

Suncorp WealthSmart® Personal Super Application Form



Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958 AFSL 237905 RSE L0002059

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Adviser ID

Use this form if you're opening a Suncorp WealthSmart Personal Super account.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all of the form and sign and date on the last page

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 13 11 55 between 8am and 6pm (Eastern Standard Time) Monday to Friday.

Financial advisers can email completed and signed application forms to adviser_wealthsmartapps@suncorp.com.au

1. Personal details

Title	<input type="text"/>
Last name	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation	<input type="text"/>

Gender: Male Female

2. Contact details

Please transfer the information from my existing Suncorp WealthSmart account:

I'm a new customer or some of my details have changed, I've provided the updated information below.

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

Street address	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Daytime phone number	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

Postal address (if different from above)

Street address/ PO Box	<input type="text"/>
Suburb/Town	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>

3. Tax File Number (TFN) notification

Please read the section 'Tax File Numbers (TFN)' in the Product Guide for further information on providing your TFN.

TFN	<input type="text"/>	or	<input type="text"/>
Reason for exemption	<input type="text"/>		

6. Auto-rebalancing

Please refer to the Product Guide for further information about this option.

I don't wish to use this service.

I'd like to have my account rebalanced:

Quarterly

Half-yearly

Yearly

Your investments will be rebalanced in line with your future investment strategy.

7. Regular contribution plan

If you wish to regularly contribute to your account, please complete a Direct Debit Request form and attach to this application. Please note, a minimum of \$100 per month applies to your regular contribution plan.

8. Account linking

Please link my account with my family members in Suncorp WealthSmart as listed below (for fee discount purposes only). Please photocopy this form if you wish to add further accounts for linking.

Group name

(This is the name you want or have given to the group of linked accounts, eg The John Jones family.)

Account number

Last name

Given name(s)

I consent to having my account linked

Family member's signature

Account number

Last name

Given name(s)

I consent to having my account linked

Family member's signature

9. Please tell us how you'd like to receive communication from us

Annual statements and other important communications (eg confirmations of transactions and changes to your account).

Email me when it's available and I'll get it from your website at suncorp.com.au (Please ensure you have provided your email address in section 2.)

I'd like it sent to me by post

Annual reports

I'll get it from your website at suncorp.com.au

I'd like it sent to me by post

10. Application for insurance cover

If you're age 55 or over or you're applying for Income Protection and/or total cover greater than \$1,000,000 for Death only or Death and TPD (including any existing cover), please DO NOT complete this section. Instead, download and complete the insurance application form which is available from our website at suncorp.com.au, sign and attach with this application. Your adviser can assist you with these details.

Death only

Amount of cover

(in addition to any existing cover) \$

or

Death and TPD

Amount of Death cover

(in addition to any existing cover) \$

Amount of TPD cover

(in addition to any existing cover) \$

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

Your duty of disclosure

To be read by the Insured Person before completing the application.

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, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, doesn't 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 their business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure – If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure 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 entering into it, 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 insurance fee that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

Occupation details

Industry in which you're employed

Occupation category (your adviser can assist with this)

- Professional
- White Collar
- Light Blue/Grey Collar
- Skilled Blue Collar
- Heavy Blue Collar
- Hazardous

Hours worked per week

Basis of employment: Permanent Casual Contract

Self-employed

What has been your insurable income over the past 12 months? Insurable income is the income earned by your own personal exertion (less expenses incurred in earning that income) before tax, which will cease if you're unable to work. \$

Employees

What has been your annual salary over the past 12 months? \$

All applicants

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

If 'yes', please provide details.

Date declared bankrupt / / Date of Discharge / /

Original amount owed \$

Short personal health statement

Please provide the following details:

Height _____ cm or _____ feet/inches

Weight _____ kg or _____ stone/pounds

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

Important information

If you answer "Yes" to any of the questions in the short personal health statement below, please DO NOT continue completing this section. Instead, please download and complete the insurance application form, sign and attach with this application. This form is available from our website at suncorp.com.au Your adviser can assist you with these details.

1. Do you engage in any hazardous activities, pursuits or occupational duties, such as but not limited to motorised sports, scuba diving below 40 metres or aviation (other than as a fare paying passenger on a licensed public service (eg Qantas))? Yes No
2. Do you have any definite plans to travel or reside overseas in the future? (Holidays less than 4 weeks don't need to be disclosed) Yes No
3. Have you ever suffered symptoms of, or had, or been told you have, or received or are contemplating any advice or treatment for:
 - i) Muscular skeletal disorders (eg back, joint), arthritis, loss of limb or paralysis Yes No
 - ii) Impairment of sight or hearing (not including long or short sightedness) Yes No
 - iii) Mental or nervous disorder including stress, anxiety, depression or neurological condition Yes No
 - iv) Cancer or tumour of any type Yes No
 - v) Diabetes or liver disease including hepatitis Yes No
 - vi) High blood pressure, high cholesterol, chest pain, heart complaint or stroke Yes No
 - vii) Disorders and or disease of the kidney, bladder, bowel or stomach? Yes No
4. Have you ever:
 - i) Suffered from AIDS or been infected with the HIV virus, or Yes No
 - ii) Used intravenous drugs or had sexual activity with someone you know or suspect to be HIV positive, or Yes No
 - iii) Engaged in male to male anal sexual activity? Yes No
5. To the best of your knowledge, have two or more members of your immediate family, i.e. parents, brothers or sisters (living or deceased) suffered from any hereditary disease before age 60? Yes No
6. Does your alcohol consumption exceed more than 20 standard drinks per week? Yes No

