

1. Member details (continued)

Residential address (mandatory)

unit number	street number
street name	
suburb (if relevant) OR city	
state	postcode
country	
phone (business hours)	mobile
email address	

By providing my email address, I agree to receive any information about my investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me when new information regarding my investment is available for viewing online, via hyperlink or via Perpetual Member Portal. I acknowledge you may still need to send me information by mail from time to time.

Postal address (if different to residential address)

c/- (if applicable)		
po box	unit number	street number
street name		
suburb (if relevant) OR city		
state	postcode	
country		

2. Payment details (must be completed)

How will the initial contribution be made? NOTE: Cash is not accepted.

direct debit	☐	we will debit your bank account nominated in 'Bank account details' section. I acknowledge and accept the terms and conditions of direct debit as explained in the direct debit request service agreement which is available from www.perpetual.com.au/wealthfocus-super-updates .
rollover	☐	make sure you complete the 'Transfer authority' form
BPAY	☐	we will provide a Customer Reference Number (CRN) that you or your spouse can use with the relevant BPAY biller code for the Super Plan to remit the initial investment amount to us

Source of funds being invested (select most relevant option)

retirement savings	☐	employment income	☐	business activities	☐	sale of assets	☐
inheritance/gift	☐	financial investments	☐	other			

3. Contribution/rollover details

Please indicate below the amount of your contributions and/or rollover.

Contribution limits: Please refer to the Features Book for information about contribution limits. You should speak to your financial adviser about these limits when considering your situation. Contributions made in excess of the limits will attract additional tax.

Initial one-off contributions

Contribution type	Amount	Further details
personal contribution	\$	If you are eligible and intend to claim a tax deduction on these contributions you will also need to complete 'Tax deduction for personal contributions' section.
spouse contribution	\$	
downsizer contribution	\$	You will also need to complete a 'Downsizer contribution into superannuation' form (available from the ATO).
CGT contribution	\$	You will also need to include a completed 'Capital gains tax cap election' form (available from the ATO).
personal injury payment	\$	You will also need to include a completed 'Contributions for personal injury election' form (available from the ATO).
Covid-19 re-contribution	\$	You will also need to include a completed 'Notice of re-contribution of COVID-19 early release amounts' form (available from the ATO).
Total	\$	

Rollovers

If you are transferring from another super fund please complete relevant details below. You will also need to complete the 'Transfer authority' form for each rollover being requested.

Name of previous superannuation provider	Policy/Account number	Approximate amount
		\$
		\$
		\$
		\$
		\$
	Total	\$

3. Contribution/rollover details (continued)

Savings plan

Only complete this section if you would like to establish a savings plan to make regular personal contributions from a nominated bank account. You will also need to nominate a bank account in the 'Bank account details' section, from which contributions will be deducted under the savings plan.

Amount (no minimum)	\$	
Frequency	monthly (default)	☐
	quarterly	☐

4. Tax deduction for personal contributions

Please refer to the Features Book for information about your eligibility to claim a tax deduction for your personal contributions.

I am eligible and intend to claim a tax deduction for my personal contributions of:	\$	
This is your notice to us, to be effective from the later of the date of this application or the date that you become a member of the Super Plan, of the amount you intend to claim as a tax deduction in relation to Section 290-170 of the Income Tax Assessment Act 1997. We will deduct 15% contributions tax from this amount. This notice will be applicable for the current financial year unless you notify us in writing of your intention to vary this notice. We will send you an acknowledgement of the amount you wish to claim as a tax deduction which you will need to retain for tax purposes for the current financial year.		

5. Features (must be completed)

Indicate which optional features you would like applied to your account.

BPAY (additional investments)		yes (default) ☐	no ☐
Auto-rebalancing			
If you are investing in Perpetual Geared Australian Share investment option, unless you select auto-rebalancing, compulsory rebalancing will be enabled for your account	yes ☐	quarterly (default) ☐	no ☐
		half-yearly ☐	
		yearly ☐	
Nomination of beneficiary			
If you would like to nominate a beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form.		yes ☐	no ☐
Adviser online access			
Note: your financial adviser can access information about your account online (and may extend to their authorised delegates the same level of online access you have determined for your adviser)		view & transact (default) ☐	view only ☐
Investment information to be sent in the mail			
Note: most of your investment information is also available online through Perpetual Member Portal		online only (default) ☐	online and mail ☐
Annual report to be sent in the mail			
Note: the annual report is also available at www.perpetual.com.au		no (default) ☐	yes ☐
Marketing material			
If you would like to receive investment education material and be informed about our products, services and offers		yes (default) ☐	no ☐

For each optional feature you have elected, please ensure you have read and understood the relevant section in the Features Book for that feature.

