



Forms Booklet

Issued by IOOF Investment Management Limited (IIML) ABN 53 006 695 021 AFSL 230524
as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818
MySuper No. 70815369818036

Unique Superannuation Identifier: SMF0128AU

Date of issue: 1 November 2020

How to get started

In this guide you will find out about:

- the application forms included in this booklet
- the three easy steps you need to follow to set up your account
- how to make additional contributions into your super account (once it has been set up) using BPAY*.

Which forms to complete

Form	When to complete this form
Personal Superannuation Application	Complete this form to set up a personal super account.
Pension Application	Complete this form to set up a pension account.
Binding Death Benefit Nomination	Complete this form to make a Binding Death Benefit Nomination.
Non-Binding Death Benefit Nomination	Complete this form to make a Non-Binding Death Benefit Nomination.
Request to Transfer	Complete this form to transfer monies into Medical & Associated Professions Superannuation Fund (MAP) from another superannuation fund.
Application for Insurance	Complete this form if you are applying for or changing your insurance cover.

Before you complete any forms, please ensure you have read the Product Disclosure Statement (PDS). If you require further information or any assistance in completing the forms, please contact a member of our ClientFirst Team on 1800 009 921 or AMA Financial Services. Please note that our ClientFirst Team is not authorised to give you investment or financial product advice.

Step-by-step guide to opening your account

Once you have read the PDS and discussed your investment strategy with AMA Financial Services (if applicable), you are ready to set up your account.

How to set up your account

Step 1	Complete the relevant Application form and all other forms that are relevant to you.
Step 2	<p>If sending a cheque for your application, make it payable to:</p> <p>IPS – MAP Super – [your full name or account number]</p> <p>For example, if your name is Robert Brown, your cheque should be made payable as follows:</p> <p>IPS – MAP Super – Robert Brown.</p> <p>If you have completed one or more Request to Transfer forms, attach the signed original(s) to the application(s).</p>
Step 3	<p>Attach your cheque to your Application form, and post the Application and all other completed forms to the following address:</p> <p>Medical & Associated Professions Superannuation Fund Reply Paid 264 Melbourne VIC 8060</p>

We will send you a Welcome Pack, normally within seven business days of joining, confirming your personal details, investment strategy and any insurance cover held.

BPAY details

Once your account has been set up you can make additional deposits using BPAY.

How to use BPAY

Step 1	Through your nominated financial institution's telephone or internet banking service, choose the BPAY option.
Step 2	<p>To make contributions via the Bpay facility, simply log on to your personal account on our website www.mapsuper.com.au to obtain your biller code and unique Customer Reference Number (CRN) information.</p> <p>If you are not registered for access to your account details, this information is also available by calling our ClientFirst Team.</p>
Step 3	Record the receipt number provided for your transaction. Please keep this for your personal records.

Please forward all correspondence to

Applications & forms

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

Email newbusinessteam@ioof.com.au

Fax (03) 6215 5800

Enquiries

Telephone enquiries 1800 009 921

Email enquiries employersuper@ioof.com.au

This page has been left blank intentionally

Personal Superannuation Application

1 November 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: 100%;"></div>		
Licensee name	<div style="border: 1px solid black; height: 20px; width: 100%;"></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: 500px;"></div>
Given name(s)	<div style="border: 1px solid black; height: 20px; width: 100%;"></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

This page has been left blank intentionally

Pension Application

1 November 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. The PDS will help you to understand the product and decide if it is appropriate to your needs.

Please note: In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Law)*, the Trustee must obtain proof of identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

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 Applicant details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

If you are residing overseas you must complete and submit

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

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

In accordance with 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 Pension Details

Please select the appropriate pension for you.

☐ I wish to commence a **Retirement phase pension**. I am eligible to so do because:

(Please tick one box applicable to your circumstance)

☐ My existing benefits are unrestricted non-preserved.

☐ I have reached age 65.

☐ I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.

☐ I have left gainful employment on / / and was over age 60 at that time.

☐ I wish to commence a **Transition to retirement pension** as I have reached my preservation age but not met a condition of release.

☐ I wish to commence a **Death benefit pension** I am rolling over a death benefit and my relationship to the deceased is:

☐ Spouse.

