

Personal Superannuation Application

1 July 2020

Before you sign this Application form, the Trustee or AMA Financial Services is obliged to give you a PDS, which is a summary of important information relating to the Plan. 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 Personal details

*Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	*Surname	<input type="text"/>
*Given name(s)	<input type="text"/>		
Tax File Number*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current residential 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"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>		
		*Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
*Email address	<input type="text"/>		
*Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>
Employer name (if employer is contributing)	<input type="text"/>		
*Occupation	<input type="text"/>	(P)ermanent/(C)asual	<input type="checkbox"/>
Employer's phone number	<input type="text"/>		
		If casual, number of hours worked per week	<input type="text"/>
			<input type="text"/>
			<input type="text"/>

If you are retired or not currently working, please provide the date you were last gainfully employed

 / /

If you are residing overseas you must complete and submit

- ☐ an Overseas Investor form (www.mapsuper.com.au)
- ☐ Certified copies of your identification documents

*Important information on providing Tax file numbers

Please provide your tax file number (TFN) when acquiring this product. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes and in accordance with the *Privacy Act 1988*. It is not an offence if you choose not to provide your TFN, but providing it has its advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

We require your TFN in order to process your Personal Division application.

Please read the information on TFNs in the Product Disclosure Statement (PDS) before providing your TFN.

Anti Money-Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law), please advise the following: (Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law.)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

☐ Yes ☐ No

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

- ☐ a Politically Exposed Persons form (www.mapsuper.com.au)
- ☐ certified copies of your identification documents

2 Nomination of beneficiaries

You may complete a Binding Death Benefit Nomination form or a Non-Binding Death Benefit Nomination form available in this forms booklet or by contacting our ClientFirst Team. Otherwise, in the event of your death, any benefits will be paid to your Legal Personal Representative on behalf of your estate. Alternatively, log into Medical & Associated Professions Super Online and submit the signed and dated nomination electronically.

3a Deposit Instruction

You are required to make an investment choice as part of your application. If you have not made a decision about your Deposit Instruction, you can choose to invest in the Cash Account until you make another investment choice. Please note the Deposit instruction, Cash Account preferences and Income preferences all form part of your Standing Instructions.

Listed investments and Term deposits do not form part of your Standing Instructions.

For more information on Standing Instructions, please refer to the MAP General Reference Guide (MAP.02).

Please advise us of your Deposit Instruction.

Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within Medical & Associated Professions Superannuation Fund go to our website and select from the **investment guide (MAP.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 3b and 3c to provide these details.

☐ 100% Cash Account

OR

☐ Deposit Instruction

APIR Code	Investment option	Allocation (%)
	Cash Account (Mandatory)	
Total (must = 100%)		

- Your application cannot be processed unless this section is completed.
- If you require more space, please go to our website and download the new Member Investment Authority form.

Step 3b: Listed investments

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				

Please note:

- If additional investments and/or listed investments are required, attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 95% of your account balance invested in listed investments
- The maximum buy price will be valid for 30 days, after which the amount for the purchase of your selected listed investments will be retained in your Cash Account until we receive further instructions from you.

Step 3c: Term Deposits (minimum \$20,000)

Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- ☐ Adelaide Bank
- ☐ NAB
- ☐ ANZ

Please note:

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95% of your account balance.

4 Cash Account preferences

Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

☐ **Cash Account default minimum of 1%**

OR

☐ **Cash Account percentage nominated in your Deposit Instruction**

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

☐ **Pro-rata (default option)** – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

☐ **Redemption instruction – percentage** – Redeem funds from specified managed investments according to the percentage allocation nominated below.

Please note:

- The percentages allocated your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of redemption instruction – percentage.

[illegible]

5 Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

☐ **Re-invest (default option)** – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

☐ **Retain in Cash Account** – Leave all income distributions to accumulate in my Cash Account.

If you don't indicate your income preference, the default option of re-invest will be applied.

6 Contribution eligibility requirement*

☐ I am under 67 years of age

OR

☐ I am over age 67 and under age 75 years and I am contributing this financial year under the one-off exemption from the (above) work test

OR

☐ I am over 67 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year

OR

☐ Only mandated contributions (SG or award) will be made to this account

OR

☐ I am over 65 and I am making a downsizer contribution. (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. This form is available from the ATO website.) Please refer to the 'Additional Lump Sum Contribution' form if you are making personal, spouse and/or downsizer contributions.

