Suncorp WealthSmart® Personal Super Application Form

SUNCORP Superannuation

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

Issued 18 December 2015

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 (✗) 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

Last name

Given name(s)

Date of birth d d / m m / y y y y Gender: Male ☐ Female ☐

Occupation

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

Suburb/Town

State Postcode

Daytime phone number Mobile

Email

Postal address (if different from above)

Street address/ PO Box

Suburb/Town

State Postcode

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 or

Reason for exemption

4. 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 Personal Super and Pension Product Disclosures 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 Strategy
Suncorp WealthSmart Term Deposits		
Suncorp WealthSmart Term Deposit 6 month term	___ %	
Suncorp WealthSmart Term Deposit 1 year term	___ %	
Suncorp WealthSmart Term Deposit 3 year term	___ %	
Suncorp WealthSmart Term Deposit 5 year term	___ %	
Diversified investment options		
Suncorp Lifestage Fund	___ %	___ %
Conservative		
Suncorp Conservative Portfolio	___ %	___ %
Suncorp Universal Conservative Fund	___ %	___ %
Moderate		
Suncorp Moderate Portfolioo	___ %	___ %
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	___ %	___ %
Henderson Australian Equity 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	___ %	___ %
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 Ethical SRI Fund	___ %	___ %
Perpetual Wholesale Geared Australian Share 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	___ %	___ %
International shares – specialist		
BlackRock Global Allocation Fund	___ %	___ %
Colonial First State Global Resources Fund	___ %	___ %
Lazard Global Small Cap Fund	___ %	___ %
Infrastructure		
Lazard Global Listed Infrastructure Fund	___ %	___ %
Closed investment options*		
Diversified investment options		
Secure		
Suncorp Traditional Capital Guaranteed Fund	___ %	___ %

Conservative Suncorp Traditional Conservative Fund	___ %	___ %
Balanced Suncorp Traditional Balanced Fund	___ %	___ %
Growth Suncorp Traditional Growth Fund	___ %	___ %
High growth Suncorp Traditional High Growth Fund	___ %	___ %
* Only available to members currently invested in these options. **Total**	100 %	100 %

5. Initial contribution details

My initial contribution is:

☐ by cheque
Please make cheques payable to '**Suncorp Portfolio Services Limited**' with your account name and number on the back of the cheque

My contribution is made up of:

Personal contribution	$ ___ , ___ , ___ . CC	(refer to **Important information** below)
Employer contribution	$ ___ , ___ , ___ . CC	
Spouse contribution	$ ___ , ___ , ___ . CC	
Total by cheque contribution	**$** ___ , ___ , ___ . CC	

and/or

☐ I would like to transfer my super fund into my Suncorp WealthSmart account. Please complete the section below for each fund including a transfer from an existing Suncorp WealthSmart account. If neither a Full or Partial transfer is selected, a Full 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* _____ ☐ Full or ☐ Partial $ ___ , ___ , ___

Unique superannuation identifier (USI)^ _____

Fund 2

Fund name* _____

Your account or member number* _____ ☐ Full or ☐ Partial $ ___ , ___ , ___

Unique superannuation identifier (USI)^ _____

Fund 3

Fund name* _____

Your account or member number* _____ ☐ Full or ☐ Partial $ ___ , ___ , ___

Unique superannuation identifier (USI)^ _____

Fund 4

Fund name* _____

Your account or member number* _____ ☐ Full or ☐ Partial $ ___ , ___ , ___

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 superannuation fund's products. You may be able to locate the USI on a previous fund statement.If you'd like assistance in consolidating more than five funds, please copy this page and attach to this form.

Important information

- **Did you know** that you may be able to claim a tax deduction for personal contributions made to your previous super provider? To do this, you'll need to complete and provide a **s290-170 Notice of intent to claim a tax deduction form** to your previous super provider, before you submit a rollover request to us.

Please specify the amount of contributions you intend to claim as a tax deduction for the current financial year.

☐ Nil ☐ Full amount

☐ Partial amount $ _____ (specify amount)

Contributions claimed are subject to contributions tax.

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 a contract of life insurance is entered into with the insurer, we have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that we know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

This duty of disclosure continues to apply until the contract is entered into. It also applies when the insurer extends, varies or reinstates a contract of life insurance.

