policies held by the Trustee.

NMLA provides administration services to the Trustee.

Regulatory identifiers

Super Directions Fund	Australian Business Number (ABN) 78 421 957 449 Superannuation (Super) Fund Number (SFN) 4904/989/97
Tailored Super	Superannuation Product Identification Number (SPIN) NML0437AU
N.M. Superannuation Proprietary Limited	ABN 31 008 428 322 Australian Financial Services (AFS) License No. 234654
The National Mutual Life Association of Australasia Limited (NMLA)	ABN 72 004 020 437 AFS License No. 234649
AXA Asia Pacific Holdings Limited (AAPH)	ABN 78 069 123 011
National Mutual Funds Management Limited (NMFM)	ABN 32 006 787 720
AllianceBernstein Australia Limited (AllianceBernstein)	ABN 53 095 022 718 AFS Licence No. 230698
ipac asset management Limited (ipac)	ABN 22 003 257 225 AFS Licence No. 234655

Relationships between the Trustee and some companies through which the Fund will invest

Fund assets consist entirely of life insurance policies issued by NMLA. The underlying assets of these policies are held within NMLA Statutory Funds.

These policies represent an interest in the Statutory Funds, they do not represent specific assets. NMFM, a wholly owned subsidiary of AAPH, manages the investments of the Statutory Funds on behalf of NMLA.

ipac and AllianceBernstein, both part of the AXA Group, provide investment services for NMLA and NMFM in relation to NMLA's Statutory Funds. Through these arrangements, NMLA is able to deliver to Australian investors the proven expertise and experience of recognised investment specialists, both locally and globally.

For more information about AXA in Australia please visit axa.com.au/aph.

Where the Trustee invests assets of the Fund, by law it must either deal with the other party to the transaction at arm's length or it must ensure that the terms of the transaction are no more favourable to the other party than those which it is reasonable to expect would apply if the Trustee were dealing with the other party at arm's length in the same circumstances.

The product disclosure statement

The information contained in this PDS is general information only and does not take into account your individual objectives, financial situation or needs. Before acting on the information in this PDS, you should consider the appropriateness of this information and consult a financial adviser prior to investing.

The offer made in this PDS is only available to investors receiving it (electronically or otherwise) in Australia. If you would like an additional copy sent to you please call our Customer Service Centre on 133 056. The distribution of this PDS in jurisdictions outside Australia may be restricted by laws of those jurisdictions. Persons (including nominees, trustees or custodians) residing in those jurisdictions who come into possession of this PDS should seek advice on and observe such restrictions. Any failure to comply with such restrictions may constitute a violation of applicable Financial Services laws. The offer made in this PDS is not made in any place outside Australia where, nor is it made to any person to whom, it would be unlawful to make such an offer.

We reserve the right to change the terms and conditions in this PDS subject to regulatory requirements. We may accept or refuse (without reason) any application.

This PDS summarises the key features and benefits of Tailored Super.

The Simple Super and Tailored Super Additional information document

The Simple Super and Tailored Super Additional information (Additional information) document provides more detailed information on particular topics summarised in the PDS. It can be found at axa.com.au/ssstsadditionalinfo.

Alternatively, a printed copy can be obtained free of charge by contacting our Customer Service Centre on 133 056.

Changes to the PDS

Information in this PDS may change from time to time. If the change is not materially adverse it may be updated on axa.com.au. A printed copy of any updates to this PDS can be obtained free of charge by contacting our Customer Service Centre on 133 056. If there is an increase to fees (other than indexation) we will give you 30 days prior written notice. For any other material change we will inform you within three months of the change.

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Welcome to Tailored Super

The information within the PDS, together with your plan's financial adviser, will help you take control of your Tailored Super account. We recommend that you contact your plan's financial adviser to discuss the following:

Contributions

Are the superannuation guarantee (SG) payments sufficient to fund your retirement?

Consolidation of your accounts

Have you considered combining all your super into Tailored Super?

Investment choice

Is the plan's default investment option the right one for you?

Insurance cover

Have you been provided with sufficient cover?

Checklist

We also recommend you:

- ✓ Check your membership details are correct. You will find these on your Membership summary.
- ✓ Register for online access through AXA web at axa.com.au. AXA web is a secure member-only website, with your super membership details at your fingertips 24 hours a day, 7 days a week.
- ✓ Consider a binding death benefit nomination for peace of mind as to who will receive your super benefit in the event of your death.



Do you have the Additional information document?

This PDS summarises the key features and benefits of Tailored Super. Throughout the PDS, whenever you see this symbol **i** more detailed information on the topic is provided in the Additional information document, which can be found at axa.com.au/sstsadditionalinfo.

Alternatively, a printed copy can be obtained free of charge by contacting our Customer Service Centre on 133 056.

Introduction to Tailored Super

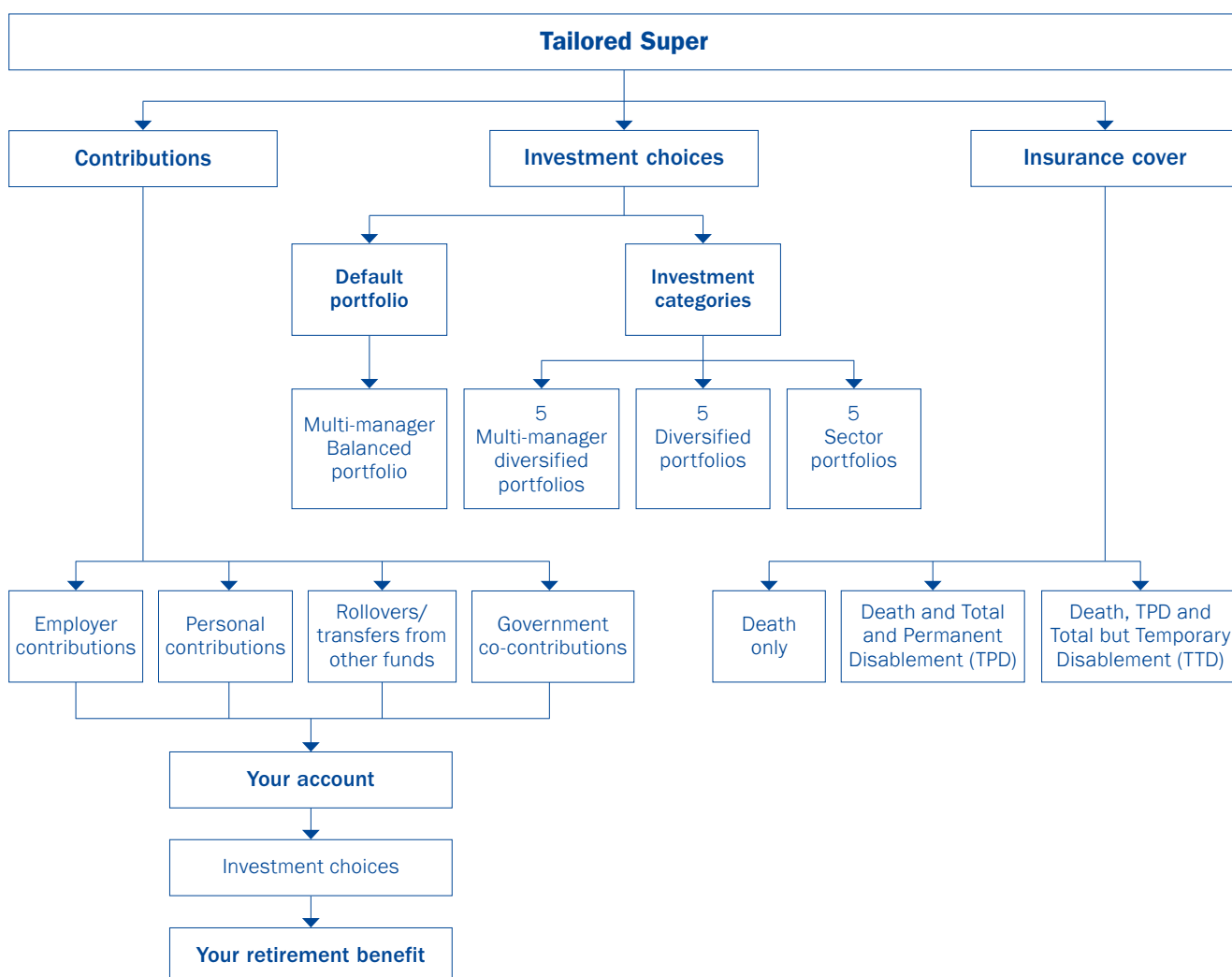
Tailored Super is an employer-sponsored super plan which offers a range of features and benefits to meet your individual requirements and circumstances.

Further information about the benefits of Tailored Super is provided throughout this PDS as well as in the Additional information document.

There are three main components of a Tailored Super plan:

- Contributions
- Investment choices
- Insurance cover.

These are explained in more detail throughout this document; however a brief overview is provided here.



Access to a financial adviser

You have access to resources to help you understand super and how much you should be saving to fund your retirement lifestyle.

Through your plan's financial adviser, you have access to a comprehensive range of financial planning services. They will be able to assist you by providing additional information and advice not only on your super investments but on all other personal investment and insurance needs. They can establish an overall financial plan and conduct regular reviews to ensure it reflects your changing circumstances.

If you do not know who your plan's financial adviser is, the welcome letter you received will have the adviser's name and contact details written in the 'Can we help?' section. Alternatively, contact our Customer Service Centre on 133 056 and we will pass on the contact details of your plan's financial adviser.

How do I become a member of Tailored Super?

There are two ways to become a member of Tailored Super:

Employer enrolment

Your employer may enrol you directly into Tailored Super as the nominated super fund for their business. You will be provided with the following default options:

Contributions

- mandatory employer contributions (currently 9 per cent of salary).

Investment choice

- the Multi-manager Balanced investment portfolio (this applies where your account balance is not protected, refer to page 6 for further information).

Insurance cover

- defined cover as chosen by the employer for the plan, or
- if there is no defined cover, then cover will be provided according to a unit of cover scale that attracts a premium of \$1 per week. Death and Total and Permanent Disablement (TPD) cover is provided for members employed on a permanent basis and working 15 hours or more a week. If you are employed on a casual basis or on a permanent basis and working less than 15 hours a week, you will be insured for Death only cover. The amount of cover provided will depend on your age and the plan rating factor.

i For more information on how the amount of cover is determined refer to section 6 of the Additional information document.

Your welcome letter and member statement will confirm your membership details and your default options. To make changes to the default options please complete and return the Change to member preferences form at the back of this PDS.

We recommend that you consult your plan's financial adviser when looking to make changes to your investment choices and/or insurance cover. It is important to note that a change in your insurance cover may require the provision of health evidence before cover can be approved.

Self-employed (unsupported)

You can enrol directly into an existing plan. The plan's financial adviser can help you select the best options to meet your needs and will also help you complete the necessary paperwork.

What type of contributions can be made?

Tailored Super **can** accept:

- employer contributions
- member contributions
- rollovers/transfers from other super funds or approved deposit facilities
- overseas transfers
- government co-contributions, and
- credits from the Australian Taxation Office (ATO).

Tailored Super **cannot** accept:

- spouse contributions
- rollovers from first home savers accounts
- member contributions where a tax file number (TFN) has not been provided to the Fund, and
- group life insurance only contributions where a TFN has not been provided to the Fund.

i For further details on contributions, their definitions and concessional and non-concessional contribution caps, refer to section 1 of the Additional information document.

Consolidation of previous super accounts

If you currently have your super benefits spread across a number of funds, you have the option of consolidating them into this fund. It is important that you check with your plan's financial adviser to determine if super consolidation is in your best interests.

Tailored Super can accept rollovers from other super funds, deferred annuities, Retirement Savings Accounts (RSAs) or approved deposit funds.

If a benefit is a rollover or transfer into the Fund from another super fund, you can choose to have it invested in:

- the investment portfolio(s) nominated by you on receipt of the rollover/transfer benefit or on your Change to member preferences form (provided this nomination was made within the previous 12 months of us receiving your rollover/transfer), or
- the investment portfolio(s) nominated by you for regular contributions, or
- the default portfolio where you have not made any investment portfolio nomination or if your nomination was made more than 12 months ago.

Please note: Where the amount received is less than \$1,000 and your total accumulation stays below \$1,200, the amount will be allocated to the Protection portfolio.

To request a rollover into your Tailored Super account, complete either the:

- External rollover/transfer request form (if existing fund is a non-AXA fund), or
- Internal rollover/transfer request form (if existing fund is another AXA fund).

Before you transfer out of a fund it is important to contact that fund to find out if exit fees apply.

The fund you are transferring out of may ask you to provide details of Tailored Super and the Super Directions Fund. All of the necessary information can be found on the inside cover of this PDS or the External rollover/transfer request form.

i For further information about consolidating your previous super account refer to section 1 of the Additional information document.

Government co-contributions

The Federal Government will match each \$1 of personal contributions that an eligible person makes, with a co-contribution of up to \$1.

i The eligibility criteria for government co-contributions are outlined in section 1 of the Additional information document.

These figures may change in the future. To see the latest updates please refer to the ATO website at www.ato.gov.au.

What risks apply to investing?

Investment risks

Risk in an investment context not only refers to the possibility that returns may be volatile, but also that you might lose part or all of your investment.

Investing involves a degree of risk. Historically, higher risk investments also achieve higher returns over the long term and as such may exhibit greater volatility over the short term. Some investments carry additional market risk due to the nature of the underlying investments. This may include investment in emerging markets.

Another risk of investing is that you may experience delays when withdrawing part or all of your investment. As we invest in a life insurance policy, the risk of experiencing a delay of payment or withdrawal is low when compared to investing in similar assets outside the Fund.

Risk versus return and your risk profile

Before investing, you need to carefully consider how much of your capital you are prepared to risk to receive potential gains. Each type of investment has a different set of risk/return features.