11. Non-lapsing death benefit nomination

Please refer to the Product Guide for more information on beneficiaries.

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 dependant <input type="checkbox"/> Interdependent relationship	
Is a child pension required?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<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 dependant <input type="checkbox"/> Interdependent relationship	
Is a child pension required?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<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 dependant <input type="checkbox"/> Interdependent relationship	
Is a child pension required?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="text"/> %
<hr/>		
And/or		
<input type="checkbox"/> Please pay my benefit to my estate		<input type="text"/> %
Total allocation		<input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 %

Unless a child pension has been specified, your death benefit will be paid in a form determined by the Trustee after your death and having consulted your beneficiaries.

* Where one or more child pensions are specified, please also complete a child pension form which you can get at suncorp.com.au

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 this Suncorp WealthSmart account.
- If a nomination is invalid at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my estate.

Signature Date
Signed in the presence of the witness below.

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

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

Please print name

As we're bound to pay your benefit according to your valid 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 non-lapsing death benefit nomination form.

18. Declaration and signature

By completing and signing this form:

General

- I've read the Suncorp WealthSmart Personal Super & Pension PDS and Product Guide 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 Suncorp Master Trust, as amended from time to time.
- I agree to the fees shown in section 12.
- 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. 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 without any interest.

Contributions and withdrawals

- I understand that I can't receive a benefit payment from Suncorp WealthSmart Personal Super unless I've satisfied a condition of release as set out in the Product Guide.
- 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 Suncorp WealthSmart isn't guaranteed by the Trustee or any other person, unless otherwise stated.
- I understand for some investment options, one or more PDSs for the financial products underlying that option are available at suncorp.com.au or by contacting you, and I consent to getting these PDSs by downloading them from this website or asking you for a printed version.
- My investment choices have been made after reading the current Suncorp WealthSmart Personal Super & Pension PDS and Product Guide, and the underlying investment manager's PDS for each investment option.
- I acknowledge, when I make any investment decisions or transact on my account, I may not have 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 at suncorp.com.au

Authorised third-party

If I've nominated an authorised third-party:

- I acknowledge the exercise of any of the powers by a person reasonably believed by the Trustee or its service providers to be my authorised third-party or to be acting on behalf of my authorised third-party, will be treated as if I had personally exercised those powers.
- I acknowledge this arrangement will continue until I cancel the appointment in writing.
- I agree the Trustee may cancel this facility or vary these conditions after giving me 14 days notice in writing.
- I agree to release, discharge and indemnify the Trustee, other members of the Suncorp Group and its service providers from and against any claims, liabilities and expenses arising out of or in relation to my authorised third-party.
- I agree if I appoint an authorised third-party I can't later claim that my authorised third-party, or any person(s) appointed by me acting on behalf of my authorised third-party, was not acting on my behalf.

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.
- Before or at the time I provided any personal information, I have read and understood your privacy statement in the current Suncorp WealthSmart Product Guide, which is also available at suncorp.com.au/privacy
- I consent to you collecting, using and disclosing my personal information including sensitive information, in accordance with the privacy statement, including for the purposes of opening and administering my Suncorp WealthSmart Personal Super account.
- 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 18, all references to 'you' are to the Trustee.

Marketing

- Every now and then, we and any related companies that use the Suncorp brand might let you know about news, special offers, products and services that you might be interested in. We will engage in marketing unless you tell us otherwise. You can contact us to update your marketing preferences at any time.

Meanings

- All references to 'we' are to the Trustee.

Applicant's signature

X

Date / /

Please send the completed form and any required attachments to:

Suncorp WealthSmart®
GPO Box 2585
Brisbane QLD 4001

Medical history authorisation by the Person to be Insured

(Must be completed)

To Doctor

I authorise any doctor, hospital, clinic and other medical or related facility, or any other person who has attended me, to provide Suncorp Life & Superannuation with any information with respect to any sickness, injury, consultation, tests (including genetic test(s)), prescriptions or treatment and copies of all hospital records.

I authorise the Medicare Australia to release to Suncorp Life & Superannuation Limited, at their request, a copy of my medical history records.
I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Name of Person(s) to be insured

Maiden name (if applicable)

Signature

Date

Signature of Person to be Insured