☐ Child under the age of 18 or financially dependent child under 25.

☐ Child of any age and suffering from a disability (please attach evidence of disability).

☐ Financial dependant or interdependent and not a child (please attach evidence of relationship).

3 Tax file number

Tick one of the following:

☐ I am age 60 or over and my TFN is

☐ I am less than 60 years of age and have attached my completed Tax File Number Declaration

If you are less than 60 years of age, a Tax File Number declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has 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 Pension Division application.

4a: Deposit Instruction

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 4b and 4c to provide these details.

[illegible]

- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- If you require more space, please go to our website and download the New Member Investment Authority form.

New members – If you do not complete this section, your investments will be allocated to the Cash Account.

Existing members – If you are transferring an existing account to the Pension Division and you do not complete this section, your existing assets will be transferred.

Step 4b: Listed investments

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

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>

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 4c: 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 per cent of your account balance.

5 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]

If you don't indicate a top-up method, the default option of pro-rata will be applied.

6 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.

7 Nomination of beneficiaries

Please complete section A OR section B.

Section A: Reversionary Pensioner

This nomination must be made before the commencement of your pension. Your nominated Reversionary Pensioner cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Death Benefit Nomination or Non-Binding Death Benefit Nomination.

In the event of your death you wish the remaining balance of your pension account (if any) to continue to be paid as a pension to your nominated Reversionary Pensioner.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<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"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to member*	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	

* Refer to the PDS for the restrictions that apply.

Section B: Binding or Non-Binding Death Benefit Nomination

Do not complete this section if you have nominated a Reversionary Pensioner in section A.

If you are transferring your entire balance from the Super Division of the Fund, any existing valid Binding or Non-Binding Death Benefit Nomination will be transferred to the Pension Division unless you make a new Binding or Non-Binding Death Benefit Nomination.

☐ Binding or Non-Binding Death Benefit Nomination (please complete a Binding or Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting our ClientFirst Team).

If you do not make a Binding or Non-Binding Death Benefit Nomination or nominate a Reversionary Pensioner, your death benefit will normally be paid to your Legal Personal Representative in the event of your death.

8 Pension payment details

Pay my initial payment on	<input type="text"/>	<input type="text"/>
Frequency	<input type="checkbox"/> Monthly (7th of every month)	<input type="checkbox"/> Fortnightly (every second Tuesday)
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly
	<input type="checkbox"/> Yearly	

Please note: If all pension account requirements are not received by the 2nd business day of the month, your pension payments will commence on the 7th of the following month.

***Fortnightly pension payments will be made every second Tuesday (commencing on the 9th of July 2019).**

Monthly pension payments are made on the 7th of every month.

Please note: If all pension account requirements are not received by the 2nd business day of the month, your pension payments will commence on the 7th of the following month.

9 Pension level details

Select the level of annual pension required.

☐ Minimum*

OR

Maximum limit** (Transition to retirement pension only)

☐ Full maximum (10%)

OR

☐ Pro-rata maximum

OR

Nominated amount \$ per annum ☐ Net ☐ Gross Indexation rate %

OR

Nominated amount \$ per frequency ☐ Net ☐ Gross Indexation rate %

* If you commence your pension other than on 1 July, this amount will be pro-rated.

** If you select a transition to retirement pension and do not complete this step, the full maximum (10%) pension payment will apply.

Please note, if you choose an annual amount paid in fortnightly instalments, the number of payments and the payment amount you receive will vary between financial years. Alternatively, if you choose an amount per frequency paid in fortnightly instalments, your total annual pension amount will vary based on the amount of fortnights per financial year.

10 a: Financial institution details for regular payments*

Name of financial institution

Branch

Account name

BSB

 -

Account number

10 b: Financial institution details for ad hoc withdrawals*

For any ad hoc withdrawals, we will use the financial institution details provided in Step 10 a) above **unless** you provide alternate details below.

Name of financial institution

Branch

Account name

BSB

 -

Account number

Please ensure your account details are correct as we will not be liable for mistaken payments based upon incorrect details.

* The nominated account must be in your own name or in one jointly owned by you.

11 Contribution eligibility requirement

☐ I am under 67 years of age.