There is a relationship between the expected returns of an investment and the level of risk involved. Generally, depending on your risk tolerance, you will fit into one of the following five 'risk profiles':

- Conservative
- Conservative to moderate
- Moderate
- Moderate to aggressive, or
- Aggressive.

The table below illustrates the relationship between risk and returns and outlines the risk/return profile of each of the Tailored Super diversified investment portfolios.

Risks of investing in super

The risks that apply to investing in super include:

- Market risk
- Currency risk
- Security or share-specific risk
- Securities lending risk
- Legislative risk, and
- Risk of delays in transactions.

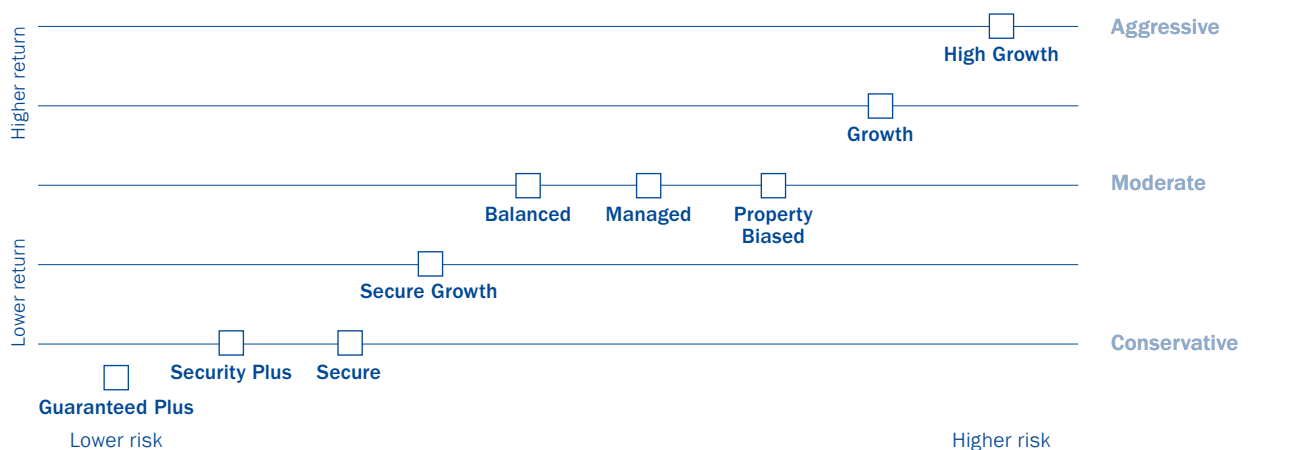
Managing risks

While risk cannot be eliminated, there are a number of important steps that can be taken to manage and reduce the risks associated with investing.

- Seek quality financial advice to determine which investment strategies and investment options suit your investment goals, financial situation and particular needs.
- Carefully read and fully understand the PDS and the Additional information document.
- Invest for at least the suggested minimum timeframe for the investment options selected.
- Consider the relative risk/return features of your investments.
- Regularly review your super portfolio. As your personal and financial circumstances change, it is important to ensure it is invested in line with your objectives and requirements. Typically as you approach retirement, your attitude towards risk may change.

i For more detailed information on the risks of investing and the highs and lows of asset class returns, refer to section 2 of the Additional information document.

General comparison of relative risk and return



The above comparison is provided for general information only and is intended to provide a broad indication of the expected risk/return profile (based on historical data). There is no guarantee that a portfolio will achieve any particular return or risk profile.

What are my investment options?

Tailored Super allows you to choose from 15 investment portfolios.

You can select from:

- 5 Multi-manager diversified portfolios
- 5 Diversified portfolios, and
- 5 Sector portfolios.

Investment flexibility

Accumulated contributions may be invested in up to five portfolios at a time, as long as a minimum of \$1,000 is invested in each portfolio.

If at any time you wish to change how your investment is distributed between portfolios, please complete the Change to member preferences form at the back of this PDS.

There is no fixed fee for switching (transferring money) between portfolios, however a buy/sell margin may apply. Refer to 'Buy/sell margins' on page 7 for further details.

There is no entry cost when switching into the Security Plus or Guaranteed Plus portfolios. However, when switching from the Security Plus portfolio, the total amount available may be the lesser of the monetary value of your account balance and the release value of the investments at that time. Refer to 'The Security Plus and Guaranteed Plus portfolios' to the right for further details.

Protection portfolio

If your account balance on joining the Fund is under \$1,200, it will be placed in the Protection portfolio where it will remain until it exceeds \$1,200. While you are invested in the Protection portfolio, you will not be charged a contribution fee, a member fee or withdrawal fee. Investment earnings will not normally be credited to your account while you remain in the Protection portfolio. Insurance premiums plus the 15 per cent employer contribution tax will still be charged.

If investment earnings are greater than the administration fees that should be levied for all members in the portfolio, a net interest rate may be declared for the Protection portfolio.

When your account balance exceeds \$1,200, it will be transferred out of the Protection portfolio. If your original investment portfolio nomination was made within the past 12 months, your account balance and future contributions will be directed to that portfolio(s). If your original nomination was made more than 12 months ago or you have not made a nomination, your account balance and future contributions will be directed to the default portfolio, unless you advise otherwise. In all cases you will be advised of the transfer in your next annual statement and you have the option to review the portfolio allocation.

If your account subsequently drops below \$1,000, you will remain in your nominated portfolio and be re-credited any fees that exceed the investment earnings of your portfolio at your annual review or upon exit (whichever occurs first). Insurance premiums will be deducted and the 15 per cent contributions tax will still be charged.

Default investment portfolio

If contributions are received on your behalf and you have not nominated an investment portfolio, contributions will be invested in the default option, the Multi-manager Balanced portfolio. Contributions will only be invested in the Multi-manager Balanced portfolio once you have a balance of more than \$1,200.

This portfolio may not suit your particular strategy. We recommend that you speak to your plan's financial adviser to determine which investment portfolio(s) best meet your goals and objectives.

At any time, you can transfer your account balance to another investment portfolio of your choice. Normal switching costs and conditions apply.

The Security Plus and Guaranteed Plus portfolios

In the case of the Security Plus portfolio, a guarantee applies to all net contributions made and interest credited, unless your plan terminates, you transfer to another super fund, switch to another portfolio or withdraw an unrestricted non-preserved benefit (as defined in superannuation legislation) from the Fund prior to resignation or retirement. In these cases your benefit may be the lower of the monetary value of your accumulation or the underlying release value of the investments. The guarantee is provided by NMLA. The Security Plus portfolio is only available to members of plans that had funds invested in the portfolio prior to 26 April 1994 and continuously since that date.

In the case of the Guaranteed Plus portfolio, a guarantee applies to all net contributions plus daily credited earnings and will be paid regardless of whether the plan is terminating or a benefit is being paid on resignation, death, disablement, retrenchment or upon transferring to another super fund, switching to another portfolio, or on withdrawing an unrestricted non-preserved benefit.

Due to the nature of the guarantee, both the Security Plus and Guaranteed Plus portfolios have lower risk investment profiles. This means that over the medium to long term these portfolios may earn less than other portfolios with higher risk investment profiles.

Buy/sell margins

For all investment portfolios, except the Security Plus and Guaranteed Plus portfolios, there is a margin between the buy unit price and the sell unit price, referred to as the 'buy/sell margin' or 'transaction cost factor'. This practice ensures that members who transact infrequently do not unfairly bear the costs generated by members who transact more frequently. A portfolio's buy/sell margin is set to reflect average estimated future transaction costs that the portfolio will incur when assets are bought or sold, for example brokerage payable when shares are purchased or sold. The margins are subject to change at any time without notice (such as when brokerage rates increase or decrease).

If considered in isolation, the effect of a buy/sell margin of 0.5 per cent on a contribution of \$1,000 would result in its reduction to approximately \$995 if it was withdrawn immediately after investment. This buy/sell margin effect of \$5 represents an additional cost to the member of transacting that is reflected in the unit price and is not charged separately.

These costs are not retained by the Trustee or any investment manager.

i Refer to section 4 of the Additional information document for the actual margins applicable to each portfolio.

Changes to investment managers

Multi-manager portfolios

A rigorous monitoring and review process ensures investment managers invest according to an agreed strategy, with the aim of achieving the investment objectives of each investment option. ipac may change the investment managers or the amount allocated to each manager at any time without prior notice.

Tailored Super investment portfolios

Multi-manager diversified portfolios

Portfolio name	Investment strategy	Risk/return profile	Asset allocation
Multi-manager Secure	To invest in a diversified mix of predominantly defensive assets such as cash and fixed interest. Defensive assets will have a benchmark allocation of 70%. To invest using a range of complementary specialist investment managers.	Conservative	Growth 30% Defensive 70%
Multi-manager Secure Growth	To invest in a diversified mix of growth and defensive assets. Growth assets such as equities and property will have a benchmark allocation of 50% with the balance in defensive assets such as cash and fixed interest. To invest using a range of complementary specialist investment managers.	Conservative to moderate	Growth 50% Defensive 50%
Multi-manager Balanced	To invest in a diversified mix of growth and defensive assets. Growth assets such as equities and property will have a benchmark allocation of 70% with the balance in defensive assets such as cash and fixed interest. To invest using a range of complementary specialist investment managers.	Moderate	Growth 70% Defensive 30%
Multi-manager Growth	To invest in a diversified mix of primarily growth assets such as equities and property. Growth assets will have a benchmark allocation of 85% with the balance in defensive assets such as cash and fixed interest. To invest using a range of complementary specialist investment managers.	Moderate to aggressive	Growth 85% Defensive 15%
Multi-manager High Growth	To invest in a diversified mix of growth assets such as equities and property. Growth assets will have a benchmark allocation of 100% although up to 5% may be invested in defensive assets such as cash and fixed interest. To invest using a range of complementary specialist investment managers.	Aggressive	Growth 99% Defensive 1%

Other portfolios

NMFM is solely responsible for the appointment of investment managers of these portfolios, and appointed AllianceBernstein to manage the investments of all liquid asset classes from 1 February 2001. AllianceBernstein is a wholly-owned subsidiary of AllianceBernstein L.P, a US-based organisation that is a member of the Global AXA Group. AllianceBernstein L.P. is a leading global investment management firm that offers high-quality research and diversified investment services to institutional clients, individuals and private clients in major markets around the world.

Derivatives exposure

A derivative is a financial product that derives its value from an underlying asset, liability or index. Derivative transactions include a wide assortment of instruments including forwards, futures, options, warrants and swaps.

Investment portfolios in Tailored Super may invest in derivative instruments, such as futures and options. Derivatives will not be used to gear these investment portfolios, that is, their effective market exposure will not exceed their market value.

Labour standards and social, ethical and environmental considerations

The Trustee, NMLA, ipac (and the managers appointed by it) and AllianceBernstein do not explicitly take labour standards, environmental, social or ethical considerations into account in the selection or retention of the Fund's investment portfolios.

What are my investment options?

Diversified portfolios

Portfolio name	Investment strategy	Risk/return profile	Asset allocation
Guaranteed Plus	To invest predominantly in fixed interest and cash. Fixed interest includes government bonds, corporate bonds and loans.	Conservative	Defensive 100%
Secure	To invest in a diversified mix of predominantly defensive assets such as cash and fixed interest. Defensive assets will have a benchmark allocation of 70%.	Conservative	Growth 30% Defensive 70%
Security Plus¹	To invest across a wide range of investment sectors in both capital growth and income producing assets. Any volatility in investment performance is smoothed through the use of accumulated capital reserves.	Conservative	Growth 30% Defensive 70%
Managed	To invest in a diversified mix of growth and defensive assets. Growth assets such as equities and property will have a benchmark allocation of 70% with the balance in defensive assets such as cash and fixed interest.	Moderate	Growth 70% Defensive 30%
Property Biased	To invest in a mix of growth and defensive assets, with a benchmark allocation of 40% to property. Growth assets including equities and property will have a benchmark allocation of 70% with the balance in defensive assets such as cash and fixed interest.	Moderate	Growth 70% Defensive 30%

1 The Security Plus portfolio is only available to members of plans that had assets invested in the portfolio prior to 26 April 1994 and continuously since that date.

Sector portfolios

Portfolio name	Investment strategy	Risk/return profile	Asset allocation
Cash	To invest mainly in government and bank guaranteed securities and promissory notes issued by major corporations with acceptable credit ratings.	Conservative	Cash 100%
Diversified Fixed Interest	To invest predominantly in a wide range of fixed income securities, including government, semi-government, corporate and credit based securities.	Moderate	Fixed Interest 100%
Property	To invest in a portfolio of unlisted property trusts, with Australian and global listed property securities held for liquidity and diversification. Listed property securities will include securities in property trusts and companies, and securities listed in connection with income generation property investments including infrastructure ventures.	Moderate to aggressive	Property 100%
Australian Equities	To invest solely in Australian equities, spreading the risk by investing in a range of companies representative of different industries.	Aggressive	Australian Equities 100%
International Equities	To invest predominantly in international equities outside Australia, spreading the risk by investing in a range of companies representative of different industries. A benchmark of 50% of the portfolio's international assets will be hedged back to the Australian dollar.	Aggressive	International Equities 100%

i For further information on investment options, the investment objectives, strategies and asset allocation targets refer to section 3 of the Additional information document.

What fees and costs apply?

Consumer advisory warning

DID YOU KNOW?

Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns.

For example, total annual fees and costs of 2% of your fund balance rather than 1% could reduce your final return by up to 20% over a 30 year period (for example, reduce it from \$100,000 to \$80,000).

You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs.

You may be able to negotiate to pay lower contribution fees and management costs where applicable. Ask the fund or your financial adviser.

