



## Perpetual's Select Superannuation Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315 RSE R1057034  
Perpetual's Select Superannuation Fund ABN 51 068 260 563 RSE R1057034

# Employee application form

Please complete all pages of this form in black ink using **BLOCK** letters.

Are you a current investor in Perpetual's Select Superannuation Plan?

no	<input type="checkbox"/>	yes	<input type="checkbox"/>	client number	<input type="text"/>	account number	<input type="text"/>
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### 1. Personal details (must be completed)

title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>
first name(s)	<input type="text"/>									
last name	<input type="text"/>									
date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	sex	male	<input type="checkbox"/>	female	<input type="checkbox"/>
tax file number <sup>1</sup>	<input type="text"/> (please see page 39 & 43 of the PDS)									

1. Where an employee completes a TFN declaration form for employment purposes, it will automatically be taken to be quoted for superannuation purposes. When a TFN has not been quoted by an employee, the trustee of a superannuation fund is required to deduct TFN withholding tax (at the top marginal tax rate) from taxable contributions received on behalf of the employee.

### 2. Contact details (must be completed)

c/- (if applicable)	<input type="text"/>											
postal address	<input type="text"/>											
suburb	<input type="text"/>					state	<input type="text"/>			postcode	<input type="text"/>	
country	<input type="text"/>											
phone (after hours)	<input type="text"/>					phone (business hours)	<input type="text"/>					
mobile	<input type="text"/>					fax	<input type="text"/>					
email	<input type="text"/>											

### 3. Nomination of beneficiary (optional)

Do you wish to nominate a beneficiary to receive your benefit on death?

no	<input type="checkbox"/>	yes	<input type="checkbox"/>	yes – please complete 'Nomination of Beneficiary form' in the PDS.
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### 4. Savings plan (direct debit authorisation – optional)

Please see 'Regular contributions via savings plan' on page 32 of the PDS.

I would like to set up a savings plan	no	<input type="checkbox"/>	yes	<input type="checkbox"/>	– amount \$	<input type="text"/>
I would like to make contributions	monthly	<input type="checkbox"/>	quarterly	<input type="checkbox"/>		


I request and authorise Perpetual Investment Management Limited, Debit User Identification Number 187310 to arrange for any amount Perpetual Investment Management Limited may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below, subject to the terms and conditions of the Direct Debit Request Service Agreement on pages 48-49 of the PDS.

**4. Savings plan (direct debit authorisation – optional) continued**

financial institution																														
branch																														
account name																														
branch number (BSB)											-											account number								

**All account signatories must sign below:**

signature of account holder A	<input style="width:100%;" type="text"/>	date	<input style="width:100%;" type="text"/>	/	<input style="width:100%;" type="text"/>	/	<input style="width:100%;" type="text"/>
signature of account holder B	<input style="width:100%;" type="text"/>	date	<input style="width:100%;" type="text"/>	/	<input style="width:100%;" type="text"/>	/	<input style="width:100%;" type="text"/>



**5. BPAY (optional)**

I would like to receive a Reference Number for making additional investments via BPAY.  
If no selection is made, 'no' will be assumed.

yes <input type="checkbox"/>	no <input type="checkbox"/>
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**6. Contributions/rollover details (optional)**

Please indicate below the amount of your contribution and/or rollover (please ensure that your previous fund has been instructed to roll over your funds).

**Contribution Limit Reminder**

An annual limit of \$50,000 applies for concessional contributions and generally \$150,000 for after-tax contributions. For people aged 50 and above or turning 50 between 1 July 2007 and 30 June 2012 deductible contributions of \$100,000 may be made each year. Members under age 65 can make after-tax contributions totalling \$450,000 in a financial year provided no such contributions are made in the following two years. You should speak to your financial and or/taxation adviser about these limits when considering your situation.

Contributions made in excess of the above limits will effectively be taxed at the highest marginal tax rate.

**Please make cheque payable to: 'PIML – Select Super [name of applicant].'**

	Institution	Policy/member/account number	Investment amount
(a) rollover from another fund	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>
	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>
	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	\$ <input style="width:100%;" type="text"/>

Initial contribution		
(b) personal after-tax contribution <sup>1</sup>	\$ <input style="width:100%;" type="text"/>	Personal contributions made by members from after tax income for which no tax deduction will be claimed.
(c) self employed contribution <sup>1</sup>	\$ <input style="width:100%;" type="text"/>	Personal contributions made by self employed members, for which a tax deduction will be claimed.
(d) CGT exempt contribution <sup>2</sup>	\$ <input style="width:100%;" type="text"/>	The CGT exempt amount chosen under the CGT retirement exemption.
(e) employer contribution <sup>1</sup>	\$ <input style="width:100%;" type="text"/>	All contributions made by employers, including any salary sacrifice amount deducted from the before tax salary of an employee.
(f) spouse contribution <sup>1</sup>	\$ <input style="width:100%;" type="text"/>	Contributions made by the spouse of the receiving member from after tax income.
<b>Total investment</b>	<b>\$ <input style="width:100%;" type="text"/></b>	

1. Please see page 28 of this PDS and the declaration in Section 10 for restrictions on contributing.  
2. CGT exempt component rollover statement required.