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

☐ 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 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.)

12 Contribution or rollover details

Minimum initial contribution is \$30,000.

Section A:

Personal contribution	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Spouse contribution	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
Downsizer contribution	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

Section B:

If you wish to roll over funds from another account(s), please fill in the following details and complete a Request to Transfer form, available in this forms booklet, for each account. If you do not know the amount of your rollover(s), please provide an estimate.

1) Rollover institution name																													
Expected amount	\$.																					
2) Rollover institution name																													
Expected amount	\$.																					
3) Rollover institution name																													
Expected amount	\$.																					

Section C:

For existing members only

Account number	M	A	P								
----------------	---	---	---	--	--	--	--	--	--	--	--

☐ I would like to transfer my whole balance from the above account and I understand that by doing this the above account (and any insurance cover) will be closed as a result.

I would like to transfer a partial amount of \$ _____ OR I would like to leave the amount of \$ _____ in the above account*

* Minimum amount to leave in your existing account is \$10,000. Minimum initial investment is \$30,000.

Tax Deduction Notice under section 290-170 ITAA for full or partial transfers

If you have made personal contributions during the current or previous financial year to your existing super account and you want to claim a tax deduction for some of all of those contributions, please tick the box below and attach a completed ATO Notice of Intent to Claim a Tax Deduction with your Application. This can be obtained from our website (www.mapsuper.com.au) or by contacting our ClientFirst Team on 1800 009 921. We recommend that you speak to a financial adviser in relation to your eligibility to claim a personal tax deduction.

☐ I wish to claim a tax deduction for some or all of the personal contributions(s) in the current or previous financial year, and have attached a completed ATO Notice of Intent to Claim a Tax Deduction.

A completed ATO Notice of Intent to Claim a Tax Deduction notice must be submitted and be carried out prior to the transfer to your pension account.

13 Appointment of a representative (optional)

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

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Signature of representative	<input type="text"/> <input type="text"/> <input type="text"/>		
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

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)
- alter the amount of my pension payments.

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.

14 Proof of identity

You need to provide a certified copy of a document(s) with this pension application that clearly shows your full name, date of birth or residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER

1

A ONE of the following documents only

- current driver's licence issued under State or Territory law or a foreign equivalent
- passport (we will accept an Australian passport that has expired within the proceeding 2 years).

OR

1

B ONE of the following documents

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

ONE of the following documents

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Refer to the 'Completing proof of identity' document on our website for more guidance on acceptable forms of individual identification.

15 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 16 .
- 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 your initial contribution:

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

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

Flat fee (dollar amount)	\$	pa (inclusive of GST)
--------------------------	----	-----------------------

Notes:

- Maximum fees above include GST.
- For further information on member advice fees, please refer to the MAP General reference guide (MAP.02).

Member advice fees (if applicable)

- I authorise the Trustee to charge the member advice fee(s) selected in section 14 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 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

Date _____

	/		/	
--	---	--	---	--

Adviser name

[illegible]

Licensee name

[illegible]

Contact name

[illegible]

AFS license number

--	--	--	--	--	--

Adviser code

--	--	--	--

Dealer code

--	--	--	--

Adviser signature

Date _____

--	--

 /

--	--

 /

--	--	--	--

16 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.

Eligibility

I am eligible to commence an MAP Pension because:

- I am at least 18 years of age and am commencing the pension with unrestricted non-preserved benefits only; or
- I have reached my preservation age and am no longer gainfully employed and never again intend to become gainfully employed on a full-time or part-time basis; or
- I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased; or
- I am age 65 or over; or
- I have reached my preservation age but have not ceased gainful employment if I am commencing a Transition to retirement pension.

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.

Cash Account

If there are insufficient holdings in my Cash Account to meet future expenses, I direct the Trustee to redeem all or part of my investment options in accordance with the Cash Account top-up instruction provided in Step 5.

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.

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.