6. Investment allocation (must be completed)

The way you initially allocate your money across investment options becomes your investment strategy. All future contributions will be allocated according to your investment strategy.

Investment options	short code	investment strategy
Cash		
Perpetual Cash	PSCA	%
Fixed income and credit		
Perpetual Diversified Income	PISDIN	%
Schroder Fixed Income	PISDAB	%
Vanguard Australian Fixed Interest Index	PISVGY	%
Property & Infrastructure		
Lazard Global Listed Infrastructure	PISLGL	%
Vanguard Australian Property Securities Index	PISVGP	%
Australian shares		
Ausbil Australian Active Equity	PISUBA	%
Fidelity Australian Equities	PISFID	%
Investors Mutual Australian Share	PISIMA	%
Perpetual Australian Share	PSAS	%
Perpetual Concentrated Equity	PISCEF	%
Perpetual ESG Australian Share	PISSRF	%
Perpetual Geared Australian Share (maximum 50%)	PISGAF	%
Perpetual Industrial Share	PSIS	%
Perpetual SHARE-PLUS Long-Short	PISSPF	%
Perpetual Smaller Companies	PSSC	%
Vanguard Australian Shares Index	PISVGA	%

6. Investment allocation (continued)

Investment options	short code	investment strategy
International shares		
Barrow Hanley Global Share	PSIT	%
Magellan Global	PISAAI	%
MFS Global Equity	PISMFG	%
Perpetual Global Allocation Alpha	PSSG	%
T. Rowe Price Global Equity	PISTRP	%
Vanguard International Shares Index	PISVIS	%
Vanguard International Shares Index (Hedged)	PISVGI	%
Multi Asset – conservative		
Perpetual Conservative Growth	PSCG	%
Multi Asset – balanced		
Perpetual Diversified Growth	PSDG	%
Perpetual Diversified Real Return	PISDRR	%
Multi Asset – growth		
BlackRock Tactical Growth	PISUBB	%
Perpetual Balanced Growth	PSBG	%
Total		100%

7. Target Market Assessment

To be completed only by a member who is investing into the Perpetual Geared Australian Share investment option and is a non-advised direct member (which is an member without a financial adviser in this application). If this does not apply to you, please go to the next section.

Please complete the following questions by ticking one box for each question. We are seeking this information in relation to our Design and Distribution Obligations (DDO) under the *Corporations Act 2001* (Cth).

We do not use the information you provide us in this application form to consider your individual objectives, financial situation or needs, however your responses to the questions below will assist us in determining whether you are likely to be in the target market for this product. If you are not in the target market for the product, your application may be rejected.

What is your primary investment objective?

Capital Growth (seeks to invest in a product designed or expected to generate capital returns over the investment timeframe, or otherwise seeks an investment return above the current inflation rate)

☐

Capital Preservation (seeks to invest in a product designed or expected to have low volatility and minimise capital loss)

☐

What is the intended use of this product (% of investable assets)?

(Investable assets are those assets that the investor has available for investment, excluding the residential home.)

Standalone Solution (up to 100%)

☐

Major allocation (up to 75%)

☐

Core component (up to 50%)

☐

Minor allocation (up to 25%)

☐

Satellite allocation (up to 10%)

☐

What is your intended investment timeframe?

Short term (two years or less)

☐

Medium term (more than 2 years but less than 5 years)

☐

Medium to Long term (equal to 5 years or less than 7 years)

☐

Long term (more than 7 years)

☐

What is the risk and return profile for the relevant portion of your portfolio you are investing in this fund?

(for this product only)

Low (seeks to minimise volatility and potential losses and comfortable with a low target return)

☐

Medium (seeks low volatility and potential losses and comfortable with a moderate target return)

☐

High (can accept higher volatility and potential losses in order to target a higher target return over a long timeframe)

☐

Very high (can accept very high volatility and higher potential losses and seeks to maximise returns over a long timeframe)

☐

Extremely high (can accept significant volatility and losses to seek accelerated returns potentially in a short timeframe)

☐

8. Bank account details

You can only nominate a bank account that is held in your name.

By providing your bank account details in this section, you accept the terms in the direct debit request service agreement and authorise us to use these details for all future transaction requests that you nominate.

Bank account

Complete your bank account details in this section and indicate what you would like us to use these bank account details for

- contributions
- savings plan
- withdrawals

name of financial institution

[illegible]

branch name

[illegible]

branch number (BSB)

— 100 —

account number

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

name of account holder

[illegible][illegible]

signature of account holder A

signature of account holder B

date

____ / ____ / ____

I request and authorise Perpetual Investment Management Limited, Debit User Identification Number 092646 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 above, subject to the terms and conditions of the direct debit request service agreement which is available from www.perpetual.com.au/wealthfocus-super-updates.

