Suncorp Employee Superannuation Plan Family account application form



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

Issued 19 November 2015

Use this form if you're opening up a family account which will be linked to a current member's account in the Suncorp Employee Superannuation Plan.

Tips to help you complete this form

- Use blue or black pen and CAPITAL 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 1800 652 489 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 Female | |
| Occupation | | |
| 2. Contact details | | |
| Residential address (sor | rry – we can't accept PO Boxes) | |
| Street address | | |
| | | |
| Suburb/Town | | |
| State | Postcode Postcode | |
| Daytime phone number | Mobile | |
| Email | | |
| | | |
| Postal address (if different Street address/ | nt from above) | |
| PO Box | | |
| | | |
| Suburb/Town | | |
| State | Postcode Postcode | |
| 3. Your family member's details | | |
| | rp Employee Superannuation Plan account no. 's welcome pack or latest annual statement for details) | |
| Last name | | |
| Given name(s) | | |
| Employer's name | | |
| 4. Your Tax File Number (TFN) notification | | |
| Please read the section '7 | 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. Please note, each Suncorp WealthSmart Term Deposit you hold counts as one investment option. If your investment selection is incomplete or unclear, your contributions will not be accepted.

Please refer to the investment information in the Suncorp Employee Superannuation Plan 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.

Please note: Suncorp WealthSmart Term Deposits cannot be part of your future investment strategy. Is your initial investment selection the same as your future investment strategy?

Yes, complete column A only

No, complete both column A and B

Important information

You may select a maximum of 20 investment options at any time. Please note, each Suncorp WealthSmart Term Deposit you hold counts as one investment option.

There are restrictions on the minimum (\$1,000) and maximum (70% of your account balance) amount you can invest in Suncorp WealthSmart Term Deposits. More information on term deposit investment restrictions and interest adjustments can be found in the Suncorp Employee Superannuation Plan Product Guide.

For more information on the investment options available within Suncorp Employee Superannuation Plan, please refer to the Suncorp Employee Superannuation Plan Product Disclosure Statement (PDS) and Product Guide.

| Investment option | Initial investment selection | Future investment strategy |
|--|--|----------------------------|
| Term deposits | | |
| Please note: Suncorp WealthSmart Term Deposits cannot form part of your future investment strategy | | |
| Suncorp WealthSmart Term Deposit – 6 month term | LLL1% | |
| Suncorp WealthSmart Term Deposit – 1 year term | , , , , , , , , , , , , , , , , , , , | |
| Suncorp WealthSmart Term Deposit – 3 year term | —————————————————————————————————————— | |
| Suncorp WealthSmart Term Deposit – 5 year term | % | |
| Suncorp Lifestage Fund | / // | |
| | | 14101010 |
| I want to invest my future contributions in the Suncorp Lifestage Fund based on my date of birth | | 1 0 0 % |
| or | | |
| I want to invest in the following investments (Please fill in the details below) | | |
| Diversified investment options | | |
| Conservative | | |
| Suncorp Conservative Portfolio | % | % |
| Suncorp Universal Conservative Fund | | |
| Moderate | | |
| Suncorp Moderate Portfolio | | |
| 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 Supposer Cash Sund | | % |
| 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 Diversified fixed interest | 70 | 70 |
| Macquarie Diversified Fixed Interest Fund | % | % |
| Diversified income | /0 | /0 |
| 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) | | <u></u> % |
| Australian shares | | |
| Ausbil Australian Active Equity Fund | <u> </u> | <u> </u> |
| BT Wholesale Imputation Fund | <u> </u> | % |
| Fidelity Australian Equities Fund | <u> </u> | % |
| Henderson Australian Equity Fund | <u> </u> | <u> </u> |
| Hyperion Australian Growth Companies Fund | % | % |