TO FIND OUT MORE

If you would like to find out more, or see the impact of the fees based on your own circumstances, the Australian Securities and Investments Commission (ASIC) website (www.fido.asic.gov.au) has a superannuation fee calculator to help you check out different fee options.

The table on the following page shows fees and other costs that you may be charged. These fees and costs may be deducted from your account, from the returns on your investment or from the Fund assets as a whole.

All fees are inclusive of the net impact of GST less any Reduced Input Tax Credits (RITC).

You should read all of the information about fees and costs and understand their impact on your investment in Tailored Super.

i Fees and costs for particular investment options are included in section 4 of the Additional information document. Taxes and insurance costs are set out in sections 5 and 6 of the Additional information document.

What fees and costs apply?

Fees and other costs

Type of fee or cost	Amount	How and when paid
Fees when your money moves in or out of the Fund		
Establishment fee		
This is the fee to open your investment.	Nil	Not applicable
Contribution fee^{1,2}		
The fee on each amount contributed to your investment – either by you or your employer or anyone else on your behalf.	1.5% to 5% of regular contributions received Up to 4% of non-regular contributions received	Deducted when regular and non-regular contributions are received.
Withdrawal fee¹		
The fee on each amount you take out of your investment.	\$85 per withdrawal, rollover or transfer (may be indexed annually)	Deducted when a withdrawal is made from your account.
Termination fee		
The fee to close your investments.	Varies subject to market movement	Only applies to the Security Plus ³ investment portfolio if you transfer to another fund.
Management costs		
The fees and costs for managing your investment.		
Asset management fee²		
The fee applied to all assets of the plan.	Up to 1.74% pa for Security Plus Up to 1.36% pa for Multi-manager portfolios Up to 1.44% pa for other portfolios (reduced fee applies for larger plans)	Deducted prior to the declaration of the unit price for each investment portfolio.
Investment management costs⁴		
The charges incurred for investing.	0.30% pa to 0.81% pa	
Member fee¹		
This is a member account-keeping fee charged by the Fund.	Up to \$5.70 per month (reduced fee applies for larger plans). May be indexed annually	Deducted monthly in arrears from your account.
Service fees⁴		
Investment switching fee		
The fee for changing investment portfolios.	Nil	Not applicable

1 While in the Protection portfolio you will not be charged this fee.

2 May vary depending on amount and nature of services provided by your plan's financial adviser and/or the size of your plan. This fee includes an amount payable to an adviser. See page 11 for more details.

3 Refer to 'The Security Plus and Guaranteed Plus portfolios' on page 6.

4 **i** For details on the investment management cost of specific amount for each investment portfolio, and more information on other service fees, refer to section 4 of the Additional information document.

Example of annual fees and costs

This table gives an example of how the fees and costs in the Multi-manager Balanced portfolio can affect your super investment over a one-year period. You should use this table to compare Tailored Super with other super products.

Example – the Multi-manager Balanced portfolio		Balance of \$50,000 with total contributions of \$5,000 during year
Contribution fees	1.5% to 5%	For every \$5,000 you contribute, you will be charged between \$75 and \$250.
Plus Management costs	Up to \$68.40 plus 2.12% pa ¹	And , for every \$50,000 you have in the fund you will be charged \$1,060 plus up to \$68.40 in member fees.
Equals Cost of fund		If you contribute \$5,000 during a year and your balance was \$50,000, then for that year you will be charged fees of between: \$1,135 to \$1,310 pa plus up to \$68.40. What it costs you will depend on the investment option you choose, the size of your employer's plan and the fees negotiated by your employer with the plan's financial adviser.

¹ 2.12% is based on the Multi-manager Balanced asset management fee of 1.36% pa plus the investment cost of the Multi-manager Balanced portfolio (0.76% pa).

Additional fees may apply. The above example assumes the balance of \$50,000 is fully invested in the Multi-manager Balanced investment portfolio, remains constant throughout the year, and the additional contribution of \$5,000 is made on the last business day of the period. If you leave Tailored Super, you may also be charged a withdrawal fee of \$85.

Adviser remuneration

Your plan's financial adviser is a valuable resource available to you. They can help you and your employer understand how super works and how to get the most from your participation in the Fund. They can also provide advice and guidance on other financial, insurance and business-related matters.

The financial adviser involved in the sale of this product will receive payment for the sale and ongoing servicing of the plan. They meet their expenses from this remuneration and also rely on it to provide them with an income.

The financial adviser's remuneration is included in the charges shown in this section (except any remuneration that the financial adviser receives by agreement directly with you or your employer as a fee for any special services provided).

The plan's financial adviser is entitled to receive the following remuneration inclusive of GST. The actual amount payable to the adviser has been negotiated by your employer.

- Up to 2.75 per cent of up-front contributions
- Up to 0.33 per cent per annum of your account balance
- Up to 11 per cent of insurance premiums paid, and
- Up to 2.2 per cent of the value of each transfer, rollover or one-off contributions.

i For a detailed explanation of the specific fees, costs and financial adviser remuneration, refer to section 4 of the Additional information document.

What about insurance?

Under Tailored Super, insurance is provided under a group insurance arrangement, issued and underwritten by the Insurer.

The insurance policy is owned by the Trustee of the Fund.

If your employer enrolled you as a member of Tailored Super, you may have been provided with insurance cover (cover) selected by your employer for all members of your plan. It is important that you check the member statement attached to your welcome letter to determine the type and amount of cover provided. If you need to make changes to the cover provided please discuss this with your plan's financial adviser.

Cover is provided 24 hours a day, 7 days a week, subject to your cover not ceasing.

The following types of cover are available under Tailored Super:

- Death only
- Death and Total and Permanent Disablement (TPD)
- Death, TPD and Total but Temporary Disablement (TTD)

i For information on the level of cover available to you and definitions and the conditions for TPD and TTD, refer to section 6 of the Additional information document.

Eligibility Criteria

Death and TPD cover

You are eligible for Death and TPD cover if:

- you have been accepted as a member of the Fund
- you are aged between 14 and 64 for Death cover
- you are aged between 14 and 55 for TPD cover
- you are an Australian resident and reside in Australia (unless you are working overseas with the Insurer's written approval)
- for TPD cover you must be permanently employed to work at least 15 hours a week
- you are permanently employed to work less than 15 hours per week or are employed on a casual basis (regardless of the number of hours working), you will only be eligible for one unit of benefit formula 'K' insurance ie one unit of \$1 per week or \$2 per week of cover, and
- you satisfy any other eligibility criteria that apply to your employer's plan.

TTD cover

You are eligible for TTD cover if:

- you have been accepted as a member of the Fund
- you are aged between 14 and 55
- you are an Australian resident and reside in Australia (unless you are working overseas with the Insurer's written approval)
- you are a full-time permanent employee working 15 hours or more per week, and
- you satisfy any other eligibility criteria that apply to your employer's plan.

Insurance arrangements

Employer sponsored

Under this insurance arrangement, an employer makes contributions on their employees' behalf and will decide on the type and level of cover for the plan. Premiums for the cost of the cover are deducted monthly from each member's account balance.

Given all employees are provided with the same type and a similar level of insurance under these arrangements, the Insurer is generally able to provide cover without health evidence and at a lower cost than would normally be available as an individual.

Self-employed or not receiving employer support

Under this arrangement, you can choose the type and level of cover. Importantly, however, in these situations you will have to provide health evidence and other information such as your occupation. The Insurer can impose a higher premium, an exclusion or decline cover based on the health evidence and information provided.

Commencement of cover

Your cover will commence, subject to the eligibility criteria being met, when AXA receives an enrolment advice, contribution payments for you and satisfactory evidence of health, should health evidence be required by the Insurer.

Providing health evidence and other information

Automatic acceptance

Some insurance benefit groups in some employer plans may qualify for automatic acceptance of cover.

This means that the Insurer does not require health or other evidence for a certain level of cover. To be eligible for automatic acceptance your employer must enrol you as a member of the Fund within 120 days of you becoming eligible for Fund membership, a contribution must be remitted and a premium paid. In addition, an 'At work declaration' will be required in all cases from your employer.

There is a limit on the level of cover which can be automatically accepted. This is referred to as the Automatic Acceptance Limit (AAL). To find out the AAL for your plan contact your plan's financial adviser or our Customer Service Centre on 133 056.

Cover in excess of the AAL

If the level of cover provided under an employer arrangement is in excess of the AAL, the Insurer will require your health details and other information, such as your occupation. You may also be required to undertake a medical examination. In these cases the Insurer may impose a higher premium, an exclusion or decline cover based on the health evidence and information provided, but only on the level of cover above the amount provided under the AAL.

Voluntary insurance cover

If you decide to apply for cover in excess of the level provided or of a different benefit basis than that provided under your employer arrangement, the Insurer will require details of your health and other information such as your occupation even if the total cover is below the AAL.

In these cases the Insurer can impose a higher premium, an exclusion or decline cover based on the health evidence and information provided, but only on the amount of voluntary insurance cover being assessed.

Self-employed or not receiving employer support

If you are self-employed or not receiving employer support, the Insurer will require details of your health and other information such as your occupation. You may be required to undertake a medical examination. In these cases the Insurer can impose a higher premium, an exclusion, or decline cover based on the health evidence and information provided. This is also referred to as voluntary insurance cover.

i Refer to section 6 of the Additional information document for more information on

- Automatic acceptance
- Transfer terms
- Underwriting terms, and
- Increases in cover provided.

Interim Accidental Death and Accidental TPD cover

While the Insurer is assessing any health information provided, you will be covered for Accidental Death and Accidental TPD (depending upon the type of cover being applied for) equal to the amount you have applied for, or up to \$435,000, whichever is the lesser amount.

Premiums will be charged for the period of interim cover based on the amount and type of cover requested and under assessment.

Interim cover automatically ends as soon as one of the following happens:

- the Insurer accepts, limits or rejects the cover which is subject to the underwriting assessment
- you withdraw your application
- 45 days pass from the date accidental cover commenced, or
- when conditions for cover cease.

Cover during overseas employment

If you are an Australian resident, your cover may continue for up to three years while you are employed overseas, provided the Insurer first agrees in writing. The Insurer may impose further conditions. If you make a claim while located overseas, you may be required to return to Australia for appropriate medical treatment or assessment, at your own expense.

Cover during unpaid leave

Your cover under this policy may continue if you are on unpaid leave subject to the following conditions. These are:

- before the unpaid leave begins you must request and the Insurer must agree to continue your cover and any changes to the terms of the cover, and
- in the event of a claim of TPD, the Insurer may require you when travelling overseas, to return to Australia at your expense where necessary for medical treatment or assessment, and
- the six month waiting period for TPD will commence from the date you proposed to return to the paid employment you were doing immediately before commencing the unpaid leave, and
- cover will stop on the date following 24 months from the date your leave began.

Note that insurance premiums must continue to be paid during this time.

If any of the events listed under 'When cover ceases' occur before the end of the proposed period of unpaid leave, cover will cease and the Insurer will refund you any portion of premium overpaid. Refer to page 14 for further details.

Restrictions

The Insurer reserves the right to vary the benefit or premium basis:

- in the event of war, declared or undeclared
- where a reduction in the amount of the benefit for TPD cover shall commence from age 55 to reduce progressively until at age 65, and
- where incorrect information is provided.

Premiums

The Insurer will calculate the premium using the underlying premium rate. The premiums you pay depend on your insurance arrangements.

If you are provided with units of cover (formula K) for Death only or Death and TPD, the premiums you pay depend on your age and the premium you chose to pay ie \$1 or \$2 per week.

For all other benefit formulas, the insurance premium charged is dependent on:

- your age, and
- your occupation.

In addition, if you apply for cover in excess of that provided by your employer your premium will also be based on your medical history, present state of health and other information provided to the Insurer. Please be aware that where you are required to provide health evidence, the Insurer can impose a higher premium, an exclusion, or decline cover based on the information provided.

A single set of rates apply for both male and female members.

An averaged occupation rating classification is determined for each Tailored Super plan with insurance and applied to each of the plan's insured members.

What about insurance?

Insurance premiums in most circumstances are deducted from your account. Should there be insufficient funds in your account to pay the premium your cover will cease. You will be notified in advance in writing of the termination of cover where you have insufficient funds to pay the insurance premiums.

Premiums are recalculated each time the amount of your cover changes and at your employer plan's annual review.

When you cease employment with your employer, you may be provided with extended cover. If this occurs, premiums will continue to be deducted from your account until we are notified by your employer that your employment has terminated. Refer to 'Before we are notified (extended cover)' on page 15 for more information.

The premium rates and the acceptance rules can be altered by the Insurer only after providing 30 days notice to the Trustee. While war risks are covered, the Insurer reserves the right to alter premium rates if war or invasion occurs.

i The rate tables and occupation ratings can be found in section 6 of the Additional information document.

The benefits of Group Life insurance

If you are accepted as a member of the Fund and your employer plan has elected insurance, you will have Group Life Insurance, subject to the terms of that plan. These have been negotiated with the Trustee on a plan by plan basis. The Group Life insurance benefits include:

- Death
- Terminal Illness
- TPD

The TTD insurance benefits include:

- total
- partial

i For further information on benefits, refer to section 6 of the Additional information document.

Payment of a benefit

If a claim is admitted, the Insurer will pay the insured amount to the Trustee. Then, subject to legislative requirements having been met, the Trustee will make the proceeds available to:

In the case of death:

- dependants
- legal personal representative, or
- a person who the Trustee determines is eligible under legislation.

In the case of TPD:

- you

In the case of TTD:

- your employer, to pay to you.

i For further information on how the benefit will be paid upon death, including definitions of dependant and spouse refer to section 8 of the Additional information document.