9. Authorised representative

Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the Features Book.

no

please go to the next section

yes

please complete the details below.

If you appoint an authorised representative, they will not have access to view your investment via Perpetual Member Portal. Your authorised representative can transact using the relevant form or a letter of instruction.

authorised representative details:

first name(s)

last name

po box

unit number

street number

street name

suburb (if relevant) OR city

state

postcode

country

signature of authorised representative

date

/

/

10. Insurance cover

Would you like insurance cover? Refer to the Insurance Book available on our website.

no ☐ please go to the next section

yes ☐ please complete the following short personal statement if you are under age 55 and applying for:

- death only cover up to \$1 million, or
- TPD only cover up to \$1 million, or
- death and TPD cover up to \$1 million, or
- indemnity salary continuance cover up to \$8,000 per month, and
- can answer 'no' to questions 3 to 8.

If you do not satisfy the above conditions you will need to complete the 'Insurance application' form in the Insurance Book.

Type of insurance (for an increase in cover, the amount nominated will be added to any existing cover)

Type(s) of cover			New		Increase	
death only or	☐	amount	\$	(min. \$50,000)	\$	
TPD only or	☐	amount	\$	(min. \$50,000)	\$	
death and TPD	☐	death amount	\$	(min. \$50,000)	\$	
		TPD amount	\$	(min. \$50,000)	\$	
		buyback option	yes no (default)			
and/or salary continuance	☐	amount	\$	per month (min. \$500 per month)	\$	per month

(The amount of salary continuance cover cannot be greater than 85% of your monthly income, which includes a maximum 10% allowance for super contributions. That is your cover amount cannot be greater than 75% of your monthly income plus an optional 10% of your monthly income representing a super contribution component. For example if you have a monthly salary of \$4,000 the maximum monthly cover amount you can have is 75% x \$4,000 plus 10% x \$4,000.)

What percentage of your cover amount indicated above represents a super contribution component? (This is optional and is a maximum of 10% of your monthly income.)

If this is left blank nil will be assumed.

Please apply indexing to my sum insured:

yes (default) ☐ no ☐

Salary continuance only (indemnity)

benefit period	2 years (to age 65 if earlier)	☐	5 years (to age 65 if earlier)	☐	to age 65	☐
waiting period	30 days	☐	60 days	☐	90 days	☐

Election to maintain cover (optional)

☐ I wish to opt-in to maintain my insurance cover in the event that my account becomes inactive for a continuous period of 16 months (where my insurance cover would otherwise be required to be cancelled). I understand and acknowledge that the ongoing insurance fees being charged to my account will likely reduce my account balance.

9. Insurance cover (continued)

Personal questionnaire:

1. Are you:

(a) an Australian citizen or holder of an Australian permanent resident visa?

no ☐

yes ☐

(b) a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely?

no ☐

yes ☐

2. annual salary

number of hours worked per week

height (cm)

weight (kg)

occupation

industry

daily duties

(including % time spent performing each duty)

3. Have you smoked tobacco or any other substance in the last 12 months?

no ☐

yes ☐

If yes, please state forms and quantities:

4. Do you drink more than 20 standard drinks of alcohol per week?

no ☐

yes ☐

If yes, please provide forms and quantities:

5. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity?

no ☐

yes ☐

6. Have you ever experienced symptoms of, or had, or been told you have or received any advice or treatment for:

• high blood pressure, high cholesterol, heart complaint, chest pain or stroke;

no ☐

yes ☐

• mental or nervous disorder including stress, anxiety, depression or neurological condition;

no ☐

yes ☐

• cancer or a tumour of any type;

no ☐

yes ☐

• back/joint disorder, arthritis, loss of limb or paralysis;

no ☐

yes ☐

• loss of sight of any eye(s) or blindness;

no ☐

yes ☐

• kidney, bladder, bowel or stomach disorder and/or disease;

no ☐

yes ☐

• diabetes or liver disease (including hepatitis)?

no ☐

yes ☐

7. (a) Have you ever used any illicit drugs not prescribed by a medical practitioner?

no ☐

yes ☐

(b) In the last 5 years have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples include chlamydia, gonorrhoea, syphilis)?

no ☐

yes ☐

10. Insurance cover (continued)

8. Unless you are applying for death only cover, at the date of this application, are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed)?

no☐

yes☐

9. Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)? If yes, please provide the policy details below.

no☐

yes☐

Commencement date	Insurer	Type of cover	Amount of cover	To be replaced	
				no ☐	yes ☐
				no ☐	yes ☐

If you answered 'Yes' to any of questions 3 to 8 above, please complete the 'Insurance application' form in the Insurance Book.

