



# Unsupported/Group life only member application

For an unsupported/group life only member to complete and sign when applying for membership into the Super Directions Fund. Please read the current Super Directions for Business Product Disclosure Statement (PDS). The document can be downloaded at [www.axa.com.au](http://www.axa.com.au). Alternatively, you can obtain a copy by calling our Customer Service Centre on 133 056. This form is effective from 31 August 2009.

Select which type of membership you are applying for (please check with your financial adviser to make sure you are eligible to apply):

Type of membership:  Unsupported/Self-employed OR  Group life only

Please complete all mandatory sections as well as the relevant sections for the type of membership you are applying for. Group life only members should also have their employer complete sections 10 and 11.

**Unsupported/Self-employed members – relevant sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 12 and 13.**

**Group life only members – relevant sections 1, 2, 3, 4, 5, 10, 11, 12 and 13.**

## 1 Plan details (mandatory section)

Plan name	Plan reference

## 2 Member details (mandatory section)

Mr  Mrs  Miss  Ms  Other please specify

Surname (please print)		Given name(s)	

Street number and name	Town/Suburb	State	Postcode

( )	( )	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Home telephone	Work telephone		Date of birth

/ /	/ /	Date employment commenced	Date joined plan (if different from date employment commenced)
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Occupation

Annual salary \$

Work status (please tick ONE option only)  Casual  Full-time  Permanent part-time

Hours employed to work per week  Less than 15  15 or more

### For unsupported/self-employed members only.

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.

## 3 Tax file number notification (mandatory section)

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If a non-resident does not quote a tax file number (TFN), the Trustee must withhold the prescribed rate of tax when paying a lump sum benefit. For further information please refer to page 6 under the heading 'What happens if I do not quote my TFN?'

## 4 Nomination of dependants (optional section)

Refer to the Death benefit beneficiary nomination form at the back of the PDS.

## 5 Health evidence and smoking declaration (mandatory section)

### Is health evidence required?

Health evidence is required and you must complete a Personal statement. You can obtain a copy of the Personal statement from the current PDS. Alternatively, a copy can be downloaded at [www.axa.com.au](http://www.axa.com.au).

If you select the insurance benefit basis with between 1 and 2 units of Death only or Death and TPD, you must complete a Health questionnaire.

### Declaration for smoker/non-smoker status

**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.

The insurance group that will apply to Group life only members will be selected by your employer.

## 6 Insurance benefits (optional – unsupported/self-employed members only)

This section defines your insurance benefits.

If you select the nominated amount or multiple of salary benefit basis, your Total and Permanent Disablement (TPD) cover, after you reach age 60, will reduce progressively by 20 per cent at each annual review to zero on your 65th birthday as described in the PDS.

### (i) Select benefit type (please tick ONE option only)

- 1 No insurance
- 2 Death only ▶ Complete section (ii)
- 3 Death and Total and Permanent Disablement ▶ Complete section (ii)
- 4 Death and Salary Continuance ▶ Complete sections (ii) and (iii)
- 5 Death, TPD and Salary Continuance ▶ Complete sections (ii) and (iii)

### (ii) 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 or B  \$

- A Nominated amount only
- B Nominated amount linked to Consumer Price Index (CPI)

OR

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

### (iii) 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%)

Benefit period two years will apply

\* If an amount is not nominated the default of 75% will be applied.

## 7 Contributions (mandatory – unsupported/self-employed members only)

Please nominate the type of contributions to be submitted and the corresponding amount.

	% of salary		Fixed annual amount
Member contribution	<input type="text"/> %	OR	<input type="text"/> \$
Non-concessional spouse contributions	<input type="text"/> %	OR	<input type="text"/> \$
Other: please specify <input type="text"/>	<input type="text"/> %	OR	<input type="text"/> \$

## 8 Payment group (mandatory – unsupported/self-employed members only)

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

**OR**

Select your payment frequency (please tick ONE option only)

Monthly  Quarterly

Select your payment preference (please tick ONE option only)

I will send contribution details with my payment.

Direct debit.

**Please only complete this section if you are setting up a direct debit payment. Do not complete if paying by cheque.**

I/We request that you, until further notice, debit my/our account detailed below, the amount The National Mutual Life Association of Australasia Limited (User ID 109) will debit or charge me, through the direct debit system.