This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that the insurer knows, or in the ordinary course of their business, ought to know; or
- as to which compliance with the duty is waived by the insurer.

As the Insured Person you have the same duty of disclosure and it is a condition of your membership to discharge that duty.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

The insurer may elect not to avoid the contract but to vary it by:

(i) reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure; or

(ii) placing the insurer in the position in which the it would have been in if you had complied with your duty of disclosure.

The options to vary the contract are available to the insurer while cover under the contract remains in force.

Where the contract provides death cover, the insurer may only apply (i) above and must do so within 3 years of entering into the contract.

As the contract is for insurance of your life as the insured person, any failure by you to provide information about a matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to give you insurance and, if so, on what terms, may be treated as a failure by us, as the policy owner, to comply with our duty of disclosure.

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 d d / m m / y y y y Date of Discharge d d / m m / y y y y

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

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? ☐ 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

Is a child pension required? ☐ 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

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 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 d d / m m / y y y y

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 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 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.

12. Personal advice fee

- This section allows a member and a financial adviser to request a personal advice fee. If you have any questions about how to complete this section, speak to your financial adviser.
- By completing this section you authorise the Trustee to pay a personal advice fee to your financial adviser (agreed by the Trustee) and have the fee charged to your super account.

One-off Fee

Dollar amount $ ___ , ___ . __ **or** **Percentage** ___ . __ % of account balance

Ongoing Fee

Dollar amount $ ___ , ___ . __ per month **or** **Percentage** ___ . __ % of account balance (pa)

Important information

- Any personal advice fee will be deducted proportionately across all your investment options, excluding Suncorp WealthSmart Term Deposits.
- The trustee may at its absolute discretion refuse to deduct a personal advice fee or any other fee.
- GST on the personal advice fee is included in the amounts stated above.
- You can cancel an ongoing personal advice fee at any time.

Financial adviser declaration

I acknowledge and declare that:

- I have disclosed to my client all information relating to the personal advice fee and agreed with my client to the personal advice fee above.
- I confirm that the changes I have made are only related to the services I provide for Suncorp WealthSmart. I request the Trustee to complete the changes outlined above.

13. Current deferred entry fee members only

If you currently have deferred entry fee arrangements in another Suncorp WealthSmart account, and are transferring monies from this account to your new account, please let us know how you'd like us to process any outstanding deferred entry fee payments from that existing account.

Option 1 ☐ I'd like to pay any outstanding deferred entry fee payments from my existing Suncorp WealthSmart account before I transfer.

Option 2 ☐ I'd like to carry over any outstanding deferred entry fee payments to my new Suncorp WealthSmart account.

If left blank, we'll action option 1.

Please note, you can't choose deferred entry fees for new or transferred monies in your new account. This means the fees set out in section 12(a) will be applied to your new account on both transferring funds and new contributions/transfers. The above nomination only applies to any outstanding deferred entry fee payments.

14. Current nil entry fee members only

Please complete this section if you'd like to continue nil entry fee arrangements in your new account.

Option 1 ☐ I don't want to have nil entry fee arrangements in my new account. This means you'll deduct any outstanding withdrawal fee payments from my existing Suncorp WealthSmart account before I transfer to my new account.

Option 2 ☐ I'd like to continue nil entry fee arrangements in my new Suncorp WealthSmart account.

If left blank, we'll action option 1.

15. Adviser details (your adviser to complete)

Suncorp WealthSmart adviser ID _____ OR

Last name _____

Given name(s) _____

Company name _____

Licensee name _____

Address _____

_____

Suburb/Town _____

State _____ Postcode _____

Daytime phone number _____ Mobile _____

Email _____

_____

16. Authorised third-party'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 third-parties'.

Things your authorised third-party 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 third-party 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 third-parties
- (where they're your adviser) change any fees or charges or alter bank account details for withdrawals.

Authorities if your authorised third-party 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 third-party:

If your authorised third-party is a person:

Title

Last name

Given name(s)

Date of birth d d / m m / y y y y

If your authorised third-party 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

17. Authorised third-party'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 third-party signature ✗

Date d d / m m / y y y y

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 ✗ _____ Date d d / m m / y y y y

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 d d / m m / y y y y

Signature of Person to be Insured