11. Authority to release medical information

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

Consent to Disclose – I consent to AIA Australia and to the Trustee on behalf of AIA Australia, to collect and use my health information to assess my application for cover, to assess and manage my claim, or to confirm the information I gave when I applied for cover or made a claim. AIA Australia will respect your privacy by only asking for the information AIA Australia reasonably need, and will tell you each time your consent is used.

Even if AIA Australia collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell AIA Australia every matter (including about your health) that is relevant to AIA Australia decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1	Authority 2
Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example: • preparing a general report and/or a report about a specific condition; • accessing and releasing your records in SafeScript; • releasing your hospital patient notes; • releasing the results of any investigations they have done; and/or • releasing correspondence with other health providers. Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage. I agree to all the following: • My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers. • AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles. • This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover. • A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally. name signature date / /	Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either: • they will be unable to, or did not, provide the report within 4 weeks; - or • the report provided is incomplete, or contains inconsistencies or inaccuracies. Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim. Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia, or to third parties they engage, only if AIA Australia has asked them for a report on my health and either: • the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or • the report is incomplete, or contains inconsistencies or inaccuracies. I agree to all the following: • AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles. • This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover. • A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally. name signature date / /

☐ I authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my health and medical history.

12. Fixed term adviser service fee

Your adviser (the fee recipient) is seeking your consent to the payment of a fixed term and/or one-off adviser service fee from your account.

The fixed term adviser service fee will commence on the start date you specify below and will end a maximum of 12 months later.

Fixed term adviser service fees are calculated on your investment balance at the end of each month and paid monthly by withdrawal of units at the end of each month.

The maximum one-off adviser service fee payable is 3% of your account balance. The maximum total fixed term adviser service fee payable is 3% per annum of your account balance.

Fixed term adviser service fees (including GST)

Start date / / (maximum 60 days from the date this form is signed)

Amount (including GST) % (The maximum fixed term adviser service fee is 3% pa of your account balance)

The fixed term adviser service fee is to be paid as a deduction based on your investment strategy.

Based on your current account balance, an estimate of the adviser service fee payable over the fixed term is \$

An explanation of the method used to workout the estimate.

one-off adviser service fee (including GST)

\$

The one-off adviser service fee is to be paid as a deduction based on your investment strategy.

Important: Units are redeemed from your account on the day we receive this consent form and the advice fee is paid to your financial adviser the following month. You may withdraw your consent up until the end of the month in which you provide this form. If you do so, the advice fee will be credited to your account at the unit price effective on the date you withdraw your consent. Any instruction received after 3pm will be processed on the following business day.

The maximum one-off fee is 3% of your account balance.

Services provided for the above fee

Services must relate to personal financial advice provided in relation to your Super account.

Please outline or attach the services that the account holder is entitled to receive for the fixed term and/or one-off adviser service fee. These must fall within the range of services listed below. Please indicate below if using an attachment.

Advisers are able to charge adviser service fees for the following services provided in relation to your Perpetual WealthFocus Super Plan account:

- account establishment and commencement
- periodic review of your account
- strategic superannuation advice
- management and administration of your account
- superannuation investment portfolio advice
- superannuation contribution strategy
- insurance in superannuation strategy
- superannuation withdrawal advice and management

We can refuse a request to pay adviser service fees under a fixed term fee arrangement or a one-off fee.

13. Financial adviser use only

Financial adviser details, personal advice and adviser service fee

I declare to the Trustee and the Promoter that:

- my registered business or dealer group (as the case may be) is lawfully authorised to advise on, and deal in, the financial product offered in the PDS under an Australian Financial Services Licence (AFSL). In providing personal advice in relation to the financial product(s) requested under this Application Form, I have considered the Target Market Determination for the financial product(s) as part of providing the personal advice.
- I will advise the Trustee/Promoter in writing when my relationship with my client is terminated.

Where a fixed term adviser service fee has been agreed with the member (see the 'Fixed term adviser service fee' section of this application form):

- I will promptly notify the Trustee in writing if I am no longer entitled to receive the adviser service fee.
- I consent to the Trustee acting as my agent to collect any adviser service fee agreed in the 'Fixed term adviser service fee' section of this application form.
- I confirm that the services to be provided to the account holder for the fixed term fee arrangement or one-off fee arrangement fall within the range of services listed, for which advisers are able to charge adviser service fees.