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 Pension 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 an MAP Pension 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 my personal information by the Trustee for the purposes specified in this application, the PDS and the Trustee's privacy policy.
- It is my responsibility to inform my beneficiaries that I have provided their personal information to the Trustee and to refer my beneficiaries to the Trustee's privacy policy.
- I understand that it is not an offence if I choose not to quote my TFN, but if I do not, I will be taxed at the highest marginal rate.
- I declare that the information supplied is true to the best of my knowledge and authorise the Trustee to adjust my pension payments as required from time to time under Commonwealth Government regulations.
- 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 form. 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

/ /

Please forward all correspondence to

Applications & forms

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

Email employersuper@ioof.com.au

Fax (03) 6215 5800

Enquiries

Telephone enquiries 1800 009 921

Email enquiries employersuper@ioof.com.au

Binding Death Benefit Nomination

Please complete this form to make a new (or to amend or revoke an existing) Binding Death Benefit Nomination. You should read the section Dependants – paying benefits if you die in the PDS before completing this form.

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

1 Member/applicant details

[illegible]

You must complete a separate Binding Death Benefit Nomination form for each account that you hold.

2 Nomination

Nomination status ☐ New nomination ☐ Amendment ☐ Revocation (remove any existing beneficiaries)

In the event of my death, I direct the Trustee to pay my benefit in accordance with the following direction:

- to nominate one or more Dependants complete Part a
- to nominate a Legal Personal Representative complete Part b
- to nominate both a Dependant(s) and a Legal Personal Representative complete Parts a and b and ensure that the total of Part a and Part b add up to 100%
- to nominate more than four Dependants, please complete a second form and clearly state that the second form is a continuation of the first.

Part A: Dependants

Dependant 1

Title (Dr/Mr/Mrs/Ms/Miss)					Surname																		% of benefit							
Given name(s)																														
Residential address																														
Suburb											State				Postcode															
Mailing address (if different from above)																														
Suburb											State				Postcode															
Phone (work)											Phone (mobile)																			
Email address																														
Date of birth			/			/					Gender	Male			Female															
Relationship to member			Spouse						De facto spouse						Child						Interdependency relationship						Financial dependant			

Dependant 2

Title <small>(Dr/Mr/Mrs/Ms/Miss)</small>	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address <small>(if different from above)</small>	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="text"/>	Spouse	<input type="text"/>	De facto spouse	<input type="text"/>
	<input type="text"/>	Child	<input type="text"/>	Interdependency relationship	<input type="text"/>
	<input type="text"/>	Financial dependant	<input type="text"/>		<input type="text"/>

Dependant 3

Title (Dr/Mr/Mrs/Ms/Miss)					Surname																					% of benefit				
Given name(s)																														
Residential address																														
Suburb													State				Postcode													
Mailing address (if different from above)																														
Suburb													State				Postcode													
Phone (work)											Phone (mobile)																			
Email address																														
Date of birth			/			/							Gender	Male			Female													
Relationship to member			Spouse						De facto spouse						Child						Interdependency relationship						Financial dependant			

Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Interdependency relationship	<input type="checkbox"/> Financial dependant
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>				

Part b: Legal Personal Representative
☐ Legal Personal Representative

 Percentage of benefit . %

If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependents and your Legal Personal Representative adds up to 100%.

 Total of Part a and Part b . %

The percentages nominated in Step 2 must add up to 100% or your Binding Death Benefit Nomination will be invalid, and will be treated as a Non-Binding Death Benefit Nomination.

3 Member declaration

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at www.ioof.com.au/privacy.

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the Trustee's privacy policy.

I understand that:

- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me
- the nomination must be in favour of one or more of my Dependents or my Legal Personal Representative
- each Dependant nominated must be my Dependant at the date of nomination and at the date of my death
- the allocation of my benefit must be clearly set out
- 100 per cent of my benefit must be allocated (the entire nomination will be invalid if the allocation does not equal 100 per cent)
- I must sign and date my nomination in the presence of two witnesses both of whom are at least 18 years of age and not nominated to receive my benefit
- my nomination will not be in effect until it has been received and accepted by the Trustee
- my nomination will expire three years after the date it is first signed or last confirmed or amended
- I can revoke my nomination at any time in accordance with the Trustee's procedures
- if my nomination is not valid for any reason or has expired at the date of my death, it will be treated as a Non-Binding Death Benefit Nomination
- it is my responsibility to ensure my nomination remains valid and current.