When cover ceases

Death and TPD cover

Cover will stop when your membership ceases or as soon as one of the following happens:

- when you reach the cover expiry age. The cover expiry age for death and TPD is 65
- upon payment of a Death, Terminal illness, Accidental Death, TPD, or Accidental TPD benefit
- for a person insured with Death cover only whereby a Terminal Illness benefit is paid which represents the total Death benefit payable
- for a person insured with Death cover only whereby the Terminal Illness benefit paid is less than the Death benefit payable, then cover will cease when the balance of Death benefit is paid on your death
- when you no longer meet the eligibility terms applicable to your plan
- when unpaid leave is taken for longer than the period of time that we have agreed to provide cover except where the reason why you have not returned to work is because a claim is being made under the policy, or you are eligible to do so
- when premiums are not received either by non-payment of contributions or insufficient account balance, or
- if you make a fraudulent claim.

TTD cover

Cover for you will stop when your membership ceases, or as soon as one of the following happens:

- when you reach age 65
- when you no longer meet the eligibility terms applicable to your plan or we are notified that you have ceased employment with your employer
- when you are on unpaid leave or temporarily not working for longer than the period of time that the Insurer has agreed to provide cover except where the reason why you have not returned to work is because you have made a claim under the policy, or you are eligible to do so
- when you do not pay the premium, unless you are being paid the TTD benefit
- on the date you permanently retire from the work force
- if you make a fraudulent claim, or
- when you die.

Default Fund

Please note that should you as an employee elect for your employer to contribute on your behalf to a different super fund other than your employer's Tailored Super plan, all insurance cover will cease from the date your employer notifies us.

However, upon application by your employer (on your behalf), and with the agreement of the Trustee and Insurer, your cover may continue. For more information on this option please contact your plan's financial adviser or our Customer Service Centre on 133 056.

Leaving your employer

Before we are notified (extended cover)

When you leave your employer, cover may continue until the date we are notified that you have ceased employment.

At any time after you leave your employer to the date we are notified by your employer of this event, if you reach the cover expiry age your extended cover will cease.

This extended cover will only be provided if you have not received a TPD insurance benefit during your fund membership.

While cover continues after you leave your employer, we will continue deducting premiums from your account.

Until we receive such notification, the terms of your cover will change as follows:

Death and TPD cover

Death and TPD cover for the first 30 days after you leave your employer

For the first 30 days after you have left your employer, Death cover and TPD cover (if applicable) will continue as it did when you were employed by your employer.

Death and TPD cover 30 days after you have left your employer

After the first 30-day period, Death cover will continue until the date we are notified that you have left your employer. TPD cover will also continue to the same date but will change so that you will only be considered to be totally and permanently disabled if you have suffered the loss of two limbs or the sight of both eyes or the loss of one limb and the sight of one eye where 'limb' means the whole hand or the whole foot.

TTD cover

TTD cover will continue from the date you leave your employer until the date we are notified by your employer that you have left. However, the monthly benefit period will be limited to a maximum of 12 months and you must be under paid employment at the time of making the claim.

When we are notified

When we are notified that you have ceased employment your Tailored Super membership will be transferred to the Super Directions for Business Rollover Section.

The amount of your Death and TPD insurance cover (if any) will be calculated at that date and also transferred to your new Super Directions for Business Rollover Section membership and will be subject to the terms, conditions and premiums applicable to that section of the Fund.

Any TTD cover you held will cease.

i For further information on the Super Directions for Business Rollover Section refer to section 9 of the Additional information document.

Continuation option

If your cover ends because you no longer satisfy the eligibility criteria for reasons other than injury or illness and you have ceased employment, you may be eligible for a continuation option.

A continuation option gives you the opportunity to continue the level of Death and TPD cover you enjoyed under Tailored Super by purchasing an AXA individual policy provided you:

- are an Australian resident
- reside in Australia
- terminated your employment for reasons other than total and permanent disability
- did not cease to be eligible for cover because of injury or illness and are not disabled, nor in a waiting period, or eligible to receive insurance benefits under Tailored Super or any other policy issued by AXA providing similar benefits
- are not commencing employment with another employer associated with the former employer
- provide AXA with all information requested for the purpose of assessing the application, and
- are not covered under insurance arrangements through another super or group insurance facility.

Cover is not provided for the time between cover ending under Tailored Super and starting under the new AXA policy. In addition, the premium rates for a new AXA policy if issued, may be different than under Tailored Super and will be determined by, among other things, your gender, occupation and smoking status.

There is no continuation option for TTD benefits.

As the continuation option must be issued within 60 days of us being notified you have left your employer you should contact your plan's financial adviser as soon as possible to discuss your continuing insurance needs.

Before we can issue a continuation option form to you, we must be notified by your employer of your employment termination.

Please note that for you to exercise the continuation option, the Insurer must receive your continuation form and individual insurance application form within the 60 days after you cease employment.

The terms and conditions of the continuation options are not guaranteed by the Insurer and may be varied at any time. If this happens the Trustee will notify you in writing of the new terms and conditions.

i For further information on the continuation option refer to section 6 of the Additional information document.

Duty of disclosure and non-disclosure

The following text in relation to duty of disclosure and non-disclosure does not apply to you if you obtain cover under automatic acceptance insurance arrangements. It is relevant to you if you are required to provide health evidence or other information in relation to your insurance cover.

Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter you know, or could reasonably be expected to know, that is relevant to the insurer's decision on whether to accept the risk of the insurance and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that the insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation) and the Insurer would not have entered into the contract on any terms if you had complied with your duty of disclosure (or made no misrepresentation), the Insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, the Insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Adjustments to your insurance cover

We rely on the information provided by you and/or your employer (such as your age, gender, occupation, salary, health status, etc) to determine your eligibility for insurance and the level of cover you are eligible to receive. In the event of a claim for insurance benefits the Insurer will request evidence from you and/or your employer. Based on the evidence received, the Insurer may increase or decrease the level of cover last advised to you or may determine that you are ineligible for cover. In the event a higher benefit is payable, the Insurer will apply additional premiums from the date you become eligible for the higher level of cover, which, may be deducted from your benefit.

We may recover any insurance premiums which have fallen due but have not been deducted from your account or from an insurance benefit that becomes payable.

When can I access my super?

To ensure that super savings are used for retirement and other permitted purposes, special rules apply to limit access to your super. These are called preservation rules. Your super benefit will consist of one or more of the following preservation components:

- preserved benefit
- restricted non-preserved benefit, or
- unrestricted non-preserved benefit.

Preservation rules and conditions of release

Preserved benefits can only be paid to you if you meet one of the conditions of release. Some of these conditions include:

- permanent retirement from the workforce upon reaching preservation age
- ceasing employment after turning 60 years of age
- suffering permanent incapacity
- suffering a terminal medical condition
- permanent departure from Australia if you are a temporary resident (this does not apply to New Zealand residents)
- specified compassionate grounds
- financial hardship
- upon death, where the benefit will be paid to a dependant(s), legal personal representative, or otherwise determined by the Trustee.

i For a full list of the preservation rules for super and the conditions of release refer to section 7 of the Additional information document or alternatively, visit the ATO website at www.ato.gov.au.

i For further information on how the benefit will be paid upon death, including definitions of dependant and spouse refer to section 8 of the Additional information document.

Temporary residents

The following does not apply to New Zealand residents and is limited to eligible visa holders.

If you have entered Australia on an eligible temporary resident visa you may claim your super benefits once you have permanently departed Australia.

Under super legislation if you do not claim your benefit within six months of departing Australia, your benefit may be paid as unclaimed super to the ATO. You will not receive notification or an exit statement from your super fund.

If this occurs, you can claim your super money from the ATO. For more information visit www.ato.gov.au.

Partial payments

If you have any unrestricted non-preserved benefits, you may apply to receive, net of any taxes payable, a partial payment from the Fund; however, the minimum amount of the withdrawal must be \$1,000 and at least \$1,200 must be left in the Fund if the full amount is not being withdrawn.

Where your unrestricted non-preserved benefit is less than \$1,200, the full amount of the unrestricted non-preserved benefit must be withdrawn.

Partial rollovers

You may request that part of your benefit be transferred or rolled over out of the plan to another regulated super fund. There is no minimum amount that can be transferred, though at least \$1,200 must remain within the Fund (these limits may be changed at any time).

If we do not continue to receive employer SG contributions on a regular basis your insurance cover will cease. Refer to 'Default Fund' on page 14. Partially transferring funds may incur additional fees. Please speak to your plan's financial adviser to determine the best course of action to meet your needs.

The Super Directions for Business Rollover Section

The Super Directions for Business Rollover Section (Rollover Section) is part of the Super Directions Fund. Your accumulation will be transferred to the Rollover Section when we are notified by your current employer that you have ceased employment. You will be a member of the Super Directions Fund in your own right and not a member of an employer plan.

You do not need to apply for entry into the Rollover Section. The automatic transfer saves you the inconvenience of organising a new super membership while you are busy changing jobs and provides you with a facility to which your new employer may contribute to.

The fees, charges and certain other conditions of membership, such as insurance and investments, change when you are transferred to the Rollover Section.

When you are transferred to the Rollover Section, you will receive a Transaction statement summarising your accumulation and insurance cover in your employer plan at that time. You will then receive a welcome letter which includes a Membership summary for the Rollover Section detailing your benefits in the Fund. This will include insurance cover and premiums (if applicable). In addition, you will receive a PDS providing information on the product including the current fees and charges for the Rollover Section.

i For further information on the Rollover Section refer to section 9 of the Additional information document.

What other information do I need to know?

How is my super taxed?

As an incentive to save for your retirement, the super system offers some attractive tax advantages.

Generally, your super may be taxed:

- when contributions are made
- on your earnings while your money is invested (maximum of 15 per cent), and
- when you withdraw money from super under age 60.

We recommend you consult your plan's financial adviser or taxation professional as your individual circumstances may differ and taxation rules may change in the future.

i For further information on the following important areas of super taxation, refer to section 5 of the Additional information document:

- contributions tax
- tax on excess concessional contributions
- tax on excess non-concessional contributions
- surcharge tax
- tax on investment earnings
- tax on insurance premiums and payments
- tax on lump sum benefits, and
- tax on death benefits.

TFN notification

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

Under the SIS Act, your super fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may vary in the future as a result of legislative change. The Trustee may disclose your TFN to another super provider when your benefits are being transferred, unless you make a request to the Trustee in writing that it should not be disclosed.

It is not an offence to withhold your TFN. However, providing it will have the following advantages (which may not otherwise apply):

- your super fund will be able to accept all types of contributions to your accounts as detailed on page 4
- the tax on contributions to your super 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 super benefits
- it will make it much easier to trace different super accounts in your name so that you receive all your super benefits when you retire.

Cooling-off period

(applicable to unsupported members only)

An unsupported member is a member who does not have an employer with a legal obligation to make super contributions for them. If you are an unsupported member, you have a period of 14 days after you become a member of the Fund (the cooling-off period) during which you can cancel your membership by notifying the Trustee of the Fund in writing.

If you do cancel your membership during the cooling-off period, the amounts that are repaid or transferred will be adjusted to take account of any increase or decrease in the value of the investment portfolios that you selected and any tax or duties payable by the Trustee as the result of you becoming a member.

If any of the amounts paid to the Fund were transferred from another super fund or approved deposit fund and were preserved or restricted non-preserved benefits in that other fund, then those contributions cannot be repaid to you. Instead they will be transferred to another regulated super fund or approved deposit fund of your choice.

Making changes to your super

You can notify AXA of any changes to your Tailored Super membership by:

- accessing the online member facility where you can change your address, other personal information and investment portfolio options. To register for online access go to **axa.com.au**
- emailing our Customer Service Centre at **client.inquiry@axa.com.au**
- contacting our Customer Service Centre on 133 056
- writing to:
Super Directions Fund
Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001
- contacting your employer, or
- informing your plan's financial adviser.

Privacy disclosure statement – 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.

Enquiries or complaints

If you have an enquiry or complaint about your super please contact our Customer Service Centre on 133 056 or write to:

Super Directions Fund
Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001

Please state the exact nature of the complaint and the name and number of your Tailored Super plan and your membership number.

We will try to resolve your complaint as quickly as possible. If we cannot resolve it immediately, we will keep you informed of our progress.

If you are not satisfied with our handling of your complaint or its resolution you may contact the Superannuation Complaints Tribunal. The Superannuation Complaints Tribunal is an independent body set up by the Commonwealth Government to deal with complaints made by members of super funds.

The Tribunal may try to resolve the complaint by agreement between the parties or conduct a formal review of the decision.

The contact details for the Tribunal are as follows:

Superannuation Complaints Tribunal
Locked Bag 3060
MELBOURNE VIC 3001

Telephone number: 1300 884 114
Facsimile number: (03) 8635 5588
Email: info@sct.gov.au
Website: www.sct.gov.au

If you have any complaints or questions about the privacy of your information, please contact our Privacy Officer in writing at the address below:

Group Privacy Officer
Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001

If your privacy complaint is not resolved by us to your satisfaction you may write to the Privacy Commissioner at:

GPO Box 5218
SYDNEY NSW 2001.

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For any changes/alterations to your membership please complete this form accompanying the Product Disclosure Statement (PDS), issued 31 March 2011.

This form is effective from 1 May 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.
- To provide your smoker/non-smoker status, please complete the 'Declaration for smoker/non-smoker status' section and sign the member declaration on page 4 of this form. Please note that this applies to Simple Super only.
- 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 sections are 1,2 and 6.