[illegible]

14. Declaration and signature (must be completed)

I declare and agree that:

- I have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for Perpetual WealthFocus Super Plan and confirm I accept this offer in Australia
- all of the information provided in my application is true and correct
- I have read, understood and agree to be bound by, any additional restrictions in the PDS and any incorporated material and I agree to be bound by the provisions of the Trust Deed (as amended from time to time)
- I have read and understood the privacy disclosure as detailed in the Features Book. I consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I consent to the Trustee disclosing this information to my financial adviser (named in this form) in relation to the investments described in this form. Where the financial adviser named in this form no longer acts on my behalf, I will notify the Trustee of the change
- if I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by or attached to this application form
- if applicable, in the case of contributions, that I have read and understood the contribution eligibility rules in the Features Book and that I am eligible to make or have contributions made for my benefit and will notify the Trustee if I am no longer eligible
- if I am claiming a personal tax deduction in relation to my contributions, I have:
 - not yet lodged my income tax return for the current year of income
 - not yet commenced a superannuation income stream based in whole, or part, on the contribution.
- where I have agreed to pay my financial adviser an adviser service fee, this fee is for financial advice received relating to my investment in the Super Plan
- I have provided my financial adviser with acceptable identification documentation as described in the following section OR I am not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation as described in the following section.

I acknowledge and agree that:

- The fixed term adviser service fee specified in the 'Fixed term adviser service fee' section of this form will be deducted for a maximum of 12 months from when the fixed term adviser service fees commences. Consent may be withdrawn (terminating the fixed term adviser service fees arrangement) or varied at any time during the fixed term adviser service fees arrangement by notice in writing to my financial adviser or the Trustee
- The fixed term adviser service fees arrangement may continue where the Trustee is advised by the outgoing AFS licensee or financial adviser that the services under the fixed term adviser service fee arrangement are to be provided by a new AFS licensee or financial adviser and that I have consented to that transfer
- the information contained in the PDS is not investment advice or a recommendation that the Super Plan and/or any investment option is suitable having regard to my investment objectives, financial situation or particular needs
- the Trustee is required to provide information, including my TFN, to the Australian Taxation Office (ATO) and will obtain information from the ATO in relation to my superannuation account
- the Trustee may be required to pass on my personal information or information about my investment to the relevant regulatory authorities, including for compliance with income tax law and the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries
- the Trustee may contact me where required by using the email address provided on the application form. I will notify the Trustee of any change to my email address. I understand that failure to advise such a change may result in me not receiving correspondence relating to my investment
- neither the Trustee, PIML, nor any of their related entities guarantees the repayment of capital or the performance of the Super Plan or any investment option.

Insurance cover

The following declaration is applicable if you are applying for insurance cover.

- The Trustee is the issuer of the insurance benefits provided to members of WealthFocus Superannuation Plan ABN 84 008 416 831. To help meet its obligations in connection for these insurance benefits, the Trustee holds life insurance policies issued by AIA Australia Limited (the insurer) ABN 79 004 837 861 AFSL 230043.
- **Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief and where applicable:
 - all of the answers to questions on this application form are true and accurate and I have not deliberately withheld any information material to the proposed insurance
 - if I am transferring my existing insurance cover from another provider and this information is being provided directly to the insurer, this information is true and accurate at the time of transfer and I have not deliberately withheld any information material to the insurance cover that is being transferred and
 - all information I have provided to the insurer directly is true and accurate and I have not deliberately withheld any information material to the proposed insurance cover.

- **Changes to Contract** – I understand that I must advise the Trustee and insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the insurer.
- **Acceptance of the application** – I note that this application is subject to acceptance by the insurer and that the insurance cover does not commence until I have been advised by the trustee about acceptance of my application.
- **Duty to take reasonable care** – I acknowledge that I have read and understood 'The Duty to take reasonable care' in accordance with the Insurance Contracts Act 1984 as detailed in the PDS.
- **Consent to provide personal health information to my adviser** – I consent to allow the Trustee to provide my financial adviser with any personal health information to assist the trustee and insurer in assessing my application for insurance.

☐ I do not authorise my financial adviser to be provided with any personal health information submitted in relation to my application for insurance.

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

signature of member

print name

date

 / /

Perpetual Geared Australian Share investment option

(You must read and tick the boxes below if you have chosen to invest in the Perpetual Geared Australian Share investment option)

☐ I have thoroughly read the 'Understanding investment risk' section of the Features Book, 'Gearing risk' section of the Features Book and 'Investment limits' section of the Features Book. I understand the greater risks associated with my selection of the Perpetual Geared Australian Share investment option and that it has a suggested investment timeframe of seven years or more.

