

Suncorp WealthSmart® Business Super Family account 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 Business Super account and linking it to another family member's existing Suncorp WealthSmart Business 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 and ask for 'Super' between 8am and 6pm (Eastern Standard Time) Monday to Friday.

1. Personal details

Title	
Last name	
Given name(s)	
Date of birth	d d / m m / y y y y
	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	

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. Your family member's details

Family member's Suncorp WealthSmart account no.	
(see your family member's welcome pack for details)	
Last name	
Given name(s)	
Employer's name	

4. Your 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				or	
Reason for exemption					

5. Investment selection

Make your investment choice by selecting from the following investment options. You may select a maximum of 20 investment options at any time.

If your investment selection is incomplete or unclear, your contributions will not be accepted.

Please refer to the investment information in the Suncorp WealthSmart Business Super Product Disclosure Statement (PDS) and Product Guide before selecting an investment option. For some investment options, a PDS is issued by the underlying manager, free of charge. You can download copies from our website or ask us for a printed version. Before you make an investment choice you should consider the relevant investment manager's PDS.

Is your initial investment selection the same as your future investment strategy?

Yes, complete column A only No, complete both column A and B

Investment option	A Initial Investment Selection	B Future Investment Selection
Suncorp Lifestage Fund		
<input type="checkbox"/> I want to invest my future contributions in the Suncorp Lifestage Fund based on my date of birth.	_ _ %	1 0 0 %
or		
<input type="checkbox"/> I want to invest in the following investments (Please fill in the details below)		
Diversified investment options		
Secure		
Suncorp Secure Portfolio	_ _ %	_ _ %
Conservative		
Suncorp Conservative Portfolio	_ _ %	_ _ %
Suncorp Universal Conservative Fund	_ _ %	_ _ %
Balanced		
Suncorp Balanced Portfolio	_ _ %	_ _ %
Suncorp Universal Balanced Fund	_ _ %	_ _ %
Growth		
Suncorp Growth Portfolio	_ _ %	_ _ %
Suncorp Universal Growth Fund	_ _ %	_ _ %
High growth		
Suncorp High Growth Portfolio	_ _ %	_ _ %
Single sector investment options		
Cash		
Suncorp Cash Fund	_ _ %	_ _ %
Suncorp Guaranteed Cash Fund	_ _ %	_ _ %
Australian fixed interest		
Nikko AM Australian Bond Fund	_ _ %	_ _ %
Vanguard® Australian Fixed Interest Index Fund	_ _ %	_ _ %
International fixed interest		
Vanguard® International Fixed Interest Index Fund (Hedged)	_ _ %	_ _ %
Diversified fixed interest		
Macquarie Diversified Fixed Interest Fund	_ _ %	_ _ %
Diversified income		
Colonial First State Global Credit Income Fund	_ _ %	_ _ %
Australian property		
Ironbark Paladin Property Securities Fund	_ _ %	_ _ %
Vanguard® Australian Property Securities Index Fund	_ _ %	_ _ %
International property		
Vanguard® International Property Securities Index Fund (Hedged)	_ _ %	_ _ %
Australian shares		
Ausbil Australian Active Equity Fund	_ _ %	_ _ %
BT Wholesale Imputation Fund	_ _ %	_ _ %
Fidelity Australian Equities Fund	_ _ %	_ _ %
Hyperion Australian Growth Companies Fund	_ _ %	_ _ %
Ibbotson Australian Shares Active Trust	_ _ %	_ _ %
Investors Mutual Industrial Share Fund	_ _ %	_ _ %
Ironbark Karara Australian Share Fund	_ _ %	_ _ %
Nikko AM-Tyndall Australian Share Wholesale Portfolio	_ _ %	_ _ %
Perennial Growth Shares Wholesale Trust	_ _ %	_ _ %
Perpetual Wholesale Industrial Fund	_ _ %	_ _ %
Perpetual Wholesale SHARE-PLUS Long-Short Fund	_ _ %	_ _ %
Suncorp Australian Shares Fund	_ _ %	_ _ %
Vanguard® Australian Shares Index Fund	_ _ %	_ _ %
Australian shares – specialist		
Ausbil Australian Emerging Leaders Fund	_ _ %	_ _ %
Nikko AM-Tyndall Australian Share Income Fund	_ _ %	_ _ %
Perpetual Wholesale Ethical SRI Fund	_ _ %	_ _ %
Perpetual Wholesale Geared Australian Fund	_ _ %	_ _ %
Zurich Investments Equity Income Fund	_ _ %	_ _ %
International shares		
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	_ _ %	_ _ %
Platinum International Fund	_ _ %	_ _ %
Suncorp Global Shares Fund	_ _ %	_ _ %
Vanguard® International Shares Index Fund	_ _ %	_ _ %
Walter Scott Global Equity Fund	_ _ %	_ _ %