1 Plan details (mandatory section)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan name	Plan reference	Member reference (if known)

2 Member details (mandatory section)

Mr Mrs Miss Ms Other please specify

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname (please print)	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	Town/Suburb	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone	Work telephone	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		

3 Tax file number notification (TFN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TFN							

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

- TFNs are collected under the Superannuation Industry (Supervision) Act 1993, Retirement Savings Accounts Act 1997, the Privacy Act 1988 and taxation acts (including the income tax and superannuation surcharge tax acts).
- The Trustee and fund administrator will only use your TFN for super purposes, including:
 - Finding or joining together your super benefits
 - Calculating the correct tax on employment termination payments
 - Passing it to the Trustee of another super fund or provider of a retirement savings account when transferring your benefits. You may give us written instructions not to pass it on before any transfer
 - Passing it on to the Australian Taxation Office (ATO):
 - if we have paid you a benefit,
 - to report contributions, or
 - if you have unclaimed super money after reaching the aged pension age.

These purposes may change in the future as a result of legislative changes.

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.

4 Changes to investment choice (optional section)

Before you decide on your investment portfolio(s), we recommend that you speak to your plan's financial adviser. Please read the Investments section of your PDS before you complete the following investment details. If you do not make a choice, contributions received may be invested in your plan's default portfolio.

Please note; if your account balance is less than \$1,200, your money will be invested in the Protection portfolio. You may direct future contributions in up to five portfolios. You may invest your existing accumulation in up to five portfolio(s), subject to a minimum of \$1,000 per portfolio.

	Please switch my current retirement accumulation				Investment portfolios for FUTURE contributions†
	FROM (COLUMN A)		TO (COLUMN B)		
Multi-manager Diversified portfolios					
Multi-manager Secure	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager Secure Growth	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager Balanced	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager Growth	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Multi-manager High Growth	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Diversified portfolios					
Security Plus*	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Guaranteed Plus	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Secure	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Property Biased	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Managed	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Sector portfolios					
Cash	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Diversified Fixed Interest	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Property	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Australian Equities	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
International Equities	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
Total	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> % or <input type="text"/> \$	<input type="text"/> %	
	The total % or \$ amount specified in COLUMN A must also be specified in COLUMN B			100%	

Your investment choice will start the following business day after the form is received and processed, unless you specify a later start date:

* This portfolio is only available to members of plans that had assets invested in the portfolio prior to 26 April 1994, and continuously since that date.

† Contributions include regular and non-regular (which include rollovers) contributions

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 plan's 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 own insurance benefits.

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

- For benefit basis A, B and E, Total and Permanent Disablement and Total but Temporary Disablement cover reduces progressively to zero over the 10 years prior to a member reaching age 65.
- To provide your smoker/non-smoker status, please complete the 'Declaration for smoker/non-smoker status' and sign the member declaration. Please note that this only applies to Simple Super.
- Casual employees and part-time employees working less than 15 hours per week are restricted to Death only cover under benefit basis K (\$1 or \$2 per week)
- Part-time employees working more than 15 hours per week can have Death and Total and Permanent Disablement cover under Benefit basis K (\$1 or \$2 per week), nominated amount (benefit basis A or B) or salary linked formulae (benefit basis E or G).

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 (applies only to Simple Super)

Smoking status Smoker 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 Casual **▶ Hours employed to work per week** Less than 15 15 or more

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 Total and Permanent Disablement (TPD) **▶ Complete section (ii)**
- 4 Death, TPD and Total but Temporary Disablement (TTD) **▶ Complete section (ii)**

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

(ii) Benefit basis K (Refer to your plan's financial adviser for the amount of cover or section 6 of the Additional information document.)

Fixed table of cover costing \$1 or \$2 per week \$1 \$2 (please tick)

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 (subject to a maximum of Y multiplied by salary)
Value of Y Value of Y

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 Simple Super or Tailored Super 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.

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

Signature of Authorised Officer

Date



Contents and instructions

Please complete this form to confirm a previous nomination of beneficiary, revoke an existing nomination, or request a new nomination. You should seek financial advice prior to completing this form.

If you have more than one membership within a fund, you will need to complete separate nomination forms for each membership.

It is important that you carefully read and understand each of the steps when completing this form to ensure you have correctly made your binding nomination(s) for your funds.

If you need assistance with completing this form, please contact our Customer Service Centre on:

- 133 056 for members of Super Directions for Business, Super Directions for Business Rollover Section, Tailored Super, Tailored Super Rollover Plan, Simple Super and Simple Super Rollover Plan, or
131 737 for members of the Super Directions Personal Super Plan (PSD).

Step 1 Information on nominations

Please carefully read this section to ensure you understand how binding death nominations work.

Step 2 Benefit nomination

Please select your benefit nomination.

Step 3 Plan/Member details

Complete the full name in which the membership is held, including plan and member number.

Step 4 Confirmation of existing binding death nomination

Please tick and sign this section if you wish to re-confirm a previous nomination.

Please note: Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update it as your personal circumstances change. It is your responsibility to keep your nomination up to date and review it every three years.

Step 5 Nomination (or change of nomination) of beneficiary(ies)

Complete this section to nominate your Legal personal representative or person(s) as beneficiary(ies) of your superannuation benefit(s) in the event of your death.

Please complete the full personal details of your nominated beneficiaries as per the example below. The total benefits must equal 100 per cent.

Please note: For members of Super Directions for Business, Simple Super and Tailored Super, on transfer from an employer plan to the Super Directions for Business Rollover Section upon ceasing employment or for members of Tailored Super Rollover Plan or Simple Super Rollover Plan who upgrade their membership to the Super Direction for Business Rollover Section, your death benefit nomination will continue to apply to your new membership until the expiry date three years from the date you signed the nomination form.

Example of Nomination of beneficiaries

[] My legal personal representative (eg the executor of your Will)

OR

Ms Sally Field 10/03/1941 100 % [] Male [x] Female
Title Given name(s) Surname Date of birth % of benefit

Address 10 Example Street Brighton VIC 3186

Relationship to member: [x] Spouse [] Child [] Interdependent [] Financial dependant

Step 6 Declaration

This section MUST be signed and dated by you (the member) in the presence of two witnesses.

Step 7 Binding nomination(s) witness signatures

This section MUST be completed and signed by two independent witnesses.

The witnesses must be aged 18 years or over and not be nominated as beneficiaries.

Step 8 Return form to AXA

Once completed please send this form to:

AXA Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001

Please note: We are unable to accept this form via fax or E-mail.

This page has been left blank intentionally.

Death benefit beneficiary nomination form

Step 1 Information on nominations

Non-binding death benefit nominations

If you elect to make a non-binding death benefit nomination, the Trustee will consider the nomination provided by you but has discretion to pay your benefit to one or more of your dependants and/or legal personal representative in proportions it determines.

Binding death benefit nominations

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death.

When you have nominated a beneficiary and the nomination is valid under superannuation law, the Trustee will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on how a beneficiary must be nominated. For the nomination to be valid:

- A beneficiary must be a spouse (including de facto spouse and same sex partner), a child (including an adopted child, step child, or ex-nuptial child).
- The child of the member's spouse, or any person who is, or was at the relevant time, in the opinion of the Trustee in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care), a legal personal representative, or any person who in the opinion of the Trustee is, or was at the relevant time, financially dependent in whole or in part upon the member.
- If any beneficiary nominated is not a dependant in the opinion of the Trustee and according to superannuation law at the date of your death, this notice will be invalid.
- You must clearly set out the proportion of benefit to be paid to each beneficiary and the sum of the beneficiaries proportions must add up to 100%.
- This nomination may be amended or revoked at any time by submitting the approved form. It will be valid for a maximum period of three years if no amendment is made. Your signature must be witnessed by two witnesses aged 18 years or over, neither of whom is nominated as a beneficiary. The administrator will attempt to contact you before the nomination expires to ask you to renew your nomination. However, it is your responsibility to review and update it every three years. AXA accepts no liability for any failure on your part to do so.
- Any amendments must be submitted on the approved form. Copies are available from your financial adviser or by calling our Customer Service Centre on 133 056 or 131 737.
- Step 6 must be signed and dated by you in the presence of your two witnesses who must also sign and date step 7.

If you would like to nominate more than four dependants please complete an additional form. If you do not wish to nominate a dependant or your nomination is invalid or defective, any benefit payable on your death will be paid at the Trustee's discretion to your dependants or legal personal representative. If the Trustee is unable to locate any of your dependants or your legal personal representative, it may pay your benefit to any other person permitted by superannuation law (usually a next of kin of the deceased member). You should update your nomination if there is any change to your personal circumstances. If you nominate your legal personal representative, please ensure you have a valid and up-to-date Will. If you die without a Will, the Trustee is required to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula, which varies from state to state. Payment to a legal personal representative may take longer as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid. You should note that by directing payment to your legal personal representative you are exposing the benefit to claims by creditors of your estate.

Step 2 Benefit nomination

Tick one of the options below and follow the instructions.

I wish to confirm my existing binding death benefit nomination – Complete steps 3, 4 and 6

OR

I wish to revoke my existing binding death benefit nomination – Complete steps 3, 6 and 7

I understand this means that in the event of my death the Trustee will have the discretion to determine to whom the benefit is paid.

Please note: Section 7 of this form must also be completed signed and dated by two witnesses who have seen you sign and date the form.

OR

I wish to make a new non-binding benefit nomination – Complete steps 3, 5 and 6

I understand that the Trustee will decide who will receive my benefit in the event of my death.

The Trustee will generally pay your nominated dependant(s) but may decide to pay your death benefit differently.

OR

I wish to make a new binding death benefit nomination – Complete steps 3, 5, 6 and 7

Step 3 Plan/Member details

Plan name (not required for PSD)

Plan reference (not required for PSD)

Member number

Mr Mrs Miss Ms Other please specify

Surname (please print)

Given name(s)

Street number and name

Town/Suburb

State

Postcode

Home telephone

Work telephone

Mobile number

Email address

Death benefit beneficiary nomination form

Step 4 Confirmation of existing binding death benefit nomination

I wish to confirm my existing binding death benefit nomination.

Step 5 Nomination (or change of nomination) of beneficiaries

My legal personal representative (eg the executor of your Will)

OR

1 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit
Address
Relationship to member: Spouse Child Interdependent Financial dependant

2 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit
Address
Relationship to member: Spouse Child Interdependent Financial dependant

3 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit
Address
Relationship to member: Spouse Child Interdependent Financial dependant

4 / / % Male Female
Title Given name(s) Surname Date of birth % of benefit
Address
Relationship to member: Spouse Child Interdependent Financial dependant

Step 6 Declaration

I have read the information in step 1 and understand these conditions. I direct the Trustee to accept my death benefit nomination for my plan.

/ /
Member's signature Date

Step 7 Binding nomination(s) witness signatures

Witness A - I declare that the above notice was signed and dated by the member in my presence and that I am aged 18 years or over.

/ /
Signature Name Date

Witness B - I declare that the above notice was signed and dated by the member in my presence and that I am aged 18 years or over.

/ /
Signature Name Date



To be completed by the Member (Life to be insured)

Please read the notices relating to 'Duty of Disclosure' and 'Privacy - Use and disclosure of personal information' on page 21 before completing this form.

Warning: You have a duty to disclose all information relevant to our decision to accept your application. We rely on this information to assess your application. Any incorrect information may affect your entitlement to benefits.

Please follow the instructions carefully when completing this form.

Step A Member details (mandatory)

Mr
 Mrs
 Miss
 Ms
 Other please specify
 Gender Male Female

Surname (please print) Given name(s) Date of birth

Street number and name Town/Suburb State Postcode

Employer Plan reference Member reference

Home Telephone Work telephone Mobile number

Email address

If you are applying for:

- Between 1 or 2 units of Death or Death and Total and Permanent Disablement (TPD) cover (Super Directions for Business), or
 - \$1 or \$2 per week of Death or Death and TPD cover (Simple Super and Tailored Super)
- and automatic acceptance does not apply, please complete Step B on page 2.

For any other type of cover, please complete Step C commencing on page 3, the 'Medical and financial authorities' on page 19 and the 'Declaration and consent' on page 21.

Please return the completed form to:

AXA Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001.

Personal statement

Step B Health questionnaire

- 1 Were you absent from work due to sickness or injury on the day of joining the plan? ▶ No Yes
- 2 At any time in your life have you ever suffered from, received advice for, experienced symptoms of, or been diagnosed with any of the following (even if you have not seen a doctor):
- (a) Heart complaint, rheumatic fever, chest pain, high blood pressure, raised cholesterol, vein or circulation disorder? ▶ No Yes
 - (b) Disease or disorder related to kidney, bladder, prostate, bowel, stomach or liver (including Hepatitis B&C)? ▶ No Yes
 - (c) Disease or disorder of the brain, nervous system, stroke or epilepsy? ▶ No Yes
 - (d) Diabetes or thyroid disorder? ▶ No Yes
 - (e) Asthma, bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea? ▶ No Yes
 - (f) Mental illness, depression, anxiety, chronic fatigue, nervous condition, stress or post traumatic stress disorder? ▶ No Yes
 - (g) Cancer, leukaemia, tumour of any kind, blood disorder, cyst, growth or breast lump? ▶ No Yes
 - (h) Back/neck disorder, arthritis, joint, bone or muscle disorder? ▶ No Yes
 - (i) Disorder of the eyes, ears or skin? ▶ No Yes
 - (j) Any other illness, injury, operation or disability (other than colds and influenza)? ▶ No Yes
- 3 (a) Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection?
For example, some signs are unexplained weight loss, swollen glands or persistent diarrhoea ▶ No Yes
- (b) In the last 3 years: Are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?
HIV risks include but are not limited to: sex with or as a prostitute; sex with an intravenous drug user; contact with someone else's blood (for example through injection or scratch with a used needle); and anal intercourse (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least 3 years) ▶ No Yes
- 4 Have you lost the sight of an eye or total and permanent loss of the use of a limb ('limb' means the whole hand or foot)? ▶ No Yes
- 5 Have you ever had any medical advice, investigation or treatment for any disease or disorder of the joints, bones or muscles, including the neck and back, which has required more than two weeks off work? ▶ No Yes
- 6 Have you ever made a claim or received benefits under disablement insurance, worker's compensation, motor vehicle accident insurance, Social Security sickness or invalid benefits or Veterans Affairs sickness or invalid benefits? ▶ No Yes
- 7 Including annual holidays, are you likely to live, travel or work overseas? ▶ No Yes
- 8 Are you a **non-permanent** resident of Australia or New Zealand? ▶ No Yes

If you have answered:

- 'Yes' to any of the questions above, please complete **Step C commencing on page 3, the 'Medical and financial authorities' on page 19 and the 'Declaration and consent' on page 21.**
- 'No' to all of the questions above, please complete the **'Declaration and consent' on page 21.**

Personal statement

Step C Personal statement

Your personal details

<input type="text"/>	<input type="text"/>	<input type="text"/> years	<input type="text"/>
Marital status	Maiden name, where applicable	Age	Place of birth

What is your occupation title and in which industry do you work?