☐ I acknowledge and accept that, if the value of my investment in the Perpetual Geared Australian Share investment option has risen above or fallen below my nominated percentage allocation (or the default percentage allocation if I do not make a nomination) at my nominated review date (or the default frequency if I do not make a nomination) it will be automatically rebalanced to my nominated percentage allocation (or default percentage allocation) across my investments. I acknowledge that the buy/sell spread will apply to this rebalancing transaction.

Important notes:

- If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to us, if not previously provided.
- The Trustee has the absolute discretion to accept or reject any application.
- Members should retain a copy of the PDS and relevant incorporated material.
- A business day is a working day in Sydney.

Final checklist

Have you

- ☐ Completed all sections of your application form?
- ☐ Signed your application form?
- ☐ Provided your financial adviser with your customer identification documents requested in this application form?
- ☐ OR if you don't have a financial adviser have you enclosed your certified customer identification documents?

Please send your completed application form to:

Perpetual WealthFocus Super and Pension
Reply Paid 92151
Parramatta NSW 2124

15. Identification verification (must be completed)

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your application without this information.**

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are applying directly with us** - You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** - You may provide a certified copy with your application OR have your financial adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents

Provide ONE of the following:

- ☐ current Australian State/Territory driver's licence containing your photograph
- ☐ Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- ☐ current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- ☐ current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I

Provide ONE of the following:

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ concession card such as a pension, health care or seniors health card issued by Services Australia (excludes Medicare cards)

AND provide ONE valid document from the following:

- ☐ a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- ☐ a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- ☐ a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided

- ☐ foreign driver's licence that contains a photograph of you and your date of birth
- ☐ national ID card issued by a foreign government containing your photograph and your signature

Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018 (Cth).

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents **OR**
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1		Document 2	
verified from	☐ original	☐ certified copy	☐ original	☐ certified copy
document name/type				
document issuer				
issue date				
expiry date				
document number				
accredited English translation	☐ N/A	☐ sighted	☐ N/A	☐ sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- I will not knowingly do anything to put the Trustee or the Promoter in breach of the AML/CTF Laws
- I will notify the Trustee or the Promoter immediately if I become aware of anything that would put the Trustee or the Promoter in breach of the AML/CTF Laws
- the information provided in relation to residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee name		AFSL number	
representative/employee name		phone number	
signature		date verification completed	

This page is intentionally blank



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 17 dated 12 May 2025

Supplementary Product Disclosure Statement dated 8 October 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Nomination of beneficiary

Use this form to make a nomination of beneficiary for your superannuation benefits to be paid upon your death. This is an optional feature.

Please complete all pages of this form in black ink using BLOCK letters. Mark boxes with an (X) where applicable.

1. Personal details

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other first name(s) last name member number	If you have more than one account held in Perpetual WealthFocus Super Plan and Pension Plan, please list the member numbers that this nomination applies to below. ☐ This nomination is to apply to all my existing Perpetual WealthFocus Super Plan and Pension Plan accounts, or ☐ This nomination applies to the member numbers listed below: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																														

2. Nomination

We offer the following options for nominating a beneficiary to receive your superannuation benefit in the event of your death:

- A valid **binding nomination** is a legal instruction, whereby the Trustee is legally obligated to pay your superannuation benefits according to the binding nomination.
 - A **non-lapsing binding nomination** does not expire (it will continue until further instructed).
 - A **lapsing binding nomination** is valid for three years after it was signed by the member. A new form must be signed and delivered to the Trustee if you wish to continue your nomination. If no valid nomination is made the Trustee will pay your benefit to a dependant(s) or your Legal Personal Representative. Your binding lapsing nomination will also cease to have effect if you subsequently marry, remarry or divorce.

To be effective, you must sign your binding nomination before two witnesses who are each at least 18 years old, and who are not nominated as a beneficiary.

- A **non-binding nomination** is simply your recommendation to the Trustee as to whom it may pay your superannuation benefit. It is not binding on the Trustee, and the Trustee will use discretion when determining who to pay benefits to. This type of nomination does not require witness signatures.

Nomination type: ☐ non-lapsing binding ☐ lapsing binding ☐ non-binding
(only choose one)

IMPORTANT – before you complete the following table:

- If this **nomination requires witnessing**, please post this form as we need an **original form** – please do **not** send via email.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D in the table (Share of death benefit)** must total 100%.
- You can nominate your legal personal representative or one or more of your dependants as defined under Superannuation Law.

If you have insufficient room to list all beneficiaries, please complete an additional 'Nomination of beneficiary form' and attach to this form.