| Ibbataan Avatualian Charas Astiva Turat | |
|--|--|
| Ibbotson Australian Shares Active Trust | |
| Ironbark Karara Australian Share Fund | |
| Nikko AM-Tyndall Australian Share Wholesale Portfolio | |
| Perpetual Wholesale Industrial Share 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 Geared Australian Share Fund | |
| Perpetual Wholesale Ethical SRI Fund | |
| Zurich Investments Equity Income Fund | |
| International shares | |
| Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund | |
| Platinum International Fund | |
| Vanguard® International Shares Index Fund | |
| Walter Scott Global Equity Fund | |
| International shares - specialist | |
| BlackRock Global Allocation Fund | % |
| Colonial First State Global Resources Fund | |
| Lazard Global Small Cap Fund | % |
| Infrastructure Lazard Global Listed Infrastructure Fund | |
| Total | |
| 1544 | |
| 6. Initial contribution details | |
| | |
| My initial contribution is: | |
| by cheque | |
| Please make cheques payable to 'Suncorp Portfolio Services Limited' with your account name | ne and number on the back of the cheque |
| My contribution is made up of: | |
| | |
| Personal contribution \$ | efer to Important information on next page) |
| Personal contribution \$ | efer to Important information on next page) |
| Employer contribution \$, , . C C | efer to Important information on next page) |
| Employer contribution \$, , . C C Spouse contribution \$, , . C C | efer to Important information on next page) |
| Employer contribution \$, , . C C Spouse contribution \$, , . C C Total by cheque contribution \$, , . C C | efer to Important information on next page) |
| Employer contribution \$, , . C C Spouse contribution \$, , . C C | efer to Important information on next page) |
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| Employer contribution Spouse contribution Total by cheque contribution and/or I would like to transfer my super fund into my Suncorp Employee Superannuation Plan account fund including a transfer from an existing Suncorp Employee Superannuation Plan account. If n transfer will be processed. You can find detail to complete this section on a previous fund statement. Fund 1 Fund name* Your account or member number* Unique superannuation identifier (USI)^ Fund 2 Fund name* Your account or member number* | . Please complete the section below for each either a Full or Partial transfer is selected, a Full |
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| Fund 4 | | | |
|--|---|--|--|
| Fund name* | | | |
| Your account or member number* | | Full or Partial \$, L , L , L , L . | |
| Unique superannuation identifier (USI)^ | | | |
| Fund 5 | | | |
| Fund name* | | | |
| Your account or member number* | | Full or Partial \$, , , | |
| Unique superannuation identifier (USI)^ | | | |
| *mandatory field ^A USI is a form of unique identification for a s like assistance in consolidating more than fiv | | able to locate the USI on a previous fund statement.If you'd or this form. | |
| Important information | | | |
| | | s made to your previous super provider? To do this, you'll form to your previous super provider, before you submit a | |
| Please specify the amount of contributions y | ou intend to claim as a tax deduction for the | current financial year. | |
| Nil Full amount | | | |
| Partial amount \$ Contributions claimed are subject to conti | (specify amount) | | |
| Contributions claimed are subject to conti | ibutions tax. | | |
| 7. Auto-rebalancing | | | |
| Please refer to the Product Guide for further the auto-rebalancing facility. I don't wish to use this service. | nformation about this option. If you're inves | ting in Suncorp WealthSmart Term Deposits, you cannot use | |
| I'd like to have my account rebalanced: | Quarterly | alf-yearly Yearly | |
| Your investments will be rebalanced in line with your future investment strategy. If you are using the auto-rebalancing facility, all investments in your portfolio, excluding Suncorp WeatlhSmart Term Deposits, will be automatically rebalanced to your nominated future investment strategy. If your future investment strategy is the Suncorp Lifestage Fund, you cannot use the auto-rebalancing facility. | | | |
| 8. Regular contribution plan | | | |
| - | aunt inlance commiste a Direct Dahit Danue | | |
| If you wish to regularly contribute to your acc | ount, please complete a Direct Debit Reque | st form and attach it to this application. | |
| 9. Please tell us how you'd like to receive communication from us | | | |
| Annual statements and other important co | mmunications (eg confirmations of trans | actions and changes to your account). | |
| Email me when it's available and I'll get | t from your website (Please ensure you have | provided your email address in section 2.) | |
| I'd like it sent to me by post | | | |
| Annual reports | | | |
| l'Il get it from your website | | | |
| I'd like it sent to me by post | | | |
| | | | |
| 10. Application for insurance cover | | | |
| If you'd like Death only or Death and TPD ins 'Insurance application form' and attach it to | | e Superannuation Plan account, please complete an | |

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 | d d / m m / y y y y | |
| If your authorised re | epresentative is an entity (eg a company) | |
| Entity name | | |
| Contact person | | |
| ABN (if a company) | | |
| Street address | | |
| | | |
| Suburb/Town | | |
| State | Postcode Postcode | |
| Daytime phone num | nber 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 the current Sun | corp |
|--|------|
| Employee Superannuation Plan PDS and Product Guide), trust deed and other governing rules of the Suncorp Master Trust. | |

| Authorised representative signature | × |
|-------------------------------------|---------------------|
| Date | d d / m m / y y y y |