What was your gross income less business expenses from personal exertion in the last 12 months? \$

Residential address (if different from address in Step A)

<input type="text"/>	<input type="text"/>
Street number and name	Town/Suburb

<input type="text"/>	<input type="text"/>
State	Postcode

We may need to contact you regarding the details of your Application. Please provide contact number(s) and suitable contact times (8am to 8pm):

Contact phone numbers

() <input type="text"/>	<input type="text"/>	() <input type="text"/>	<input type="text"/>
Daytime	Times	After hours	Times

Residence and travel details

Q1 Are you an Australian citizen or a permanent resident of Australia? No Yes

If no, please provide details including the type of visa you hold:

<input type="text"/>
<input type="text"/>

Q2 In the next 12 months, do you intend to leave Australia to go and live in another country? No Yes If yes, please provide details:

Where	Duration
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Q3 Do you intend to travel outside Australia or New Zealand for holiday or business purposes? No Yes If yes, please provide details:

Where	When	Duration
<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"/>

Personal statement

Insurance details

Q4 Other than this application, are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**? Note: this includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

No Yes If yes, please provide details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=" "/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=" "/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=" "/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Important note: if this application for insurance is intended to replace the existing plan(s) listed in the table above, when the insurer notifies you that it has accepted your application for insurance, you must cancel such plan(s). If you do not cancel the existing plan(s) listed in the table above, any claim made by you to AXA for the insurance applied for and accepted may not be considered.

Q5 Has **any company** ever indicated they would not issue you insurance, or would apply a loading, modify, restrict or exclude your insurance in any way? No Yes If yes, please provide full details including reason, date, company name and type of cover:

Q6 In the last five years have you, or do you intend in the next 12 months, to claim unemployment benefits? No Yes

If yes, please provide details:

Date

Q7 Have you ever, or do you intend to claim benefits under any insurance plan, government scheme, armed forces, pension or allowance, or court proceedings?

No Yes If yes, please provide details:

Company/benefit type	Reason	Benefit amount	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=" "/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=" "/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=" "/>

Personal habits

Q8 (a) Have you ever been a smoker or used any sort of tobacco products?

No ► Go to Q9

Yes ► What do you or did you use?

Cigarettes Tobacco pipes Cigars

Nicotine replacement products Other If other, please specify

On average, how many do you or did you smoke daily?

If you have stopped, when? month year

Q9 (a) How many standard drinks containing alcohol do you consume per week on average? standard glasses per week

[standard drink = 1 nip (30ml) spirits, 100ml wine, 10oz/285ml beer]

(b) Have you ever been advised by a health care professional to reduce your alcohol intake or seek alcohol treatment?

If yes, please advise your alcohol intake amount at the time, reason you were advised and details of any treatment:

Q10 Have you ever used recreational drugs or drugs not prescribed by a doctor? No Yes

If yes, please give details, including the type of drug and the date(s) used:

Personal statement

Your health details

'You' refers to the Person to be insured.

Doctor details

Q11 Please provide the details of the General Practitioner/medical centre you would normally consult for medical conditions or advice, including the details of your last consultation.

Name of General Practitioner/medical centre

Street number and name

Town/Suburb

State

Postcode

Phone number

Facsimile

How long have you been his/her patient?

 years

Date of last consultation

Reason

Result

Date of last consultation	Reason	Result
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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"/>

Personal health history

Q12 (a) What is your: Height Weight

(b) Has your weight varied in the last 12 months? No Yes

If yes, please tick one of the following and provide the amount and the reason: Gain Loss

<input type="text"/>	kg	<input type="text"/>
Amount		Reason

Q13 At any time in your life have you ever had, received advice for, or experienced symptoms of the following (even if you have not seen a doctor)?

- (a) No Yes **Back or neck disorder** including slipped disc, sciatica or whiplash
- (b) No Yes **Disorder or injury of the joints** including arthritis or gout (eg a disorder or injury of the ankle, elbow, hip, knee, wrist or shoulder)
- (c) No Yes Disorder or injury of the muscles, bones or limbs (eg fracture, tendonitis or tenosynovitis)
- (d) No Yes **Nervous disorder or mental illness** (eg depression, anxiety, stress, insomnia, post-natal depression or post traumatic stress disorder)
- (e) No Yes **Chronic fatigue or chronic pain syndrome**
- (f) No Yes Fibromyalgia, fibrositis or myalgia
- (g) No Yes Stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or brain injury
- (h) No Yes Multiple sclerosis, Parkinson's disease, Alzheimer's disease, dementia, paralysis or cerebral palsy
- (i) No Yes Epilepsy, fit or blackout, migraine or recurrent headaches
- (j) No Yes Any neurological complaint or disorder of the nervous system including dizziness, involuntary shaking, memory loss, weakness, loss of feeling, or tingling of limbs or face
- (k) No Yes **High blood pressure or raised cholesterol** (including being advised to take medication or have your levels monitored)
- (l) No Yes Heart condition including irregular heartbeat, heart murmur, heart disease or chest pain
- (m) No Yes Disorder of the blood including anaemia or haemophilia
- (n) No Yes **Asthma**
- (o) No Yes Bronchitis, sleep apnoea, pneumonia or any other lung, respiratory or breathing disorder
- (p) No Yes Disorder of the thyroid
- (q) No Yes Diabetes, sugar in the urine or raised blood sugar levels
- (r) No Yes Disorder of the kidney or bladder including blood or protein in the urine, urinary infections or kidney stones
- (s) No Yes Disorder of the digestive system, gall bladder, stomach, bowel or liver including hepatitis, gastric or duodenal ulcer, indigestion, colitis, Crohn's disease, hernia or irritable bowel syndrome
- (t) No Yes Disorder of the eyes not corrected by glasses or contact lenses (eg iritis, glaucoma, optic neuritis, blurred or double vision)
- (u) No Yes Disorder of the ears or speech including hearing loss or tinnitus
- (v) No Yes Disorder of the skin including psoriasis, eczema or dermatitis
- (w) No Yes Cancer, tumour, leukaemia, Hodgkin's disease, lymphoma, melanoma or skin cancer or any malignant condition
- (x) No Yes **Cyst, skin lesion, growth, lump** (including breast lump), **mole or freckle** that has bled, become painful, changed colour or increased in size
- (y) No Yes Any sexually transmitted infection or disease

If you answered 'YES' to any of the items in Q13, please provide details in the table below, EXCEPT for any condition in bold text above for which you should complete the relevant section of Q21 instead. If you answered 'NO' to all items, go to Q14.

Item no. eg (f)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery %
<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"/>	<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"/>	<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"/> %

Personal statement

To be completed by the person to be insured.

Q14 At any time in your life have you ever had, received advice for, or experienced symptoms of the following (even if you have not seen a doctor)?

Males only

(a) No Yes Disorder or problem of the prostate or testicle including prostate enlargement, abnormal PSA (Prostate Specific Antigen), difficulty or urgency in passing urine or undescended testicle?

Females only

(b) No Yes Are you currently pregnant? If yes, please advise expected delivery date

(c) No Yes Have you ever had any complications with pregnancy or childbirth? If yes, please provide details below, including whether resolved after delivery.

(d) No Yes Have you ever had an abnormal breast ultrasound, mammogram or investigation?

(e) No Yes Have you ever had an abnormal cervical pap smear or biopsy of the cervix or uterus?

If you answered 'YES' to any of the items in Q14, please provide details in the table below.

Item no. eg (b)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery %
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %

Q15 Other than what you have already told us in this application, have you in the last **five years** (not including colds or flu):

(a) No Yes Attended any other medical appointment (eg counselling), or had any other test (eg xray, blood, genetic) with any other doctors, medical centres or health care professionals, including chiropractors, physiotherapists, naturopaths, osteopaths, podiatrists or herbalists?

(b) No Yes Used or currently using any medication, prescribed or unprescribed (taken by mouth, injections, inhaled spray, cream, ointment) or had any treatment for any symptoms, sickness, injury or medical condition?

(c) No Yes Had any sickness, symptom or injury that prevented you from performing any of the duties of your usual occupation for more than three consecutive days?

If you answered 'Yes' to any of the items above, please provide details in the table below.

Item no. eg (b)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Date treatment or medication ceased (if applicable)	Time off work	Degree of recovery %
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %

Q16 Other than what you have already told us in this application:

(a) Have you ever been admitted to hospital for any reason? No Yes

(b) Are you experiencing any symptoms or complaints for which you have not consulted a doctor? No Yes

(c) Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation or treatment including surgery? No Yes

If you answered 'Yes' to Q16 (a), (b) or (c) above please provide details:

- Q17** (a) Have you or any of your current or previous sexual partners tested positive for HIV/AIDS, or have any sign of HIV infection (eg some signs of HIV/AIDS are: unexplained weight loss, swollen glands or persistent diarrhoea)? No Yes
- (b) In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? No Yes

Note – HIV risk situations include but are not limited to:

- sex with or as a prostitute
- sex with an intravenous drug user
- contact with someone else’s blood (eg through injection or scratch with a used needle)
- anal intercourse (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years).

(If you answered ‘Yes’ to any part of Q17 we will send you a confidential questionnaire to complete).

Family history

- Q18** Have any of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington’s Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease? No Yes

If yes, please provide details in the table below:

Direct family member (please state their relationship to you but not their name)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)

Sports and pastimes details

- Q19** Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- (a) No Yes **Aviation (other than a fare paying passenger on a licensed public service)**
- (b) No Yes **Motor racing (including car, bike and boat)**
- (c) No Yes **Underwater diving**
- (d) No Yes Football
- (e) No Yes Motor bike riding, including trail bike riding and commuting (please specify below)
- (f) No Yes Any other hazardous activity, pursuit or sport not previously disclosed (including, but not limited to: rock climbing, hang-gliding, ocean racing, martial arts, horse riding, or any other motor sports)

If you answered ‘YES’ to items (d), (e) or (f), please provide details of each activity in the table below. For any activity in bold text above please complete the relevant section of Q20. If you answered ‘NO’ to all items above, go to Q21.

Item no. eg (f)	Activity, sport and location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?	Competitive/ Non-competitive?
				<input type="checkbox"/> Amateur	<input type="checkbox"/> Competitive
				<input type="checkbox"/> Professional	<input type="checkbox"/> Non-competitive
				<input type="checkbox"/> Amateur	<input type="checkbox"/> Competitive
				<input type="checkbox"/> Professional	<input type="checkbox"/> Non-competitive
				<input type="checkbox"/> Amateur	<input type="checkbox"/> Competitive
				<input type="checkbox"/> Professional	<input type="checkbox"/> Non-competitive
				<input type="checkbox"/> Amateur	<input type="checkbox"/> Competitive
				<input type="checkbox"/> Professional	<input type="checkbox"/> Non-competitive

Q20 Detailed sports and pastimes questionnaires

► Only complete the relevant sections of this question if you answered 'Yes' to Q19 (a), (b) or (c) above.

(a) Aviation questionnaire

1 Do you hold a Department of Transport licence to fly aircraft? No Yes If yes, please state type of licence and period held:

2 Do you intend to change the scope of your present licence? No Yes If yes, please provide details:

3 Have you ever had an accident or been charged with violating civil aviation regulations? No Yes If yes, please provide details:

4 Do you always use recognised Department of Transport airfields? No If no, please provide details below: Yes

5 Please provide details of the type(s) of aviation you are involved in (eg commercial, private, agricultural, aero club, helicopter, ultralight aircraft, aerobatics):

6 Please provide details of the number of hours flown:

(i) in total as a pilot

(ii) in the last 12 months

(iii) expected each year in the future

7 Do you intend to engage in any form of aviation other than the above? (eg ballooning, paragliding) No Yes

If yes, please provide details:

(b) Motor racing questionnaire

1 What type(s) of motor sports activities do you participate in (eg circuit racing, drag racing, formula racing, karting, rallies, speedway, stock car racing, time trials)?

2 What type(s) of motor vehicles do you drive or crew? Please state the make, model, year of manufacture, engine size, category, group and class details:

3 Please state the nature of your participation:

Recreational Competitive Sponsored Amateur Professional

4 Number of events you participate in: Last 12 months Next 12 months (expected)

5 Where have you, or do you intend to compete or race? Please provide the name of all organised events:

6 What maximum speeds do you reach?

7 Please provide details of your licences/certifications and memberships attained:

Licence/certification or membership details

When attained/joined

8 Have you ever had your licence restricted or suspended for any reason? No Yes If yes, please provide details:

Q20 Detailed sports and pastimes questionnaires continued

(c) Underwater diving questionnaire

- 1 What type of diving activities do you participate in (eg snorkelling, scuba diving, free diving)?
- 2 What diving certification do you hold?
- 3 Average depth you dive to metres
- 4 Maximum depth you dive to metres
- 5 Number of times you dive per year
- 6 Professional Amateur
- 7 Do your diving activities include pothole, cave or sink hole diving, wreck exploration or any other hazardous diving?
 No Yes If yes, please provide details, including how often:
- 8 Do you ever dive alone? No Yes If yes, please provide details, including where and how often:
- 9 Have you ever had a diving accident or sickness? No Yes If yes, please provide details:
- 10 Do you dive at night? No Yes If yes, please provide details:

Q21 Detailed health questionnaires

► Only complete the relevant health questionnaires, if you answered 'Yes' to any items in bold text in Q13.