A) Nominated beneficiary (full name)	B) Relationship to you	C) Date of birth	D) Share of death benefit
Legal Personal Representative (Your Estate)	N/A	N/A	%
first name(s) last name 	☐ spouse ☐ child ☐ interdependent ☐ financial dependant	/ / 	%
first name(s) last name 	☐ spouse ☐ child ☐ interdependent ☐ financial dependant	/ / 	%
first name(s) last name 	☐ spouse ☐ child ☐ interdependent ☐ financial dependant	/ / 	%
		TOTAL	100%

3. Declaration

By making the nomination in this form, I understand that I must send this form to the Trustee.

- I understand that when this form is accepted by the Trustee, it will replace and revoke any existing nominations. I understand that I can revoke, amend, or make a new beneficiary nomination by completing another form.
- Where I have made **binding nominations**, I direct the Trustee to distribute the benefit payable to me in the event of my death in accordance with this form. I understand this nomination will be binding on the Trustee only if validly completed. I agree that the Binding Benefit Nomination Rules in the trust deed apply to my nomination.
- Where I have made **non-binding nominations**, I recommend the Trustee exercise discretion to distribute the benefit payable to me in the event of my death by considering the beneficiaries named in this form. I understand this nomination is not binding on the Trustee.

Signature of member (in black ink)

Note: This form cannot be signed under Power of Attorney

 full name	declaration date / /
-----------------------------------	---

Witness declaration (required for all binding nominations and where an existing binding nomination is being revoked or replaced with a non-binding nomination)

Witness 1

I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.

full name

date*

***In order to make a valid nomination, the witness date and declaration date MUST be the same.**

Witness 2

I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.

full name

date*

***In order to make a valid nomination, the witness date and declaration date MUST be the same.**

IMPORTANT – For nominations that require witnessing:

- We require an **original** form – only post this form, please do not send via email.
- This form must be signed by the member and both witnesses **at the same time**.

Checklist

Please note this form cannot be accepted if alterations are made. In the event of an error please complete a new 'Nomination of beneficiary form'.

To ensure that your nomination is processed correctly, please check you have:

- ☐ completed all of your personal details and your beneficiaries' details
- ☐ in section 2, column D (Share of death benefit) written amounts that total to 100%
- ☐ signed and dated the declaration
- ☐ your two witnesses' completed details and signatures (where required – see above)

Nominations requiring witnessing must be mailed to:
Perpetual WealthFocus Super and Pension
Reply Paid 92151
Parramatta NSW 2124

Nominations not requiring witnessing can also be emailed to:
superandpension@perpetual.com.au

Beneficiary nominations

To receive the death payment, your nomination must be one of the following categories at the date of your death:

- your spouse (legal, same sex or opposite sex de facto)
- your child (including an adopted, step or ex-nuptial child or a child of your spouse)
- in an interdependency relationship with you. An interdependency relationship exists between two people if they have a close personal relationship, live together and one or each of them provides the other with financial support, domestic support and personal care. If a close personal relationship exists but the other requirements for interdependency aren't satisfied because of a physical, intellectual or psychiatric disability, then there is also an interdependency relationship
- a person who is wholly or partially financially dependent on you
- your Legal Personal Representative (LPR). Your LPR is a person who is the executor of your will or an administrator of your estate.

Your Privacy

Privacy laws apply to our handling of personal information.

We will collect, use and disclose your personal information in accordance with our privacy policy. You have a right to seek access

to information which we hold about you, although there are some exceptions to this.

The applicable privacy policies are publicly available at <https://www.eqt.com.au/global/privacystatement> and www.perpetual.com.au/wealthfocus-super-updates or you can obtain a copy free of charge by contacting us.

Choice of super fund

You can generally ask your employer to pay your super contributions to the super fund of your choice.

By completing this form you'll be asking your employer to pay your super contributions to your Perpetual WealthFocus Super Plan account. This form should be accompanied by the 'Complying fund statement' from the Trustee confirming Perpetual WealthFocus Superannuation Fund is a complying superannuation fund and that it accepts employer contributions. This form also provides information about how your employer can make contributions to the Super Plan on your behalf.

Instructions for completing this form: 1. If you are not already a WealthFocus Super Plan member you will need to apply first.
2. Complete and sign this form.
3. Submit this form to your employer together with the 'Complying fund statement'.

1. Details of my chosen super fund

I request that all future super contributions be paid as follows:

fund name	Perpetual WealthFocus Superannuation Fund	address	Reply Paid 92151 Parramatta NSW 2124
member number			
fund Australian Business Number (ABN)	41 772 007 500	Unique Superannuation Identifier (USI)	PER0068AU

2. I request that all future employer contributions are made to the fund specified above

employer name(s)																										
employee name																										
TFN										date of birth																
signature of employee																										

Employers can make SuperStream compliant super contributions for employees using the fund details provided above.

3. This section is for your employer to read and to complete

Don't send a copy of this form to us or to the ATO. You must keep a copy for your own records for a period of five years.