**7. Investment details (must be completed)**

Please nominate the dollar amount or the proportion (%) of money that you would like to invest in your selected Investment Options. If you do not nominate an Investment Option, your money will be invested in the Balanced Investment Option.

Investment Options	Initial contribution		Savings plan (if applicable)
Conservative	\$	or %	%
Balanced	\$	or %	%
Growth	\$	or %	%
High Growth	\$	or %	%
Geared High Growth*	\$	or %	%
Cash	\$	or %	%
Fixed Interest	\$	or %	%
Real Estate	\$	or %	%
Australian Share	\$	or %	%
Geared Australian Share*	\$	or (max 50%) %	(max 50%) %
Limited Share	\$	or %	%
International Share	\$	or %	%
<b>Total</b>	\$	or %	100%

\*You must tick the box in Section 10 if you have selected this Investment Option.

**8. Online access**

Online Account Access will allow you to view your account balance and correspondence relating to your account online. This service is provided under the conditions set out on pages 47 of the PDS. Please tick this box  if you do not wish to have online access to your investment.

If you wish to have online access to your account, please do not tick the above box. We will post your login ID and temporary password separately (for security purposes), and instructions on how to activate your login details online, to the address provided on this form.

**9. Insurance cover (optional)**

If you wish to apply for death and disability benefits, please tick the box below and complete the 'Insurance Application form'.

yes – I am interested in insurance cover

Important note: If you are a member of a Participating Employer who has nominated the Super Plan as their 'default fund' under the Choice of Fund legislation, you will automatically receive Death-only cover for the amount shown in Table 11 on page 35 of the PDS, unless you tick the following box.

I do not wish to receive the automatic Death-only cover as an employer 'default fund' member.



**10. Applicant's declaration and signature (must be completed)**

- I have read, and agree to be bound by any disclosures in the attached Product Disclosure Statement for Perpetual's Select Superannuation Plan (Super Plan) and I agree to be bound by the provisions of the Trust Deed (as amended from time to time).
- If applicable, I declare that I am eligible to make a personal contribution and acknowledge that I am aged less than 64; or that I am aged 65 years or over but under age 75 and in the current financial year have worked in paid employment for at least 40 hours in a period of not more than 30 consecutive days.
- If I am aged between 65 and 69 (74 from 1 July 2007) and my employer is making voluntary contributions (including salary sacrifice) on my behalf, then I declare that in the current financial year I have worked in paid employment for at least 40 hours in a period of not more than 30 consecutive days.
- Prior to 1 July 2007, if I am aged over 70 and less than age 75 and my employer is making contributions on my behalf, then I declare that such contributions are mandated under an industrial award and that I have attached appropriate evidence of the mandate to this application.
- If applicable, I am eligible to receive spouse contributions and acknowledge that I understand and satisfy legislative requirements for such contributions.
- I acknowledge that neither the Trustee nor any other company in the Perpetual Group guarantees the repayment of capital or the performance of the Super Plan.
- If I am investing under the savings plan, I have read the Direct Debit Request Service Agreement on pages 48-49 of this PDS and have completed Sections 4 and 7 on this application form.
- I acknowledge that commission may be paid to my/my employer's financial adviser as set out on page 26 of this PDS.
- I authorise Perpetual to quote my TFN or exemption to the Australian Taxation Office.
- I authorise a representative of Perpetual to obtain information from the Australian Taxation Office regarding my superannuation account in relation to my TFN, Reasonable Benefit Limit, PAYG or other superannuation tax-related matters.
- I agree to receive ongoing investor information including PDS information, confirmations of transactions, periodic reporting, ongoing disclosure of material changes and significant events and additional information requested as applicable, that can be sent to an email address that I provide to you (and/or through the Perpetual website).

**Geared Investment Options**

(You must tick the box below if you have chosen to invest in the Geared High Growth and/or Geared Australian Share Investment Option/s.)

I have thoroughly read the 'Understanding investment risk' section on pages 5-8 of this PDS. I understand the greater risks associated with my selection of the Geared High Growth and/or Geared Australian Share Investment Option/s and that they have a suggested investment timeframe of seven years or more.

If I have chosen to invest in the Geared Australian Share Investment Option, I acknowledge and accept that, if the value of my investment in the Geared Australian Share Investment Option has risen above 55% of my total account balance at any monthly review date, it will be automatically reduced to 50% by reallocating the investment amount above 50% to the Australian Share Investment Option. I acknowledge that the buy/sell spread will apply to this rebalancing transaction.

Before you sign this Application form, the Trustee or your financial adviser is obliged to give you the current Product Disclosure Statement (which is a summary of important information relating to the Super Plan). The Product Disclosure Statement will help you to understand the product and decide if it is appropriate to your needs.

I do not authorise my/my employer's financial adviser, to have access to information held by Perpetual in relation to my Perpetual's Select Superannuation Plan. (If no selection is made, the financial adviser or referring intermediary will be provided with information on your Super Plan.)

employee's signature		date	/	/	
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**11. Employer section (to be completed by your employer)**

participating employer number					(if known)		
name of sponsoring employer							
date employed	/	/	This is the earliest date that the employee commenced working with the employer.				
initial contribution	\$		employer SGC/Award & Salary Sacrifice	Details of a transfer from a previous superannuation fund should be provided on a 'Rollover Authority form'.			
	\$		employee - from after tax salary				
employer's signature				date	/	/	