(a) Back or neck disorder

- 1 Neck disorder Back disorder – please clarify which part of the back is/was painful (eg upper, lower, middle, neck):
- 2 What was the cause of the disorder (eg accident, arthritis, osteoporosis)?
- 3 (a) When did you **first** experience symptoms?
 (b) When did you **last** have any symptoms?
 Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:
- (c) On average, how long does each episode last?
- 4 Have you had any recurrence of this disorder? No Yes
 If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted):
- 5 How long, if at all, have you been symptom free?
- 6 How many times have you been absent from work or unable to perform your normal daily activities?

(a) Back or neck disorder continued on next page ►

Q21 Detailed health questionnaires continued

(a) Back or neck disorder continued

7 Are you currently able to do your work or perform your normal activities without any restriction, stress or discomfort?

No Yes If yes, please provide details:

8 (a) Are you currently receiving treatment? No Yes

(b) What is or was the nature of the treatment? Please include details of any medication, physical therapy or surgery:

9 Have you had any investigations such as an X-Ray, CT Scan or MRI? No Yes If yes, what were the results?

10 Please provide names and addresses of all doctors and health care professionals consulted in relation to your back or neck disorder and approximate dates of consultations:

(b) Disorder or injury of the joints questionnaire

1 What is the name of your disorder or injury?

2 Please state which joints are or were affected, including whether left or right:

3 Please describe symptoms fully:

4 When did you **first** experience symptoms of this disorder or injury?

5 When did you **last** experience symptoms of this disorder or injury?

6 What was the cause of the disorder or injury?

7 Have you had any treatment for your disorder or injury? No Yes

If yes, please provide details (eg medication, surgery, plates or screws inserted/removed, arthroscopy, physiotherapy, injection):

8 Are you currently receiving treatment or is any treatment expected in the future? No Yes If yes, please provide details:

9 Have you had any recurrence of this disorder? No Yes If yes, when and under what circumstances?

10 Please provide names and addresses of all doctors and health care professionals consulted in relation to your joint disorder or injury and the approximate dates of consultations:

11 Have you ever taken time off work or been unable to perform your normal daily activities because of this disorder or injury?

No Yes If yes, please provide details:

Q21 Detailed health questionnaires continued

(c) Nervous disorder, mental illness, depression, anxiety, chronic fatigue, chronic pain questionnaire

1 Have you ever suffered from, or had treatment for, or been diagnosed with any of the following? Please tick.

- Stress Anxiety Obsessive compulsive disorder
- Depression Fears or phobias Chronic pain
- Inability to sleep Chronic fatigue Other – please specify:

Empty text box for specifying other symptoms.

2 What was the cause of your symptoms?

Empty text box for cause of symptoms.

3 Please describe your symptoms fully:

Empty text box for describing symptoms.

Empty text box for describing symptoms.

4 (a) What was the date of the first symptom?

Empty date input box (/ /).

(b) What was the date of the last symptom?

Empty date input box (/ /).

5 Did you have more than one episode of symptoms? No Yes If yes, please provide full details, including number of recurrences:

Empty text box for details of recurrences.

Empty text box for details of recurrences.

6 Please provide details of the treatment you have received for this condition (eg treatment with tranquillisers or other drugs, counselling, psychotherapy or surgery):

Empty text box for treatment details.

Empty text box for treatment details.

7 Have you ceased treatment? No Yes

If no, and treatment is ongoing, please provide details (eg dosage and type of medication, counselling):

Empty text box for ongoing treatment details.

Empty text box for ongoing treatment details.

If yes, please provide a date and whether or not this was at the direction of your doctor:

Empty text box for date and doctor direction.

Empty text box for date and doctor direction.

8 Have you ever been an inpatient at a hospital or clinic?

No Yes If yes, please provide details including number of times, dates and hospital/clinic name:

Empty text box for inpatient details.

Empty text box for inpatient details.

9 Have you ever thought about, or tried to deliberately harm yourself or take your own life?

No Yes I would like to provide my answer confidentially (we will contact you to discuss)

If yes, please provide details:

Empty text box for self-harm details.

Empty text box for self-harm details.

10 Have you ever taken time off work or been unable to perform your normal daily activities because of your symptoms?

No Yes If yes, please provide details, including dates:

Empty text box for work/activities details.

Empty text box for work/activities details.

(c) Nervous disorder, mental illness, depression, anxiety, chronic fatigue, chronic pain questionnaire continued on next page ►

Q21 Detailed health questionnaires continued

(c) Nervous disorder, mental illness, depression, anxiety, chronic fatigue, chronic pain questionnaire continued

11. Are you currently able to do your work or perform your normal daily activities without any restriction, stress or discomfort?

No If no, please provide details: Yes

12 (a) Name of doctor or health professional **last** consulted for this disorder and the date of the **last** consultation:

(b) Please provide names and addresses of any other doctors or health care professionals consulted for this condition, including approximate dates of consultations:

(d) High blood pressure or raised cholesterol questionnaire

1 Please indicate which of the following have been raised/high: Blood Pressure Cholesterol Both

2 (a) When did you first find that your readings/levels were raised or were you advised to have your reading/levels monitored or noted?

(b) What was your reading/level at the time noted in 2(a)?

Blood pressure / Cholesterol /

3 (a) What was the last blood pressure/cholesterol reading, and when was this taken?

Blood pressure / Date / /

Cholesterol reading / Date / /

(b) Is the reading above consistent with others when checked? No Yes

If no, what is a typical reading?

4 How often are you required to see your doctor for reviews/check-ups?

Monthly Quarterly Twice yearly Annually Other – details:

5 When is your next check-up due?

 / /

6 Are you currently taking any medication for your blood pressure/cholesterol levels?

No – go to question 8 Yes, please provide the name of any medication you take and the daily dosage

Condition	Medication	Daily dosage
Blood pressure		
Cholesterol		

7 Has your treatment type or dosage changed within the last 12 months?

No – go to question 9 Yes, please provide the details below and continue to question 9:

When was it changed?	What was changed?	Why was it changed?

8 Have you ever been prescribed medication for blood pressure/cholesterol? No Yes

If no, how has the condition been managed?

If yes, when and why have you ceased taking this medication?

(d) High blood pressure or raised cholesterol questionnaire continued on next page ►

Q21 Detailed health questionnaires continued

(d) High blood pressure or raised cholesterol questionnaire continued

9 Have you undergone or been referred for any other investigations (eg resting or exercise ECG, 24hr holter monitor, urinalysis, echocardiogram)?

No Yes If yes, please provide details:

[Text input box]

10 Has any underlying cause been found for your raised blood pressure/cholesterol?

No Yes If yes, please provide details:

[Text input box]

(e) Asthma questionnaire

1 When was your asthma diagnosed?

[Date input box: / /]

2 When did you first have symptoms?

[Date input box: / /]

3 When did you last have symptoms?

[Date input box: / /]

4 Approximately how many times per year do you or did you get symptoms?

[Number input box]

5 Does the environment in which you work or perform your normal daily duties, exacerbate or cause your symptoms of asthma (eg dust, sawdust, pollen, grass)?

No Yes If yes, please provide details:

[Text input box]

6 In the last 12 months have you taken time off work or been unable to perform your normal daily activities because of your asthma?

No Yes If yes, please provide details including the number of times and days:

[Text input box]

[Text input box]

7 Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (eg aerosol spray, tablets or injections, amounts and number of times per day):

[Text input box]

[Text input box]

[Text input box]

8 Have you ever been treated for your asthma with steroids (eg Prednisone)?

No Yes If yes, please provide details, including dates:

[Text input box]

[Text input box]

9 Have you ever attended a hospital emergency room or been admitted to hospital because of your asthma?

No Yes If yes, please provide details:

[Text input box]

[Text input box]

10 In the last three years, have you had or been advised to have a chest X-Ray or respiratory function test?

No Yes If yes, please provide dates and results:

[Text input box]

(e) Asthma questionnaire continued on next page ►

Q21 Detailed health questionnaires continued

(e) Asthma questionnaire continued

11 Have you ever had any complications or other conditions related to your asthma (eg cardiac or respiratory arrest, heart disease, chest deformities)?

No Yes If yes, please provide details:

12 (a) Please provide details of the doctor who you consult for your asthma:

(b) When did you **last** consult this doctor for asthma?

(f) Cyst, skin lesion, growth, lump, mole or freckle questionnaire

1 Please indicate the condition(s) you have had, or received treatment for, the number, the site and the date diagnosed:

Condition	Number	Site	Date diagnosed
Basal cell carcinoma (BCC)	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Hyperkeratosis or solar keratosis	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Melanoma	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Mole or naevi	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Sebaceous (fatty) cyst	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Squamous cell carcinoma (SCC)	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Other, please specify:	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

2 For each cyst, mole, growth, lump or skin lesion disclosed above, please advise if removed.

If removed, please provide date and method (ie by surgery, freezing or otherwise):

If not removed, please provide reason why it was not removed:

3 Were any special tests, investigations or treatment required? No Yes If yes, please provide details:

4 Please advise the results of any laboratory testing: Malignant Benign Do not know

5 Do you have, or are able to obtain a copy of the laboratory testing results?

No Yes If yes, please attach a copy of these results.

6 Have you been or are you required to attend any further treatment or follow-up since the original cyst, mole or skin lesion was removed?

No Yes If yes, please provide details of date(s) and what was advised:

7 Did you consult a doctor other than your usual doctor as disclosed in Q11?

No Yes If yes, please provide full details:

Occupation details

ONLY to be completed by the Person to be insured if applying for: Total and Permanent Disablement, Total but Temporary Disablement or Salary Continuance insurance.

If you are applying for Death only cover ► Go to page 19

'You' refers to the Person to be insured (unless otherwise indicated).

Q22 Please give details of your current and previous occupation or jobs over the last five years. If you have a second occupation, please give details in Q31 below.

	From	To	Occupation	Employer	Tick which is applicable				
					Employed by own company	Self-employed	Partnership	Employee	Contractor
Current principal occupation	/ /	Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 In the last five years have you, or do you intend to, cease working for reasons other than holidays (eg unemployment or end of contract)?

No Yes If yes, please provide details:

Q24 How many hours per week do you spend working at your main occupation? hours

Q25 How many weeks per year do you spend working at your main occupation? weeks per year

Q26 In your main occupation, what percentage of time do you spend performing the following types of duties:

	Describe details of specific duties performed	
Sedentary/Administrative	<input type="text"/>	<input type="text" value=""/> %
Supervising manual work	<input type="text"/>	<input type="text" value=""/> %
Light manual	<input type="text"/>	<input type="text" value=""/> %
Heavy manual	<input type="text"/>	<input type="text" value=""/> %
Home duties (include details of dependants including ages and any other relevant information)	<input type="text"/>	<input type="text" value=""/> %
Other (including hazardous duties, eg handling dangerous substances, working at heights)	<input type="text"/>	<input type="text" value=""/> %
Total duties		100%

Q27 (a) What qualifications do you hold in relation to your main occupation (eg trade certificate, degree)?

(b) When did you qualify/graduate / /

(c) Please give details of any other qualifications you hold:

Q28 Do you ever work from home? No Yes

If yes, provide details of actual work you perform at home, your work set-up (eg separate office) and frequency and type of contact with clients:

Q29 Do you intend to change your occupation or employment status? No Yes If yes, please provide details below:

Q30 Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?

No Yes If yes, (a) when / / (b) date of discharge / /

Q31 Do you have any other occupations or jobs? No Yes If yes, please provide details below including specific duties:

Q32 Number of hours per week worked and annual income derived from your other occupation or jobs: hours \$

Personal statement

Income details

Q33 Insurable income

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

- ▶ If you are self-employed, in a partnership or an employee of your own company (or contractor), please complete the 'For self-employed' section on page 18
- ▶ If you are an employee, please complete the 'For employees' section below

For employees

- ▶ Only complete this section if you are an employee and do not have any ownership in your employer's business.

(j) Please indicate your current employment status:

- Permanent full time
- Permanent part time
- Casual or non-permanent
- Not currently employed

Other, please specify:

(k) Please give details of your total remuneration package from all sources currently and for the last two financial years.

Please include any additional benefits (eg pre-tax superannuation guarantee contributions, regular bonuses and commissions, fringe benefits):

Current remuneration	Last financial year	Previous financial year	
\$ <input style="width: 100%;" type="text"/>	30 / 6 / <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	30 / 6 / <input style="width: 100%;" type="text"/>

(l) If you have applied for Income Insurance, did you include superannuation guarantee contributions in the calculation of the Monthly Benefit?

- No Yes If yes, how much? (Maximum is 9 per cent of gross income. This amount will be allocated to a complying Superannuation Fund in the event of a claim.)

(m) Do you receive or do you expect to receive any income from any other sources (eg rental income, dividends)?

- No Yes If yes, please advise the source(s) and amount(s) per year:

Source	Net income per year after expenses but before tax
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

(n) If you were to become disabled, would any of your income (including investment income) continue? No Yes If yes, please answer (i) and (ii):

(i) What is the income amount that would continue, for how long, and the source (eg salary, sick pay, company profits, investments, rental)?

(ii) Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? No Yes, please provide details:

(o) Will you be providing supporting financial evidence with this application? No Yes

ONLY to be completed by the Person to be insured if applying for: Total and Permanent Disablement, Total but Temporary Disablement or Salary Continuance insurance.