Provided all fields are completed and this form is signed by your employee, any super contributions you make in the two months after receiving this form can be made either to your nominated super fund (your default fund) or to the employee's new chosen super fund. Super contributions after the two months must be made to the employee's new chosen super fund.

date form received / / date you act on your employee's choice / /

4. How to make super payments

All employers need to be aware of their obligations to make superannuation payments as prescribed by the SuperStream standard. Information about SuperStream is available at www.ato.gov.au/Super/SuperStream. Employers can make SuperStream compliant super contributions for employees using the fund details provided above.

Contact us on 1800 011 022 if you need assistance understanding your employer super obligations or making payments for your employees.



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 17 dated 12 May 2025

Supplementary Product Disclosure Statement dated 8 October 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Complying fund statement

Level 14, Angel Place
123 Pitt Street
Sydney NSW 2001
Australia

www.perpetual.com.au

Member Services

Phone 1800 011 022

To Whom It May Concern,

Perpetual WealthFocus Superannuation Fund

Australian Business Number (ABN): 41 772 007 500

RSE Registration No. R1057010

Unique Superannuation Identifier (USI): PER0068AU (Perpetual WealthFocus Super Plan)

Complying fund statement

Perpetual WealthFocus Superannuation Fund (the Fund) is a complying superannuation fund and a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993. The Trustee of the Fund has not received a written notice directing the Trustee not to accept any contributions made to the Fund by an employer-sponsor.

Contribution acceptance section

The Fund accepts all contribution types into the Super Plan, including superannuation guarantee contributions from any employer on your behalf.

Yours faithfully

As Trustee for Perpetual WealthFocus Superannuation Fund

Equity Trustees Superannuation Limited

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee of the Perpetual WealthFocus Superannuation Fund ('the Fund') (ABN 41 772 007 500; RSE Registration R1057010).



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 17 dated 12 May 2025

Supplementary Product Disclosure Statement dated 8 October 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Transfer authority

1. Applicant details

You must complete a separate transfer authority for each fund you are transferring from.

title	Mr	☐	Mrs	☐	Miss	☐	Ms	☐	other		date of birth		/		/						
first name(s)																					
last name																					
tax file number (TFN) ¹																					
1 You are not obliged by law to disclose your TFN, but there may be tax consequences if you do not provide it.																					
gender	male	☐	female	☐																	
phone (business hours)										phone (after hours)											
phone (mobile)																					
residential address																					
suburb (if relevant) or city															state				postcode		
country																					
If the address held by your 'FROM' fund is different to your current address, please give details below.																					
previous address																					
suburb (if relevant) or city															state				postcode		
country																					

2. Fund details

FROM (old fund)	TO (new fund)
fund name	fund name
	Perpetual WealthFocus
	Superannuation Fund
fund postal address	fund phone number
	1 8 0 0 0 1 1 0 2 2
	client number (if known)
fund phone number	account number (if known)
membership or account number	Australian business number (ABN)
	4 1 7 7 2 0 0 7 5 0 0
Australian business number (ABN)	Unique superannuation identifier
	P E R 0 0 6 8 A U
Unique superannuation identifier	

Transfer amount

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of the total value or partial value

of my benefit in the above superannuation fund or policy to:

Equity Trustees Superannuation Limited , Perpetual WealthFocus Super Plan, Reply Paid 92151, Parramatta NSW 2124

3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- consent to my TFN being disclosed for the purposes of consolidating my superannuation benefits
- discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my 'TO' fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

first name(s)	
last name	
signature	
date	/ /



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 17 dated 12 May 2025

Supplementary Product Disclosure Statement dated 8 October 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Compliance letter

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual WealthFocus Super Plan is part of a complying fund.

To Whom It May Concern,

Level 14, Angel Place
123 Pitt Street
Sydney NSW 2001
Australia

www.perpetual.com.au

Perpetual WealthFocus Superannuation Fund

Australian Business Number (ABN): 41 772 007 500

RSE Registration No. R1057010

Unique Superannuation Identifier (USI): PER0068AU (Perpetual WealthFocus Super Plan)

Perpetual WealthFocus Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 26 May 1995 (as amended) (Trust Deed). The Trustee of the Fund is Equity Trustees Superannuation Limited.

The Trust Deed of the Fund complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 and Regulations.

Yours faithfully

As Trustee for Perpetual WealthFocus Superannuation Fund
Equity Trustees Superannuation Limited

Client Services

Phone 1800 011 022

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee of the Perpetual WealthFocus Superannuation Fund ('the Fund') (ABN 41 772 007 500; RSE Registration R1057010).