Member/Applicant signature

Please ensure that you sign and date this Binding Death Benefit Nomination form in the presence of two witnesses, each of whom is at least 18 years of age and neither of whom is nominated as a Dependant in this Binding Death Benefit Nomination. Please also ensure that both witnesses sign and date the Witness declaration and signature section of this Binding Death Benefit Nomination form at the same time as you do and in each other's presence, otherwise your Binding Death Benefit Nomination will be invalid.

Signature

Date

 /

 /

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

Parent/guardian full signature

Date

 /

 /

Parent/guardian full name

[illegible]

Please complete Step 4: Witness declaration and signature on the next page.

4 Witness declaration and signature

Each witness must sign and date the Binding Death Benefit Nomination form in each other's presence and at the same time as the member/applicant, otherwise the Binding Death Benefit Nomination will not be valid.

I declare that I am at least 18 years of age, I have not been nominated as a Dependant and that this Binding Death Benefit Nomination form was signed and dated by the member/applicant in my presence and in the presence of the other witness.

Witness 1

Surname

[illegible]

Given name

[illegible]

Witness signature 1

Date witnessed (must be the same as the date the member signs)

--	--	--	--

Witness 2

Surname

[illegible]

Given name

[illegible]

Witness signature 2

Date witnessed (must be the same as the date the member signs)

--	--	--	--

Please forward all correspondence and enquiries to

Applications & forms

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

Email employersuper@ioof.com.au

Fax (03) 6215 5800

Enquiries

Telephone enquiries 1800 009 921

Email enquiries employersuper@ioof.com.au

Dependant 2

Title
(Dr/Mr/Mrs/Ms/Miss)

Surname

% of benefit
.
%

Given name(s)

Residential address

Suburb

State

Postcode

Mailing address
(if different from above)

Suburb

State

Postcode

Phone (work)

Phone (mobile)

Email address

Date of birth

Gender

Male

Female

Relationship to member

Spouse

De facto spouse

Child

Interdependency relationship

Financial dependant

Dependant 3

Title
(Dr/Mr/Mrs/Ms/Miss)

Surname

% of benefit
.
%

Given name(s)

Residential address

Suburb

State

Postcode

Mailing address
(if different from above)

Suburb

State

Postcode

Phone (work)

Phone (mobile)

Email address

Date of birth

Gender

Male

Female

Relationship to member

Spouse

De facto spouse

Child

Interdependency relationship

Financial dependant

Dependant 4

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	% of benefit	<input type="text"/> . <input type="text"/> %
Given name(s)	<input type="text"/>				
Residential address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (mobile)	<input type="text"/>
Email address	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Relationship to member	<input type="text"/>	Spouse	<input type="text"/>	De facto spouse	<input type="text"/>
	<input type="text"/>	Child	<input type="text"/>	Interdependency relationship	<input type="text"/>
	<input type="text"/>	Financial dependant	<input type="text"/>		<input type="text"/>

Part b: Legal Personal Representative

☐ Legal Personal Representative

Percentage of benefit . %

If the percentage to be paid to your Legal Personal Representative is less than 100% please ensure that the total amount of benefit to be allocated to your Dependents and your Legal Personal Representative adds up to 100%.

Total of Part a and Part b 1 0 0 . 0 0 %

The percentages nominated in Step 2 must add up to 100 per cent.

3 Member/Applicant declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at www.ioof.com.au/privacy.

It is your responsibility to inform your beneficiaries that you have provided their personal information to the Trustee and to refer your beneficiaries to the Trustee's privacy policy.

I understand that:

- the persons nominated must be my Dependants at the date of nomination and at the date of my death
- my Non-Binding Death Benefit Nomination will cancel any other Non-Binding Nomination made by me and will not be in effect until it has been received and accepted by the Trustee
- my Non-Binding Death Benefit Nomination is not binding on the Trustee but will be taken into consideration by the Trustee when it determines to whom to pay my death benefit.

Member/applicant signature

Date / /

Please forward all correspondence and enquiries to

Applications & forms

Post Medical & Associated Professions Superannuation Fund
Reply Paid 264 Melbourne VIC 8060
Email employersuper@ioof.com.au
Fax (03) 6215 5800

Enquiries

Telephone enquiries 1800 009 921
Email enquiries employersuper@ioof.com.au

Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into Medical & Associated Professions Superannuation Fund.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from. A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (www.mapsuper.com.au) if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

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

This form, including the certificate of compliance, should be forwarded to us by post.