7 Contribution details

Details of the contribution included with this application

For initial contributions equal to or more than \$2 million you must also complete and attach:

☐

a High Threshold Transaction form (www.mapsuper.com.au)

☐

certified copies of your identification documents

Rollovers/transfers	\$	<input type="text"/>
Personal contribution	\$	<input type="text"/>
Salary sacrifice contribution	\$	<input type="text"/>
Superannuation guarantee contribution	\$	<input type="text"/>
Spouse contribution	\$	<input type="text"/>
Downsizer contribution	\$	<input type="text"/>
Total contribution amount	\$	<input type="text"/>

8a Default Insurance cover

Complete this section if you would like to opt in to receive default insurance cover. If you opt in, premiums will be deducted from your account.

You'll need to have nominated the Plan to receive employer contributions.

Please tick one of the two boxes below:

I elect to opt in to receive the default insurance cover selected for my employer plan even if I am under age 25 and / or my balance has not reached \$6,000. I currently have no automatic or default insurance cover held with us or another superannuation provider. I understand premiums will be deducted from my super account and:

☐

I commenced employment less than 180 days ago with the employer who established this account.

- I'm receiving contributions from this employer, and
- I can perform my normal work duties without any restrictions due to illness or injury. I understand if I'm not currently at work, cover will be limited (as defined in the Insurance Guide) until I am back at work for 10 consecutive days.

OR

☐

I commenced employment more than 180 days ago with the employer who established this account.

- I'm receiving contributions from this employer, and
- I understand cover will be limited for 24 months and until I am at work for 10 consecutive working days performing my normal work duties following the 24-month period (as defined in the insurance Guide).

Please tick Yes or No to both questions below:

Will your MAP super account be used for the receipt of ongoing SG contributions?

☐

Yes

☐

No

Do you hold default insurance cover in any other superannuation cover?

☐

Yes

☐

No

Please also tick:

☐

I understand that cover will not commence, if:

- I am not At Work on the day I become eligible for default cover,
- I am employed in an occupation not deemed insurable by the insurer, or
- SG contributions are not paid into my account.

What type of default cover do you require?

If you are eligible, you will receive minimum insurance cover based on a premium of \$3.00 per week for death and total and permanent disablement (TPD) without completing an Application for Insurance form. Alternatively, you may request death only cover based on a premium of \$1.00 per week.

Employer Plan and Personal Insurance default cover insurance premium rates will apply. Refer to the Taking out insurance section of the PDS and the rates on the website for more information.

Please tick one of the options below:

☐ \$3 per week Death & TPD

OR

☐ \$1 per week Death only

Please note: If you apply and are eligible for default insurance, the Trustee will notify you of the amount of insurance you are entitled to.

AND/OR

(Optional) Maintaining your cover even if you don't receive regular contributions

☐ I also elect to opt in to maintaining my insurance in my super account even if I don't receive a contribution into my account for a period of 16 months. I understand I can cancel my cover at any time.

8b Additional cover

Where default insurance does not apply, you require additional cover or you wish to apply for Income protection insurance, you should complete an Application for Insurance form and submit the form for assessment. Insurance cover is not in force until acceptance terms are issued in writing by the Insurer and where required, accepted by you. An Application for Insurance form is available in this Forms booklet, from our website or our ClientFirst Team.

9 Transfer of existing super

Do you have any previous super funds that you would like to transfer into the Fund?

☐ Yes

☐ No

If Yes, please complete a Request to Transfer form available in this forms booklet or by contacting our ClientFirst Team.

10 SuperMatch search and consolidation using MAP Super Online

SuperMatch makes consolidating your super easy by using the ATO's automatic electronic search facility.

You can log on to MAP Super Online and consolidate your super with a few clicks of a mouse. Using the SuperMatch online functionality you can conduct a search for and consolidate your super monies with other superannuation funds including lost member accounts or any ATO-held super (such as super guarantee payments, superannuation holding accounts, Government super contributions or unclaimed superannuation monies).

11 Member advice fees

Choose your fee option. Fees should be provided including GST. All boxes for the relevant fee option must be completed. Blank boxes will default to nil.