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 fees 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 are unable to work. \$

Employees

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

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. Authorised representative's personal details

Important information

You can give someone (either a person or an entity, like a company) the legal authority to make changes to your account. We call them 'authorised representatives'.

Things your authorised representative can do

They can do everything you can do with your account to the extent permitted by law (except for the things mentioned below). Eg they can:

- make additional contributions
- request a withdrawal of your benefit (subject to preservation rules)
- request a transfer of your benefits to another superannuation fund
- request information about your account and copies of any documents provided by us in relation to it.

Things your authorised representative can't do

They can't:

- request a cheque to be paid to someone other than you. This means any withdrawal requests will only be paid to you or to the bank account previously nominated by you. We can only pay to a bank account in your name or a joint bank account of which you're one of the account holders
- change your address
- appoint other authorised representatives
- (where they're your adviser) change any fees or charges or alter bank account details for withdrawals.

Authorities if your authorised representative is an entity (eg a company)

- If it's a company, this authority extends to any of its directors or authorised officers.
- If it's a partnership, this authority extends to all its partners.

I'd like to appoint the following person as my authorised representative:

If your authorised representative is a person:

Title

Last name

Given name(s)

Date of birth / /

If your authorised representative is an entity (eg a company)

Entity name

Contact person

ABN (if a company)

Street address

Suburb/Town

State Postcode

Daytime phone number Mobile

Email

12. Authorised representative's signature and acceptance

I accept this appointment and agree to all its terms and conditions as set out in this form, disclosure documents (such as Suncorp WealthSmart's current Product Disclosure Statement), trust deed and other governing rules of the Suncorp Master Trust.

Authorised representative signature

Date / /

13. Non-lapsing death benefit nomination

Please refer to the Product Guide for 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

Given name(s)

Date of birth / /

Relationship to you Spouse Child Financial dependant Interdependent relationship

Is a child pension required? Yes* No

%

Last name

Given name(s)

Date of birth / /

Relationship to you Spouse Child Financial dependant Interdependent relationship

Is a child pension required? Yes* No

%

Last name

Given name(s)

Date of birth / /

Relationship to you Spouse Child Financial dependant Interdependent relationship

Is a child pension required? Yes* No

%

And/or

Please pay my benefit to my estate

%

Total allocation

1 | 0 | 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 from our website 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.

14. Declaration and signature

By completing and signing this form:

General

- I've read the Suncorp WealthSmart Business Super 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 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 Business 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.
- I understand that auto-rebalancing will not apply to any money invested in Suncorp WealthSmart Term Deposits or the Suncorp Lifestage Fund.
- My investment choices have been made after reading the current Suncorp WealthSmart Business Super 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 representative

If I've nominated an authorised representative:

- 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 representative or to be acting on behalf of my authorised representative, 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 representative.
- I agree if I appoint an authorised representative I can't later claim that my authorised representative, or any person(s) appointed by me acting on behalf of my authorised representative, 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 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.

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

- In this section 12, all references to 'you' are to the Trustee.

Applicant's signature

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