1 Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Mailing address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Tax File Number ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>

1 We are authorised by superannuation and taxation law to collect your TFN which will be used to action your transfer request. It is not an offence if you choose not to provide your TFN but providing it has 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.

If you choose not to provide your TFN, we may not be able to process your request. If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document in the forms section of the website.

Please provide the Medical & Associated Professions Superannuation Fund account number that will receive the transfer of super benefit below:

Unique Superannuation Identifier (USI)	<input type="text"/>
Account number (if existing member)	<input type="text"/>
ABN	<input type="text"/>

2 Details required for transfer

A: Details of your FROM fund

I request that the benefit held in my super fund or income stream, as detailed below, be transferred to my account in the nominated super or pension product specified in Step 1.

Name of your FROM fund	<input type="text"/>																											
ABN [#]	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																					
Unique Superannuation Identifier (USI) [#]	<input type="text"/>																											
Account number [#]	<input type="text"/>																											
Member client identifier [#] (if different from Account number)	<input type="text"/>																											
Address	<input type="text"/>																											
Suburb	<input type="text"/>																State	<input type="text"/>		Postcode	<input type="text"/>							
Phone	<input type="text"/>																											
Name of previous employer (if applicable)	<input type="text"/>																											
Date left employer (if applicable)	<input type="text"/>			/	<input type="text"/>			/	<input type="text"/>																			

[#] You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

B: Benefit to be transferred

Amount to be transferred

<input type="checkbox"/>	Entire balance	(account in the FROM fund will be closed)	Approximate value \$	<input type="text"/>
<input type="checkbox"/>	Partial balance of	\$	<input type="text"/>	

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Payment instruction to FROM fund (SMSF only): Please forward a cheque made payable to 'IPS – MAP Super [client's full name or account number]' with any related documentation and certified proof of identity to: **Medical & Associated Professions Superannuation Fund Super, Reply Paid 264 Melbourne VIC 8060**

3 Member declaration and signature

Important note: The Trustee collects the information in this form for the purpose of updating the information it holds about you. The information provided in this form will be used in accordance with the privacy policy at www.ioof.com.au/privacy.

By signing this request form, I am making the following statements

- I declare that I have fully read this form and declare that the information completed is true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account.
- I discharge the Trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my account.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my nominated account and I authorise IOOF Investment Management Limited (IIML) to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF super product (subject to legislative restrictions).
- If I have provided my tax file number, I consent to it being disclosed for the purposes of consolidating my account.

Member/applicant signature	<input type="text"/>	Date	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>		
----------------------------	----------------------	------	----------------------	--	---	----------------------	--	---	----------------------	--	--

Please forward all correspondence and enquiries to

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

Telephone enquiries 1800 009 921
Email enquiries employersuper@ioof.com.au

Medical & Associated Professions Superannuation Fund

Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

Medical & Associated Professions Superannuation Fund (Unique Superannuation Identifier (USI) SMF0128AU), is a division of IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818. IOOF MySuper Unique Identifier No. 70815369818036.

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund..

A handwritten signature in black ink, appearing to read 'F. Lomdel'.

Chief Operating Officer
On behalf of IOOF Investment Management Limited

Trustee
IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address
Level 6, 161 Collins Street, Melbourne, VIC 3000

ClientFirst
Postal Address GPO BOX 264, Melbourne VIC 8060
Telephone 1800 009 921
Fax 03 6215 5800
Email employersuper@ioof.com.au

This page has been left blank intentionally

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

3 Income protection cover

Please complete section 3 to apply for, or increase/decrease your existing income protection cover.

This is an application for:

☐

New cover

☐

Increase/decrease of existing income protection cover

Please note: You can have a monthly benefit of up to 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary not exceeding \$30,000 per month.