- The default value for each member advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Member advice fees can only be deducted from your super/pension account if they relate to advice you receive about your super/pension benefits, insurance and investments.
- Where you agree to a member advice fee, please ensure you sign the 'Member advice fees' declaration in Step 11.
- The member advice fee(s) paid to your financial adviser and their Licensee (and quoted in this section) are inclusive of GST. The actual amount deducted from your account may be less than the amount quoted. This is because the Fund may be able to claim a reduced input tax credit (RITC) on some of these fees. Where the Fund is able to claim an RITC, the benefit is passed on to you which effectively reduces the fee. Note that the RITC rules are subject to change and this may impact the RITC available in the future.

Member Advice Fee – Upfront

Up to a maximum of 5.50% of each contribution:

<input type="text"/>	Contributions	<input type="text"/>	%
<input type="text"/>	Transfers/rollovers (not applicable to transfers from existing accounts)	<input type="text"/>	%

Member Advice Fee – Ongoing

. % pa (up to a maximum of 2.20% pa of account balance)

AND/OR

\$ (up to a maximum of \$18,000 pa)

Member Advice Fee – Insurance

Up to a maximum of 50% of each insurance premium:

Primary: Death or Death & TPD cover	<input type="text"/>	% pa
Additional: Death or Death & TPD cover	<input type="text"/>	% pa
Income protection cover	<input type="text"/>	% pa

OR

Up to a maximum of \$18,000 pa

\$

Notes:

- Maximum fees above include GST.
- For further information on adviser remuneration and advice fees, please refer to the PDS.

Member advice fees (if applicable)

- I authorise the Trustee to charge the member advice fee(s) selected in section 11 against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, as agreed by me, will be an additional cost to me and charged against my super account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, until I instruct the Trustee to cease payment.

Member signature	<div style="border: 1px solid black; height: 40px; width: 350px;"></div>	Date	<div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 60px;"></div>
Adviser name	<div style="border: 1px solid black; height: 20px; width: 680px;"></div>		
Licensee name	<div style="border: 1px solid black; height: 20px; width: 680px;"></div>		
AFSL No	<div style="border: 1px solid black; width: 60px;"></div>	Adviser code	<div style="border: 1px solid black; width: 60px;"></div>
		Dealer code	<div style="border: 1px solid black; width: 60px;"></div>
Adviser signature	<div style="border: 1px solid black; height: 40px; width: 350px;"></div>	Date	<div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 60px;"></div>

12 Appointment of a representative (optional)

I hereby appoint the following person as my representative for the purposes listed below.

Title	<div style="border: 1px solid black; width: 60px;"></div>	Surname	<div style="border: 1px solid black; width: 520px;"></div>
Given name(s)	<div style="border: 1px solid black; height: 20px; width: 680px;"></div>		
Date of birth	<div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 60px;"></div>		
Signature of representative	<div style="border: 1px solid black; height: 40px; width: 350px;"></div>	Date	<div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 30px;"></div> / <div style="border: 1px solid black; width: 60px;"></div>

I authorise my representative to do the following in relation to my account:

- make enquiries about my account
- direct the trustee to establish/change my investment strategy and/or Standing Instructions (excluding MySuper members)
- request a full or partial withdrawal (payable only to me).

Note: Please provide proof of identification for the appointed representative above. Refer to the 'Completing Proof of Identity' document on www.mapsuper.com.au for more guidance on acceptable forms of individual identification.

13 Member declaration

Proof of identity

I have provided the appropriate documents or details of my identity, as outlined in the 'Completing Proof of Identity' document on www.mapsuper.com.au that may be required for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law).

Privacy

Important note: Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension account and for other related purposes. For these purposes, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me.

The Trustee is required to collect my personal information under the Superannuation Industry (Supervision) Act 1993 and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers. My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting the Trustee on 1800 009 921 or at www.ioof.com.au/privacy.

Product disclosure statements for managed investment options

- I have received (either from the MAP website or from a financial adviser), read and understood the current product disclosure statement(s) of the underlying managed investments I have selected.
- The Trustee provided me with the product disclosure statement(s) for the underlying managed investments I have selected via the MAP website and I agree to receive these product disclosure statement(s) by obtaining them from the website.
- I may not have the most current product disclosure statement and continuous disclosure information for a managed investment when switches and/or further investments are made into the Fund.