13. Non-lapsing death benefit nomination

| | Guide for information on beneficiaries. ninate a beneficiary or In the event of my death, I direct you to pay my benefit to my dependant. | s as listed below. |
|---|--|---|
| | more than three dependants, please copy this page and attach to this form. The total of all allocated ependants and estate) must equal 100%. | |
| Last name | | |
| Given name(s) | | |
| Date of birth | d d / m m / y y y y | |
| Relationship to you | Spouse Child Financial dependant Interdependent relationship | |
| Is a child pension required | I? ☐ Yes* ☐ No | % |
| Last name | | |
| Given name(s) | | |
| Date of birth | d d / m m / y y y y | |
| Relationship to you | Spouse Child Financial dependant Interdependent relationship | 1 |
| Is a child pension required | ? | % |
| 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 bene | efit to my estate | % |
| | Total allocation | 1 0 0 % |
| | | |
| your beneficiaries. | as been specified, your death benefit will be paid in a form determined by the Trustee after your death and I | |
| wour beneficiaries. * Where one or more chil Member's declaration I request that the Trustee On my death, the Trust For my nomination to b My beneficiaries and I This nomination applie | ld pensions are specified, please also complete a child pension form which you can get from our website | having consulted |
| your beneficiaries. * Where one or more chil Member's declaration I request that the Trustee On my death, the Trust For my nomination to b My beneficiaries and I This nomination applie If a nomination is invali | In accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) es to my superannuation death benefit in this Suncorp Employee Superannuation Plan account id at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to me the superannuation of my death, the Trustee has discretion to determine the beneficiaries, including any payment to me the superannuation of my death, the Trustee has discretion to determine the beneficiaries, including any payment to me the superannuation of my death, the Trustee has discretion to determine the beneficiaries, including any payment to me the superannuation of my death, the Trustee has discretion to determine the beneficiaries, including any payment to me the superannuation of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my death. | having consulted |
| your beneficiaries. * Where one or more chil Member's declaration I request that the Trustee On my death, the Trust For my nomination to b My beneficiaries and I This nomination applie If a nomination is invali | In accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) es to my superannuation death benefit in this Suncorp Employee Superannuation Plan account | having consulted ny estate |
| your beneficiaries. * Where one or more chil Member's declaration I request that the Trustee • On my death, the Trust • For my nomination to b • My beneficiaries and I • This nomination applie • If a nomination is invaliable Signature Witness declaration (First witness signature I declare that: • I'm over 18 years of age | In accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) as to my superannuation death benefit in this Suncorp Employee Superannuation Plan account id at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to mean the control of the contr | having consulted ny estate |
| your beneficiaries. * Where one or more chil Member's declaration I request that the Trustee • On my death, the Trust • For my nomination to b • My beneficiaries and I • This nomination applie • If a nomination is invaliable Signature Witness declaration (First witness signature I declare that: • I'm over 18 years of age | In accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) as to my superannuation death benefit in this Suncorp Employee Superannuation Plan account at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to meet the date of witness and member signatures must be the same.) [The date of witness and member signatures must be the same.] | having consulted hy estate y y y y y e witness below. |
| your beneficiaries. * Where one or more chil Member's declaration I request that the Trustee • On my death, the Trust • For my nomination to be • My beneficiaries and I • This nomination applie • If a nomination is invalified in the signature Witness declaration (First witness signature I declare that: • I'm over 18 years of age • this nomination was signature was signature. | In accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) as to my superannuation death benefit in this Suncorp Employee Superannuation Plan account at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my death of my death, the Trustee has discretion to determine the beneficiaries, including any payment to my death of my death death of my death death determine the beneficiaries, including any payment to my death of my death d | having consulted hy estate y y y y y e witness below. |
| where one or more chil Member's declaration I request that the Trustee On my death, the Truste For my nomination to the My beneficiaries and I This nomination applie If a nomination is invaliable Gignature Witness declaration First witness signature I declare that: I'm over 18 years of agone this nomination was signature Please print name Second witness signature I declare that: I'm over 18 years of agone this nomination was signature | Id pensions are specified, please also complete a child pension form which you can get from our website n accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) es to my superannuation death benefit in this Suncorp Employee Superannuation Plan account id at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to m Date dd/mm/ Signed in the presence of the (The date of witness and member signatures must be the same.) Date dd/mm/ Date dd//mm/ Date dd//mm// | having consulted hy estate y y y y y e witness below. |
| where one or more chil Member's declaration I request that the Trustee On my death, the Truste For my nomination to the My beneficiaries and I This nomination applie If a nomination is invaliable Gignature Witness declaration First witness signature I declare that: I'm over 18 years of agone this nomination was signature Please print name Second witness signature I declare that: I'm over 18 years of agone this nomination was signature | Id pensions are specified, please also complete a child pension form which you can get from our website n accepts my nomination. I understand that: tee must pay my death benefit in accordance with my nomination, provided it's valid, at that time be valid, the beneficiaries I've nominated must be dependants at the time of my death, or my estate agree to be bound by the Fund's Trust Deed (as amended) set to my superannuation death benefit in this Suncorp Employee Superannuation Plan account id at the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to make the time of my death, the Trustee has discretion to determine the beneficiaries, including any payment to make the time of my death, the presence of the same.) In a did dim mile the presence of the did mile the pres | having consulted having consulted y y y y y witness below. |

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 Employee Superannuation Plan 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 the Suncorp Employee Superannuation Plan 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 the Suncorp Employee Superannuation Plan 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 Employee Superannuation Plan 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 from your website.

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 read and understood the Trustee's privacy statement available in the current Suncorp Employee Superannuation Plan Product Guide, which is also available at suncorp.com.au/privacy
- I consent to the Trustee collecting, using and disclosing my personal information including sensitive information, in accordance with the privacy statement, including for the purpose of opening and administering my Suncorp Employee Superannuation Plan 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, all references to 'you' are to the Trustee.

| Applicant's signature | X | Date dd/mm//yyyyy |
|-----------------------|---|-------------------|
| | | |

Please send the completed form and any required attachments to:

Suncorp Employee Superannuation Plan GPO Box 2585 (IPC: LS004) Brisbane QLD 4001