Specify cover required (mandatory information)

Income level (% of your salary) ☐ 75% ☐ Other: (up to 75%)

Waiting period (days) ☐ 30 ☐ 60 ☐ 90

Benefit payment period ☐ 2 years ☐ 5 years ☐ to age 65

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit? Yes ☐ No ☐

Income level (% of your salary) % (up to 10% of your salary)

See the **Medical & Associated Professions Superannuation Fund insurance guide (MAP.03)** for more information.

4 Personal health statement

1. Have you smoked in the last 12 months? Yes ☐ No ☐
If you have answered 'Yes', how many cigarettes do you smoke per day?
2. Have you smoked any substance other than tobacco? Yes ☐ No ☐
If you have answered 'Yes', please specify the type of substance
3. Do you consume alcohol? Yes ☐ No ☐
If 'Yes', please specify:
 - a. Quantity of alcohol consumed per day (in standard units)
Standard unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, 285ml glass of beer
 - b. Type of alcohol:
4. Height cm
5. Weight kg

Occupation details

6. What is the name of your employer?
7. What is your usual occupation?

4 Personal health statement continued

8. What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%):

	Percentage of time spent (%)
Clerical/Administration/Managerial	%
Light manual (eg qualified tradespeople, coffee shop owner)	%
Manual (eg carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor))	%
Heavy manual (eg interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	%
Other — please specify:	%

Activities

9. Do you currently intend to participate in any of the following activities?

a. Aviation other than as a fare paying passenger on a commercial airline

Yes ☐ No ☐

b. Any activity generally classified as hazardous or extreme in nature

Yes ☐ No ☐

(eg parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving, etc)

If you have answered 'Yes', please specify the activity and provide details (eg scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered).

Residence and travel

10. Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months?

Yes ☐ No ☐

If you have answered 'Yes', please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11. Are you an Australian or New Zealand citizen?

Yes ☐ No ☐

If you have answered 'Yes', please go to 'Previous Insurance' section of the form.

12. Do you hold an Australian Permanent Resident's Visa?

Yes ☐ No ☐

If you have answered 'No', please provide your residency details below:

Previous insurance

13. Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through IOOF or any of its affiliated companies, any superannuation fund, Workers' Compensation, other Government benefits (eg sickness benefit, invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, including accident or sickness benefits?

Yes ☐ No ☐

14. Have you ever been declined for death, disability, trauma, accident or illness insurance on your life, deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused?

Yes ☐ No ☐

15. Do you have, or are you applying for, any other life or disability cover?

Yes ☐ No ☐

4 Personal health statement continued

If you have answered 'Yes' to question 13, 14 or 15 please provide full details below:

Name of insurer	Cover type	Sum insured	Date of application	Accepted/ loaded/ exclusions/ declined	To be replaced? (Yes/No)

Medical

16. Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following:

If you have answered 'Yes' to any of the following questions, please complete the table on the following page.

- | | | |
|--|------------------------------|-----------------------------|
| a. Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder, rheumatic fever? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Impairment of sight, hearing or speech? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate or gall bladder, thyroid problem? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Leukaemia, hepatitis, haemochromatosis, or any blood problem? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Asthma, bronchitis or other respiratory disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Depression or mental disorder/condition — including but not limited to stress, anxiety, chronic tiredness or, fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Cancer, tumour, melanoma, sun spot, mole or growth of any kind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k. Psoriasis, eczema or any skin problem? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l. Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Females only

- | | | |
|--|------------------------------|-----------------------------|
| m. Gynaecological conditions (such as endometriosis, abnormal pap smear, etc)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| n. Complications of pregnancy or childbirth? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| o. Are you currently pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'Yes' when is the expected delivery?

- | | | |
|---|------------------------------|-----------------------------|
| p. Breast lump (even if you have not seen a doctor about it)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

Other medical (both males and females to complete)

- | | | |
|--|------------------------------|-----------------------------|
| q. Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (includes, but is not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

4 Personal health statement continued

- r. Apart from the questions 'a' to 'q', and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned?

Yes ☐ No ☐

Please provide details for all 'Yes' answers in Questions 16a to 16r in the table below.

- Place the question number with the 'Yes' answer at the top of the column (such as 16a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write 'Not applicable'.