Investment options

- If I choose not to acquire the services of a financial adviser, I understand the risks and effects of this investment and take full responsibility for my choice of investment options.
- I acknowledge that certain investment options are only available if I am a client of a particular financial adviser or AFS Licensee, and if I cease to be a client of that financial adviser or AFS Licensee, I will not be able to make any new investments into those exclusive investment options (see the notes to the Investment Options Menu in the MAP investment guide (MAP.01) for information on these exclusive investment options).

Term deposits/Fixed term investments

If I have invested in term deposits:

- I have read, understood and agree to the terms and conditions regarding investing in term deposits as set out in the PDS
- the Trustee provided me with the product guide for the underlying term deposit I have selected via the MAP website and I agree to receive the product guide by obtaining it from the website
- I have received (either from the MAP website or from a financial adviser), read and understood the current product guide and any supplementary product guide for the relevant product or service, and the current product guide statements of the underlying term deposit I have selected.
- I acknowledge, that where this Investment Instruction for a term deposit is made at the same time as a new application for an MAP product or service, this Investment Instruction will be processed before any other Investment Instruction relating to my new account is processed.

Listed investments

I hereby authorise that the designated investments be executed on my behalf and acknowledge that this authority is provided on the basis that the Trustee will effect it according to the terms and conditions within the Trust Deed. I also acknowledge these assets will be held in the name of the Fund.

Personal contributions/spouse contributions

If I decide to either make a personal contribution(s) or have a spouse contribution(s) made on my behalf, I meet the necessary conditions as set out in the PDS.

Electronic communications

If I have consented to receive any communications from the Trustee electronically, then I do so on the terms and conditions as set out in the PDS.

Transferring from another product within the Fund

If I am transferring from another product within the Fund, then I do so on the terms and conditions outlined in the PDS.

Deposit Instructions

- The Trustee, IOOF Investment Management Limited (IIML), ABN 53 006 695 021, AFS Licence No. 230524 is directed to process the Deposit Instructions specified on this form.
- The Instructions provided in this form override any previous Instructions.

Restricted investments

- I acknowledge that if I make an investment in an investment option that is designated as a restricted investment (in the investment menu as updated on the MAP website), I have been informed that:
 - the Trustee is not required to transfer the whole of my withdrawal benefit (or a partial amount requested to be transferred) within 30 days after receiving all information prescribed by Super law (including all information that is necessary to process my request)
 - the reasons why an investment is illiquid is due to the underlying fund manager imposing withdrawal restrictions or having the ability to extend the withdrawal period in certain market conditions
 - the maximum period in which a transfer must be effected is the period set out in the underlying product disclosure statement for the restricted investment which may be up to 365 days for some restricted investments.
- I understand and accept that a period longer than the 30 days mentioned above is required (possibly in respect of the whole of the requested transfer amount) because of the illiquid nature of the investment.

If you do not provide all of the requested information, we may not be able to action your request.

In signing this Application, I declare that:

- I have received, read, signed and understood the PDS for MAP Employer and Personal Super within Australia.
- All details in this Application are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I wish to apply for MAP Super and to become a member of the Fund upon the terms and conditions contained in the Trust Deed dated 20 June 1994 (as amended from time to time) and the PDS.
- I have received and read the PDS, including the section outlining my Duty of Disclosure. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of the above information by the Trustee for the purposes specified in the PDS and privacy policy.
- I confirm that I have read and understood the instructions on how to complete the application form.

Power of Attorney

If your Application is signed under a Power of Attorney, please enclose a certified copy of the Power of Attorney and the proof of identity documents, as outlined in the 'Completing Proof of Identity' document on www.mapsuper.com.au, for both the Applicant and the Attorney with your Application. If signed under Power of Attorney, the Attorney certifies that no notice of revocation of that Power of Attorney has been received.

Member signature

Date

 / /

We require an original Personal Superannuation Application form.

If you are under 18 we require a parent/guardian to co-sign this application here:

Parent/guardian signature

Date

 / /

Parent/guardian full name

Please forward all correspondence to

Applications & forms

Post Medical & Associated Professions Superannuation Fund
Reply Paid 264, Melbourne VIC 8060

Email newbusinesssteam@ioof.com.au

Fax (03) 6215 5800

Enquiries

Telephone enquiries 1800 009 921

Email enquiries employersuper@ioof.com.au