



**For the unsupported member to complete and sign accompanying the Product Disclosure Statement Part A, Issue 2 dated 24 June 2005 and Product Disclosure Statement Part B, Issue 2 dated 24 June 2005**

Complete this form ONLY if you are applying for membership of the Super Directions Fund or adding new benefits and your employer has not applied to adopt the Fund. Please check with your financial adviser to make sure that you are eligible to apply for membership.

**Before you sign this application form, the life company or financial adviser must give you a brochure containing a summary of important information about this product, to help you understand the product and decide if it is appropriate to your needs.**

**Plan details**

Plan name	Plan reference

**Member details**

Mr  Mrs  Miss  Ms  Other please specify 
Member reference

Surname (please print) 
Given name(s)

Street number and name 
Town/Suburb 
State 
Postcode

Home telephone 
Work telephone 
Sex  Male  Female
Date of birth

Date employment commenced 
Date joined plan

Occupation 
Work status (please tick ONE of the below)
Hours worked per week

Casual  Full-time  Permanent part-time
  Less than 15  15 or more

Annual salary \$

Were you actively at work performing normal duties of your usual occupation on the date of joining this plan?  Yes  No  
 If no, please state reason:

**Smoking status**

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

**Nomination of dependants**

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

Full names of preferred dependants	Address	M / F	Date of birth	Relationship to you	% of benefit
<input style="width: 200px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/> %
<input style="width: 200px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/> %
<input style="width: 200px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/> %
<input style="width: 200px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input style="width: 60px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/> %
					<b>100 %</b>

**Please turn over to complete contribution details, select your investment or sign the member declaration(s).**

**Insurance benefits**

**This section defines your insurance benefits.**

Complete the insurance benefit section below ONLY if you would like to define or change your own insurance benefits. If you do not define your insurance benefits and this is a new application, we will set you up with our EASY insurance: 1 unit of death only insurance for casual employees or for members working less than 15 hours a week, 1 unit of death and total and permanent disablement insurance for members working for 15 or more hours a week on a permanent basis.

- If you select the nominated amount or multiple of salary benefit basis, Total and Permanent Disablement insurance cover, after you attain age 60, your insurance cover will reduce progressively by 20 per cent at each annual review to zero at the annual review following your 65th birthday.
- If you are a casual employee or a permanent employee working less than 15 hours per week you can select 1 or 2 units of death only cover.

**Is health evidence required?**

- If you select the insurance benefit basis with between 1 and 2 units of death only or death and total and permanent disablement insurance, you must complete a health questionnaire, unless automatic acceptance applies.
- If you select the nominated amount or multiple of salary benefit basis, you must complete a personal statement, unless automatic acceptance applies.
- If 2.01 or more units of insurance are selected, you must complete a personal statement, if automatic acceptance does not apply.
- If you select a benefit type with salary continuance, you must complete a personal statement, if automatic acceptance does not apply.

**Select benefit type** (please tick **ONE** option only)

- 1 No insurance
- 2 Death only
- 3 Death and Total and Permanent Disablement
- 4 Death and Salary Continuance
- 5 Death, Total and Permanent Disablement and Salary Continuance

**Salary continuance** (please complete this section **ONLY** if you selected benefit type 4 or 5)

Waiting period  30 days  60 days  90 days

Amount of benefit  % of annual salary (maximum 75%)

**Select benefit basis 1, 2 or 3**

**1 Units of insurance** (Refer to your financial adviser for the amount of cover for each unit)

Please enter number of units of insurance  units

OR

**2 Nominated amount**

Enter the amount of insurance you would like and then select from A, B, C or D  \$

- A** Nominated amount only
- B** Nominated amount linked to Consumer Price Index (CPI)
- C** Nominated amount less retirement accumulation
- D** Nominated amount linked to CPI less retirement accumulation

OR

**3 Salary multiple**

Select from E, F, or G and then enter a salary multiple

- E** Multiple only  times salary
- F** Multiple of salary less retirement accumulation  times salary
- G** x% of salary multiplied by term to selected retirement age  Value of X  
subject to a maximum of Y multiplied by salary)  Value of Y

**Contribution type**

**Member** – Voluntary contributions paid by the member.

►  % of salary OR  Fixed annual amount \$

**Payment group**

Please provide your payment group name or number (if known)

OR

Select your payment frequency (please tick **ONE** option only)

- 4 weekly  Monthly  Quarterly  Half yearly  Yearly

Select your payment preference (please tick **ONE** option only)

- Automatic direct debit.  I will send you contribution details with my payment.  
 Direct debit on request. I will contact you with payment details.  Please send me a contribution advice.  
 Direct debit on request. Please send me a contribution advice.

Please start my payments from  day  month  year

**Investment choice**

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

Please read the Product Disclosure Statement before you complete the following investment details. If you do not make a choice, contributions received may be invested in the Multi-manager Balanced or Multi-manager Series 2 – Balanced portfolio.

Please note: If your account balance is below \$1,200.00, your money will be invested in the Protection Portfolio.

Investment portfolios for future contributions	% of contributions	Investment portfolios for future contributions	% of contributions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<b>100%</b>

**Investment portfolios for your existing retirement accumulation**

From	To	% to be \$ amount	OR Switched
<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"/>
		<b>Total</b>	<b>100%</b>

Your investment choice will start the following business day after the form is received,

unless you specify a later start date:

**Information and advice**

Please tick the statements below that apply to you.

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

OR

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

My adviser is

AND

- (b)  I have provided all the information my financial adviser requested for a fact find and needs analysis about my plan options.  
(c)  I have chosen not to provide all the information my financial adviser requested.  
(d)  I have chosen to take up the options recommended by my financial adviser.  
(e)  The options I have chosen are different from those my financial adviser recommended.

**Member declaration**

Please tick one

- I am applying to become a new member of the Super Directions Fund, or
- I am applying to add new benefits to my existing Super Directions membership (current member number )

I accept responsibility for the investment choices I have made on this form and acknowledge that the Trustee shall not be liable for any loss due to an inappropriate choice made by me. I have been given the Product Disclosure Statement, Part A and Part B Issue 2 dated 24 June 2005 and have kept them for future reference. If I ticked 1, 2(c) or 2(e) I understand that I may be making decisions or a financial commitment in respect of my superannuation needs and objectives based on my own view of my personal circumstances.

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

I have read and understood the Privacy Disclosure Statement contained in the Product Disclosure Statement, Part A and Part B Issue 2 dated 24 June 2005. 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.

<b>X</b>	/ /
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Member's signature

Date