	Please state question number (under Question 16) with a 'Yes' answer (eg Q16A)			
Question no:	Q16	Q16	Q16	Q16
	Please state your specific condition			
(1) Date symptoms first started and description of symptoms?				
(2) What was the condition and which part and side of the body was affected?				
(3) What was the medical diagnosis including results of X-rays and investigations?				
(4) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
(5) What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
(6) How long were you unable to work or perform your normal duties/activities?				
(7) If a hospital visit was required, please provide date and duration of your stay.				
(8) What advice/treatment did you receive?				
(9) Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
(10) Date treatment/medication ceased.				
(11) When did you last suffer from any symptoms?				
(12) Degree of recovery (%)				
(13) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

- s. Name and address of your usual doctor

- t. Details of your last medical consultation with your usual doctor (eg reason for your consultation and outcome)

- u. If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

4 Personal health statement continued

Family history

17. Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65?

Yes ☐ No ☐

18. Please provide details of your family history in the table below:

Details of your immediate family member			
Relationship to you (eg mother, father, sister, brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

Lifestyle

19. To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)?

Yes ☐ No ☐

Work health history

20. Are you, at the date of this application, due to injury accident or illness:

- Off work; or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis?
- Have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last 3 years?

Yes ☐ No ☐

Yes ☐ No ☐

5 Your duty of disclosure

Before you answer any questions, you must first understand your duty of disclosure rights and obligations shown in Step 5. If you do not disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it. Non-disclosure can impact a future claim so it is important to be as open and honest as possible.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for
- is common knowledge
- they know or should know as an insurer
- they have waived your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may void the contract within three years of entering into it.

If the insurer chooses not to void the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to void the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

Non-disclosure

If you have not disclosed all relevant matters to us and the insurer, and the insurer would not have entered into all or part of the cover on the same terms had they known about those matters, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure or misrepresentation is fraudulent and the insurer would not have provided the cover on the same terms had they known about these matters, the insurer may avoid all or part of the cover at any time. This means that the insurer can treat the cover as if it never existed and would not be liable to pay any claims.

Alternatively, instead of avoiding all or part of the cover the insurer may decide:

- a. to reduce the benefits for all or part of the cover in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer, although any reduction to benefits payable in respect of your death can only occur within three years of the commencement date; or
- b. for any benefits provided under the cover other than benefits payable in respect of your death, to vary the cover in such a way as to place you in the position you would have been in if you had disclosed all relevant matters to the insurer.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the Application Form.

6 Privacy statement

The way in which IOOF and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available at www.ioof.com.au/privacy (IIML) and www.tal.com.au/Privacy (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at www.oaic.gov.au.

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

Telephone 1300 209 088
Fax 02 9448 9100
Postal address TAL Services, GPO Box 5380, Sydney NSW 2001

7 Member declaration and signature

- I, the member, acknowledge that I have read the notice explaining my duty of disclosure in section 5 and understand that this duty also applies until formal notification of acceptance by TAL. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that I have received, read and understood the PDS in relation to this insurance.
- I have read the privacy statement in section 6 above, and consent to my personal information (including sensitive health information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- If I provided IIML and/or TAL with information about another person, I undertake to advise them that:
 - their personal information will be collected, held and used for the purpose set out in IIML's and TAL's privacy policies
 - their personal information may be disclosed to a third party; or
 - they may access or correct any personal information held about them.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy with TAL.

Insurance opt-in

☐ I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member signature

Date

Please forward all correspondence to

Applications and forms

Post Medical & Associated Professions Superannuation Fund
 Reply Paid 264, Melbourne VIC 8060
Email newbusinessteam@ioof.com.au
Fax (03) 6215 5800

Enquiries

Telephone 1800 009 921
Email employersuper@ioof.com.au



Contact us

Postal address

Reply Paid 264
Melbourne VIC 8060

Telephone

1800 009 921

Fax

03 6215 5800

Email

employersuper@ioof.com.au

Website

www.mapsuper.com.au

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered address

Level 6, 161 Collins Street
MELBOURNE VIC 3000

Sponsor

Australian Medical Association (WA) Inc
ABN 63 149 567 245
14 Stirling Highway
NEDLANDS WA 6009

Telephone

08 9273 3077

Fax

08 9273 3066

Email

finservama@amawa.com.au

Unique Superannuation Identifier

SMF0128AU