

Suncorp Staff Superannuation Plan Spouse account application form



Issued 15 December 2009

SIS Super Pty Ltd (Trustee)
ABN 19 064 490 820 AFSL 229851 RSE L0001649

Please complete this form in a blue or black pen, using BLOCK letters and cross (X) to mark answer boxes.

Any questions? If you have any questions about this form, just call the Staff Plan Administrator on 07 3167 9511 or 1800 652 489.

1. Personal details

Title

Last name

Given name(s)

Date of birth / / Gender: Male Female

Occupation

I'm retired Yes No

2. Contact details

Residential address (sorry – we can't accept PO Boxes)

Street address

Suburb/Town

State Postcode

Daytime phone number Mobile

Email

Postal address (if different from above)

Street address/
PO Box

Suburb/Town

State Postcode

3. Family member details

Family member's Suncorp Staff Superannuation Plan member no. (see your family member's welcome pack for details)

Last name

Given name(s)

Employer's name

4. Tax file number (TFN) notification

Please read the section 'Tax file numbers (TFNs)' on page 45 of the PDS for further information on providing your TFN.

TFN or

Reason for exemption

7. Annual reports

Please tell us how you'd like to receive your annual report.

- I'll get it from your website at www.suncorp.com.au
- I'd like it sent to me by email (please ensure you have provided your email address in section 2)
- I'd like it sent to me by post

8. Application for voluntary spouse insurance cover

You may nominate the level of cover in multiples of \$10,000 per unit, (subject to a maximum of 50 units). You must be fully underwritten by the insurer.

Note: When applying for Death and TPD, the TPD cover amount cannot exceed the Death cover amount.

Please contact the Staff Plan Administrator for an application form.

Short personal health statement

Please provide the following details:

Height _____ cm or _____ feet/inches

Weight _____ kg or _____ stone/pounds

Have you ever smoked tobacco or any other substance in the last 12 months? Yes No

9. Death benefit nomination

I don't wish to nominate a beneficiary or In the event of my death, I direct you to pay my benefit to my dependants as listed below.

If you wish to nominate more than three dependants, please copy this page and attach to this form. The total of all allocated proportions (both your dependants and estate) must equal 100%.

Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth	<input type="text"/>	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependent relationship	<input type="text"/> %
<hr/>		
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth	<input type="text"/>	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependent relationship	<input type="text"/> %
<hr/>		
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth	<input type="text"/>	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependent <input type="checkbox"/> Interdependent relationship	<input type="text"/> %
<hr/>		
And/or		
<input type="checkbox"/> Please pay my benefit to my estate		<input type="text"/> %
<hr/>		
Total allocation		<input type="text"/> 100 %

10. Non-Binding Nomination Member Declaration

- I understand that on my death, the Trustee will take my nomination into consideration, but will have final discretion as to whether my death benefit is paid to my legal personal representative, to my dependants, or to any one or more of my dependants to the exclusion of others, and in what proportion; and
- I note that I do not have to have this nomination witnessed; and
- I agree to Suncorp collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Suncorp Privacy Policy, a copy of which may be obtained by calling 13 11 55, contacting us at suncorp.com.au or by visiting any of our branches.

Signature Date

Please print name

11. Binding Nomination

Member's declaration

I request that the Trustee accepts my nomination. I understand that:

- On my death, the Trustee must pay my death benefit in accordance with my nomination, provided it's valid, at that time.
- For my nomination to be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate.
- My beneficiaries and I agree to be bound by the Fund's Trust Deed (as amended).
- This nomination applies to my superannuation death benefit in the Staff Plan.
- If a nomination is invalid at the time of my death, the Trustee has discretion to determine the beneficiaries, but will generally pay any death benefit to my estate. To the extent a nomination is partly not valid at the time of my death, such as where one nominated beneficiary is no longer a dependant, the Trustee will pay that component of the death benefit to any remaining nominated beneficiaries.

Signature

Date | d | d | / | m | m | / | y | y | y | y |

Signed in the presence of the witness below.

Please print name

Witness declaration (The date of witness and member signatures must be the same.)

First witness signature

I declare that:

- I'm over 18 years of age and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence.

Signature

Date | d | d | / | m | m | / | y | y | y | y |

Please print name

Second witness signature

I declare that:

- I'm over 18 years of age and I'm not a nominated beneficiary and
- this nomination was signed by the member in my presence.

Signature

Date | d | d | / | m | m | / | y | y | y | y |

Please print name

As we're bound to pay your benefit according to your valid binding nomination, we recommend you review your nomination if any of your circumstances change. You can change your nomination at any time by completing a new death benefit nomination form.

12. Declaration and signature

By completing and signing this form:

General

- I've read the Staff Plan PDS and have received and accepted this offer in Australia. If I've received this offer electronically, I've printed all pages of the document.
- I agree to be bound by the Trust Deed for the Staff Plan, as amended from time to time.
- I understand the Trustee reserves the right to refuse or reject an application.
- If my application is incomplete or unclear, you may hold my money for up to 30 days in a non-interest bearing account. If you don't receive additional information or a completed application form within this timeframe, you'll return the money to whoever paid it to you.

Contributions and withdrawals

- I understand that I can't receive a benefit payment from the Staff Plan unless I've satisfied a condition of release as set out on page 39 of the PDS.
- I've read the eligibility criteria to make a contribution into superannuation and I'm eligible to make or have contributions made on my behalf.

Investments

- I acknowledge that the performance of any investment option offered by the Staff Plan isn't guaranteed by the Trustee or any other person, unless otherwise stated.
- I understand for the Intech investment option, a PDS for the financial products underlying that option is available from your website at www.suncorp.com.au or by contacting you, and I consent to getting this PDS by downloading it from the website or asking you for a printed version.
- My investment choices have been made after reading the current Staff Plan PDS, and the underlying investment manager's PDS for the Intech investment options.
- I acknowledge, when I make any investment decisions or transact on my account, I may have not read the most recent investment manager's PDS for each investment option and may not have been notified about material changes or significant events that adversely affect a matter that should be in the PDS for those investment options.
- I consent to getting notification and an explanation of any material change or significant event that adversely affects a matter in the most recent PDS(s) for the underlying financial product(s) for each investment option by downloading the information from your website at www.suncorp.com.au

Information, authorisation of other persons and privacy

- I authorise my adviser, and any other person who I inform you in writing, to receive and obtain my personal information for the purposes of managing my account and I'll notify you if there is a change to this arrangement.
- I consent to the collection and use of my personal information for the purposes of opening and administering my Staff Plan account as disclosed in the Suncorp privacy policy which is available from your website at www.suncorp.com.au
- I acknowledge you may use my personal information so that you and other members of the Suncorp Group may inform me of your or their products and services, unless I check the box below or later notify you in writing that I don't wish to receive this information.
- I agree to be contacted by phone by a Suncorp representative if there is a need to get more information from me.
- The information I've provided on the application form is true and correct.

Meanings

- In this section 10, all references to 'you' are to the Trustee.

I don't want to receive information on other products and services.

Applicant's signature
(Spouse)

X

Date | d | d | / | m | m | / | y | y | y | y |

Member signature

X

Date | d | d | / | m | m | / | y | y | y | y |

Please send the completed form and any required attachments to: **Suncorp Staff Plan**
GPO Box 1453 (LS004)
Brisbane QLD 4001
Fax: 07 3002 3259