

1 July 2019

Employer Application

Before you sign this Application form, the Trustee or AMA Financial Services is obliged to give you a Product Disclosure Statement (PDS), which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

Please complete these instructions in **BLACK INK** using **CAPITAL LETTERS** (except for your email address) and **✓** boxes where provided.

*Indicates a mandatory field or section. If you do not complete all of the mandatory fields or sections, there may be a delay in processing your request.

1 Employer details

*Employer name	<input type="text"/>																																
*Trading name	<input type="text"/>																																
*ABN	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																										
Website address	<input type="text"/>																																
Business address																																	
*Unit No	<input type="text"/>				*Street No	<input type="text"/>																											
*Street name	<input type="text"/>																																
*Suburb	<input type="text"/>																								*State	<input type="text"/>		*Postcode	<input type="text"/>				
Postal address (if different to above)																																	
*Unit No	<input type="text"/>				*Street No	<input type="text"/>																											
*Street name/PO Box	<input type="text"/>																																
*Suburb	<input type="text"/>																								*State	<input type="text"/>		*Postcode	<input type="text"/>				
Employer contact details																																	
*Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>				*Surname	<input type="text"/>																											
*Given name(s)	<input type="text"/>																																
*Position	<input type="text"/>																																
*Phone	<input type="text"/>		<input type="text"/>										Facsimile	<input type="text"/>		<input type="text"/>																	
*Email address	<input type="text"/>																																

2 Nomination of default fund

Do you wish to appoint the Fund as your employer-nominated default fund under the Choice of Fund legislation? Yes ☐

Upon initial establishment of the Employer Plan, how many employees will be joining the Fund?

Employer Application

3 Insurance cover

Complete this section if you wish to nominate an insurance basis for each category (must be greater than the default). If you do not complete this section, the MySuper default premium will apply. For full details on insurance benefits and eligibility, please refer to the PDS.

	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2	<input type="checkbox"/> Category 3
Category description	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of cover	<input type="checkbox"/> Death only <input type="checkbox"/> Death & TPD <input type="checkbox"/> Income protection	<input type="checkbox"/> Death only <input type="checkbox"/> Death & TPD <input type="checkbox"/> Income protection	<input type="checkbox"/> Death only <input type="checkbox"/> Death & TPD <input type="checkbox"/> Income protection
Insurance basis			
Nominated cover*	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Nominated premium*	\$ <input type="text"/> per week	\$ <input type="text"/> per week	\$ <input type="text"/> per week
Formula basis* (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Subject to Trustee approval.			
Income protection cover			
Waiting period	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
Benefit period	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 65	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 65	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> to age 65 <input type="checkbox"/> to age 65
Percentage of salary insured	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Maximum insurable benefit is 75% plus 10% contributions

4 Authorised signatories

The Trustee of the Fund is authorised to accept on behalf of the applicant the signature of any person as advised by the applicant (including those nominated hereunder) for the purpose of the administration of the Fund in accordance with the Trust Deed.

*Name	<input type="text"/>
*Position	<input type="text"/>
*Contact phone number	<input type="text"/>
*Signature	<input type="text"/>
*Name	<input type="text"/>
*Position	<input type="text"/>
*Contact phone number	<input type="text"/>
*Signature	<input type="text"/>

Employer Application

5 Adviser use only

Adviser name																																			
Licensee name																																			
AFSL No							Adviser code					Dealer code																							
Adviser signature																									Date			/			/				

*6 Employer declaration

I/We have read and understood the PDS, and hereby apply to be admitted as a participating employer in the Fund and agree to be bound by the provisions of the Trust Deed, as amended from time to time including any Participation Agreement entered into. I/We agree to the extent permitted by Commonwealth Government regulations to contribute to the Fund on a regular or singular basis. I/We agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.

Sole director/Trader	<input type="checkbox"/>	Sole company secretary	<input type="checkbox"/>	Director	<input type="checkbox"/>																														
Name																																			
Signature ²																									Date			/			/				

2 If you are a Sole Director/Company Secretary only, one signature is required. A director can sign jointly with another director or a company secretary.

Second director (if applicable)	<input type="checkbox"/>	Second company secretary (if applicable)	<input type="checkbox"/>																																
Name (if applicable)																																			
Signature ³ (if applicable)																									Date			/			/				

3 If there is more than one director/company signatory a second signatory is required. A director can sign jointly with another director or a company secretary.

Please forward all correspondence and queries to

Post	Medical & Associated Professions Superannuation Fund Reply Paid 264 Melbourne VIC 8060
Email	employersuper@ioof.com.au
Telephone	1800 009 921
Fax	(03) 6215 5800
Website	www.mapsuper.com.au