What is Insurable income?
This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Personal statement

Q33 Insurable income continued

For self-employed

► Only complete this section if you are self-employed. This includes sole traders, partners, contractors or if you are an employee in your own company.

(a) Please provide your company's business income details in the table below for the last two financial years for which tax returns, assessment notices and accounts are available. Do not include any amounts paid to you which are paid from past profits, capital or loans.

Year ending	Gross income for entire business	Less all expenses incurred in earning that income	Equals net business income before tax	Your share of net business income	Wages/salary/super drawings/director's fees paid to you	Your total income
30 / 6 /	\$	\$	\$	\$	\$	\$
30 / 6 /	\$	\$	\$	\$	\$	\$

(b) If you have applied for income insurance, did you include superannuation guarantee contributions in the calculation of the Monthly Benefit?
 No Yes If yes, how much? \$ (Maximum is 9 per cent of insurable income. This amount will be allocated to a complying Superannuation Fund in the event of a claim.)

(c) What percentage of the business do you own? %

If not 100 per cent owner, please provide percentage ownership and roles/duties of the other owners. Please include details of any income splitting arrangements.

(d) How many people do you employ?

(e) What proportion of total business income is from your personal exertion? %

(f) Do you receive or do you expect to receive any income from any other sources (eg rental income, dividends)?
 No Yes If yes, please advise the source(s) and amount(s) per year:

Source	Net income per year after expenses but before tax
	\$
	\$
	\$
	\$

(g) If you were to become disabled, would any of your income (eg investment income and trail/renewal commission) continue?
 No Yes If yes, please provide the following details:

(i) What type and amount of income would continue if you were not working?

(ii) Is there an agreement in place (written or otherwise) in relation to this entitlement and when it may cease?
 No Yes If yes, please provide further details:

(h) Has your business had a net operating loss over either of the last two financial years? No Yes

If yes, please provide copies of your full company accounts for the last two financial years, including any associated entities.

(i) So far this financial year, is your business trading profitably? No - please provide details in the space below: Yes

(j) What percentage of your work is on a contract basis? %

Please provide contract details, including duration of contract and hourly rates of pay:

(k) Will you be providing financial evidence? No Yes

Medical and financial authorities

Medical authorities

Please complete ALL medical authorities below because some health professionals prefer an original signature.

Authority to release medical information to AXA

I, [Family name] [Given name(s)] [Date of birth] authorise any medical practitioner, doctor, health professional, hospital, clinic or any other insurer to disclose to the insurer (NMLA trading as AXA and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

[X] [Signature of Person to be insured] [Date]

Authority for AXA to release medical information to usual doctor

Only complete this section if you authorise AXA to release medical information to your doctor upon an adverse assessment of your application.

I, [Family name] [Given name(s)] [Date of birth] authorise NMLA trading as AXA to advise Doctor [Name] of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this Application. I also authorise AXA to provide copies of the relevant health evidence to the doctor noted above.

[X] [Signature of Person to be insured] [Date]

Financial authority

Only complete this section if you want your accountant or financial adviser to release information to AXA.

Authority to release financial information to AXA

I, [Family name] [Given name(s)] [Date of birth] authorise my accountant/financial adviser to release to the insurer (NMLA trading as AXA and its group of companies), all information which the insurer requests for the purpose of assessing my Application for insurance. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

[X] [Signature of Person to be insured] [Date]

[Accountant/financial adviser name] [Accountant/financial adviser contact number(s)]

[Accountant/financial adviser address]

This page has been left blank intentionally.

Personal statement

Duty of Disclosure

Insurance Contracts Act 1984

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know which is relevant to the insurer’s decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew or extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if you had complied with your duty of disclosure (or made no misrepresentation), the insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

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.

Declaration and consent

I understand that my employer or I have applied to the Trustee for the provision of insurance cover in respect of me through the Fund.

I have read the ‘Your Duty of Disclosure’ above and acknowledge that I have an obligation to reveal every matter that is relevant to AXA’s decision whether to accept the risk and if so on what terms.

I have checked the truth, accuracy and completeness of the answers in this form, and all statements in writing given in support of this application which shall, subject to the law, form the basis of the contract of insurance.

I understand that if any of my answers in this form are untrue, incomplete or inaccurate, the insurer may be entitled to avoid its liability under the insurance contract and this may result in a reduction in the benefits payable to me or my beneficiaries under the Fund.

I acknowledge that any change of material circumstances between the time the Trustee provides this statement to the insurer (AXA) and acceptance of the application for insurance by the insurer may entitle the insurer to cancel the arrangement under which insurance was to be provided.

I give AXA permission to seek any medical information needed in connection with this application or any policy issued as a result.

I have read and understood the Privacy Disclosure Statement contained above. 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.

Signature of member and life insured

Date

This page has been left blank intentionally.

Internal rollover/transfer request

4 Trustee and policy issuer details

N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654 is the Trustee of the Super Directions Fund (Super Directions for Business, Simple Super, Tailored Super, Super Directions Personal Super Plan and Retirement Directions Allocated Pension Plan), ABN 78 421 957 449, National Mutual Retirement Fund (Flexipol Personal Super, Goldline Personal Super Plan, Provider Top Up Retirement Plan, Provider Personal Retirement Plan, Retirement Security Plan, Retirement Bond, Personal Super Bond, Super Accelerator, Conventional Superannuation, Flexible Income Plan, Flexible Pension Plan), ABN 76 746 741 299 and Wealth Personal Superannuation and Pension Fund (North Personal Superannuation and Personal Pension, Summit Personal Super and Personal Pension, Generations Personal Super and Personal Pension and iAccess Personal Super and Allocated Pension), ABN 92 381 911 598.

The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 is the policy issuer of AXA Rollover products (SuperGuard products, FutureGuard and Fixed Rate Rollover Plan).

5 Specific conditions of rollover/transfer

Conditions 1 and 2 apply to all products or funds.

- 1 Specific exit fees, charges, penalties, minimums or restrictions may apply for all products. Your financial adviser can provide you with details.
- 2 Some products and funds are closed to new members and will only accept additional funds for existing members. Please discuss your eligibility to roll over to the New Fund/Policy with your financial adviser.

Conditions 3 to 5 apply when the payment is a transfer (ie the member has not ceased employment) and the Old Fund/Product is Simple Super or Tailored Super.

- 3 Any monies being transferred that are held in the Security Plus investment portfolio (previously known as the Guaranteed portfolio) will be the lesser of the dollar value of your retirement accumulation and the market value of the underlying investments (your retirement accumulation is the aggregate of your member's accumulation and your employer's accumulation).
- 4 Any monies being transferred that are held in the Guaranteed Plus investment portfolio will be the dollar value of your retirement accumulation.
- 5 Any monies being transferred that are held in any other investment portfolio will be reduced by the costs which AXA consider would have been incurred in the release of the investments in the portfolio at the date of transfer.

6 Request and release

I request the Trustee/Policy Issuer of the Old Fund/Product/Policy to rollover/transfer the amount requested to the New Fund/Product/Policy.

I acknowledge and agree that the basis for the rollover/transfer includes the conditions described in section 5 above.

If the full amount within my membership is being rolled over/transferred, I request the Trustee/Policy Issuer of the Old Fund/Product/Policy to terminate my membership of that Fund/Product/Policy. Upon rollover/transfer of the full amount I release and discharge the Trustee/Policy Issuer of the Old Fund/Policy from any further liability to me or my executors, administrators or dependants in respect of my participation in the Old Fund/Product/Policy.

I confirm that the terms and conditions of the New Fund/Product/Policy (including the application of establishment fees and early termination penalties, if any) have been fully explained to me and that I have made/propose to make a formal application for membership of the New Fund/Product/Policy.

I consent to you speaking with my financial adviser.

I have provided a copy of my driver licence/passport.

X

Signature of member

| |

Date

Name of financial adviser

Please refer to 'Notes to the External Rollover/Transfer form' section on the 'External rollover/transfer request' form which are equally applicable to this form.



For the member to complete and sign

This form enables you to roll over your entitlements from other super or rollover funds to your membership:

- Simple Super
- Tailored Super
- Super Directions for Business
- Super Directions for Business Rollover Section

When you provide this completed form to AXA, we will contact your previous fund and arrange the release of your money to be consolidated into your membership. You can photocopy this form if you have multiple super or rollover funds that you wish to rollover into your membership.

Instructions

- Please check with your old fund for details about any exit fees or any restrictions on transfer of your benefit.
- Please check with your financial adviser about any fees that may be charged on entry into your membership.
- Complete all mandatory sections 1, 2 and 4. Please note that the completion of section 3 is optional.
- Payment instructions for the old fund is provided in section 6.
- Please forward this completed form to AXA Australia so that we can arrange for the transfer. Your old fund may contact you if they have further requirements to transfer your benefit.
- You must sign and date the form and provide certified proof of identity documents.
- Please provide your certified proof of identity documents for each rollover/transfer form you submit. The types of identification accepted are explained in the 'Notes to the External rollover/ transfer request' section at the end of this form.

If your investment in your membership comprises a rollover from another institution, the fund paying the rollover may ask you to provide the following information about your AXA rollover investment:

Fund Details – Super Directions Fund

Superannuation Fund Number **4904/989/97**
 Australian Business Number (ABN) **78 421 957 449**
 Tax File Number (TFN) **44/910/834**

Product Details

Superannuation Product Identification Number (SPIN)

- Simple Super **NML0438AU**
- Tailored Super **NML0437AU**
- Super Directions for Business for Business **NML0440AU**
- Super Directions for Business for Business Rollover Section **NML0450AU**

Providing this information to the old fund will ensure it has all the information necessary to pay the rollover to your membership.

1 Plan/Member details (mandatory section)

Plan name	Plan reference	Member reference (if known)
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other please specify <input style="width: 80px; height: 20px;" type="text"/>		
		/ /
Surname (please print)	Given name(s)	Date of birth
Street number and name	Town/Suburb	State
Home telephone	Work telephone	Mobile
Email		

External rollover/transfer request

2 Details of old fund and amount to be transferred (mandatory section)

Your latest member statement from your old fund can provide you with the information you need to complete this section.

Name of old super fund		Membership number	
Street number and name	Town/Suburb	State	Postcode
		()	
Contact person in old fund		Contact telephone	
SFN (if known)	\$		
Approximate amount to be transferred to your membership (write 'Balance' if all to be transferred)			
ABN number	SPIN		

3 Investment choice (optional section)

Before you decide on your investment portfolio(s), please read your product disclosure statement. With the exception of the Super Directions for Business Rollover Section, if your benefit is less than \$1,200 it will be invested in the Protection portfolio. If your benefit is more than \$1,200 and you do not make a choice, your transferred money will be invested as per normal contributions. You may invest up to five portfolios for Tailored Super and Simple Super or up to six portfolios for Super Directions for Business and Super Directions for Business Rollover Section, subject to a minimum of \$1,000 per portfolio.

Investment portfolio(s) for any money transferred from your old fund	% of assets
	%
	%
	%
	%
	%
	%
100%	

4 Member declaration (mandatory section)

- I declare I have fully read this form and the information completed is true and correct.
- I acknowledge I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I understand that a transfer of benefits is subject to the terms and conditions of the old fund, including all relevant fees and/or possible loss of any benefits including insurance cover.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- On receipt of the rollover amount from the old fund, I authorise the Trustee of the Super Directions Fund to invest the rollover amount in accordance with my directions on this form. In the event that I have not provided any directions on this form, I acknowledge that the rollover amount will be invested in accordance with my previous instructions, or if I have not given any instructions in the Multi-manager Balanced portfolio.
- I have provided certified proof identity documents for each rollover/transfer request.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect.

X	
Signature of member	Date

External rollover/transfer request

5 To the Trustee of the old fund

Statement of compliance – Superannuation Industry (Supervision) Act 1993

The Trustee of the Super Directions Fund, N.M. Superannuation Proprietary Limited certifies that:

- the Fund is a Resident Regulated Superannuation Fund under the above Act and holds a valid notice of compliance from the relevant government authority
- to the best of our knowledge and belief throughout the current year of income, the Fund has been administered in accordance with the above Act and Regulations and that we have no reason to believe that the Fund will not continue to comply with the said legislation,
- the Fund is not subject to a direction from the Australian Prudential Regulation Authority which prohibits the Trustee from accepting superannuation contributions in accordance with the relevant legislation.

6 Payment instructions

Please make the cheque payable to the Super Directions Fund.

Send the cheque, this form and the rollover payment details and any surcharge information to:

AXA Customer Service Centre
PO Box 14669
MELBOURNE VIC 8001

Notes to the External rollover/transfer request

Important information

This transfer may close your account (you will need to check this with your old fund).

This form cannot be used to:

- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.

What happens to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits from.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about choice of funds.

For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under the old fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your old fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your new fund may also charge entry or deposit fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1 per cent increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your old fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your old fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

If you require additional information about superannuation, you may wish to visit the Australian Securities and Investment Commission website www.fido.asic.gov.au.

You can send your completed and signed form with your certified proof of identity documents to either fund.

Completing proof of identity

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

External rollover/transfer request

Acceptable documents

The following documents may be used.

Either

One of the following documents only:

- Driver's licence issued under State or Territory law
- Passport

Or

One of the following documents:

- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits.

And

One of the following documents:

- Letter from Centrelink regarding a Government assistance payment
- Notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address. For example:
 - Tax Office Notice of Assessment
 - Rates notice from local council.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

Certification of personal documents

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

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Customer Service Centre
PO Box 14669 Melbourne VIC 8001
Telephone: 133 056 Fax: 1800 502 201
Email: client.inquiry@axa.com.au

N.M. Superannuation Proprietary Limited
ABN 31 008 428 322 AFS Licence No. 234654
Super Directions Fund ABN 78 421 957 449
Registered Office: 750 Collins Street Docklands Victoria 3008

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