I/We understand and acknowledge that:

- 1 The financial institution may in its absolute discretion determine the order of priority of payment by it of any monies pursuant to this Authority or any authority or mandate.
- 2 The financial institution may in its absolute discretion at any time by notice in writing to me/us terminate this Authority as to future debits.
- 3 The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Start payments on

day

month

year

### Financial institution and account details

Financial institution name

Branch name

Branch street number and name

Town/Suburb

State

Postcode

Account name

BSB number

Account number

Signature of account holder(s)

Date

Signature of account holder(s)

Date

## 9 Investment choice (optional for unsupported/self-employed members)

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

Please read the current PDS before you complete the following investment details. If you do not make a choice, contributions received will be invested in the Multi-manager Balanced portfolio.

Please note: If your account balance is below \$1,200, your money will be invested in the Protection portfolio.

	Investment portfolios for FUTURE contributions
<b>Diversified portfolios</b>	
Multi-manager Secure	%
Multi-manager Secure Growth	%
Multi-manager Balanced	%
Multi-manager Growth	%
Multi-manager High Growth	%
<b>Sector/Specialist portfolios</b>	
AXA Cash	%
AXA's Wholesale Australian Fixed Income Fund	%
Multi-manager International Fixed Interest	%
AXA's Wholesale Australian Diversified Property Securities Fund	%
Multi-manager Australian Equities	%
AXA's Wholesale Australian Equity – Industrials Fund	%
AXA's Wholesale Australian Equity – Value Fund	%
Colonial First State Wholesale Imputation Fund	%
Multi-manager International Equities	%
AXA's Wholesale Global Equity – Growth Fund	%
AXA's Wholesale Global Equity – Value Fund	%
	<b>100%</b>

## 10 Member groups (mandatory – employer to complete for group life only members)

Complete this section if you have established separate employer groups, billing groups or subsidised fee groups for your plan. If your plan has not established any groups and you wish to do so, please contact your financial adviser or call our Customer Service Centre on 133 056 for more details.

	Number	Name/description
Employer group		
Billing group		
Subsidised fees group		
Insurance benefit group		

## 11 Employer declaration (mandatory – employer to complete for group life only members)

Was the member actively at work on the date they joined this plan?  Yes  No

If the answer is no, please state the reason for the absence below and have the member complete a personal statement.

- I acknowledge that failure to disclose the employee's absence (if any) may result in AXA avoiding liability of the insurance risk.
- I certify that all of the above information is true and correct.

<b>X</b>	/ /
Signature of Authorised Officer	Date

## 12 Information and advice (mandatory section)

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 financial adviser is

**AND**

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

## 13 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 for, and manage your membership of, 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 the purpose of assessing your application for insurance, or any claim you may make, and managing your account. 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 for, and managing your membership of, the Fund, we may need to disclose your personal information to other parties, such as other providers of retirement and savings products, the Australian Taxation Office, a financial adviser, your employer, re-insurers, medical and financial professionals, judicial or dispute resolution bodies and AXA Australia Group companies.

We will only use information about your nominated preferred dependant(s) or legal personal representative in the event of your death.

We do not give your personal details to any external parties for marketing purposes.

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 calling 133 056 and quoting your plan number.

You are entitled to request reasonable access to information we have about you. We reserve the right to charge an administration fee for collating the information you request.

For our policy on privacy, go to [www.axa.com.au](http://www.axa.com.au) or contact our Customer Service Centre on 133 056.

### Member declaration

- 1 I have been provided with and have retained for my use the current Super Directions for Business Product Disclosure Statement.
- 2 I apply for membership of the Super Directions Fund and agree to be bound by the terms and conditions of the Trust Deed of the Fund as amended from time to time.
- 3 I declare that at the date of this application I am eligible to contribute and/or to have contributions placed in the Fund on my behalf.
- 4 I agree to notify the Trustee of the Fund in writing immediately if I cease to be eligible to contribute to the Fund, or cease to be eligible for spouse superannuation contributions.
- 5 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.
- 6 I undertake to reimburse The National Mutual Life Association of Australasia Limited on demand in respect of any amount incorrectly paid to me.
- 7 I have read and understood the Privacy Disclosure Statement. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I acknowledge that I can opt out from the use of that information for the purpose of direct marketing by calling 133 056.

X

Member signature

/ /

Date

**Tax file number notification**

We are required to advise you of the following before you provide us with your tax file number (TFN).

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

- 1 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 Act).
- 2 The Trustee and Fund Administrator will only use your TFN for superannuation purposes, including:
  - Finding or joining together your superannuation benefits
  - Calculating the correct tax on employment termination payments
  - Passing it to the Trustee of another superannuation 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 superannuation money after reaching the age 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 superannuation fund. However, if you do not provide your TFN your fund 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. Your fund may deduct additional tax from your 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 your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account.**

**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 superannuation in the future.**