



WHOLESALE SUPER PLAN APPLICATION

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

Please ensure this form is fully complete and all required documentation is provided to either your financial adviser or us, so we can process your application.

1. Investment details

Are you an existing Perpetual investor?

no

yes client number

If yes, would you like to open a new account or make an additional investment into an existing account?

new account

additional investment existing account number please go to section 2

2. Investor details

Existing investors need only to complete this section to change any details provided previously.

title Mr Mrs Miss Ms other

first name(s)

last name

occupation

date of birth / / gender male female

Tax file number

If you do not supply us with your tax file number (TFN) we will be required to impose an additional tax of 30% (plus Medicare levy) on all concessional contributions that you make or are being made on your behalf. We are also unable to accept any after-tax contributions from you. For more information regarding the provision of TFNs please see the 'Tax' section in the Features Book. An exemption is not considered to be a TFN.

Are you an Australian resident for tax purposes?

yes

no please specify country of residence.

2. Investor details (continued)

Residential address (mandatory)

unit number	street number
<input type="text"/>	<input type="text"/>
street name	
<input type="text"/>	
suburb	
<input type="text"/>	
state	postcode
<input type="text"/>	<input type="text"/>
country	
<input type="text"/>	
phone (business hours)	phone (after hours)
<input type="text"/>	<input type="text"/>
mobile	fax
<input type="text"/>	<input type="text"/>
email address	
<input type="text"/>	

An email address is a requirement of WealthFocus Wholesale.

Provide your email address and we will provide you with email notification of new account correspondence as it becomes available for viewing online.

Postal address (optional)

c/- (if applicable)		
<input type="text"/>		
po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
suburb		
<input type="text"/>		
state	postcode	country
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Authorised representative

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

no please go to section 4

yes please complete the details below.

Online Account Access for my authorised representative view and transact (default) or view only or no access

Authorised representative details:

first name(s)

last name

Postal address

c/- (if applicable)

po box unit number street number

street name

suburb

state postcode country

signature of authorised representative date / /

4. Payment details – initial contribution

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

direct debit we will debit your bank account nominated in section 7 as bank account 1. I acknowledge and accept the terms and conditions of direct debit as explained in the Direct Debit Request Service Agreement which is available by following the links to downloading the PDS from www.perpetual.com.au/wealthfocus-wholesale-super-updates.aspx

cheque make cheque payable to PIML – PWS – [insert name of applicant]

rollover make sure you complete and send the ‘Transfer authority’ form on page 57 to your current superannuation provider

Source of funds being invested (Tick most relevant option)

retirement savings employment income business activities sale of assets

inheritance/gift financial investments other

8. Features

A condition of receiving the management fee rebate is that you receive your reporting online. You can request a paper copy of your statements and an annual report free of charge on an ad hoc basis. You can also request paper based reporting on a permanent basis, but you will no longer fulfil the eligibility criteria to receive the management fee rebate.

Indicate which optional features you would like applied to your account	Frequency (if applicable)	
<p>Dollar cost averaging plan If no frequency is selected, monthly will be assumed</p> <p>► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account.</p>	<p>yes <input type="checkbox"/></p> <p>\$ <input type="text"/> per frequency</p>	<p>fortnightly <input type="checkbox"/></p> <p>monthly (default) <input type="checkbox"/></p> <p>quarterly <input type="checkbox"/></p>
<p>Auto-rebalancing If no frequency is selected, quarterly will be assumed</p> <p>► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account.</p> <p>► If you are investing in Perpetual Geared Australian investment option you must tick 'Yes' to the auto-rebalancing feature and complete the 'investment strategy' column in section 9.</p>	<p>yes <input type="checkbox"/></p>	<p>quarterly (default) <input type="checkbox"/></p> <p>half-yearly <input type="checkbox"/></p> <p>yearly <input type="checkbox"/></p>
<p>BPAY (additional contributions)</p>	<p>yes (default) <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>n/a</p>
<p>Investor Online Account Access Note: an email address is required to register you for online account access</p>	<p>view & transact (default) <input type="checkbox"/></p> <p>view only <input type="checkbox"/></p>	<p>n/a</p>
<p>Financial adviser Online Account Access Note: your financial adviser can access information about your account online</p>	<p>view & transact (default) <input type="checkbox"/></p> <p>view only <input type="checkbox"/></p>	<p>n/a</p>
<p>Marketing material I would like to receive investment education material and be informed about Perpetual's products, services and offers</p>	<p>yes (default) <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>n/a</p>
<p>Nomination of beneficiary If you would like to nominate a beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form on page 53</p>	<p>yes <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>n/a</p>

- For each optional feature you have selected, please ensure you have read and understood the 'Operating your account' section in the PDS for that optional feature.
- If you have nominated an optional feature above, please ensure you complete all details in the relevant columns of the table in section 9.

9. Investment allocation

Investment options	short code	initial investment	savings plan (min \$100 per option)	dollar cost averaging plan OR investment strategy (additional applications & auto-rebalancing)
		\$ or %	\$	(remember to identify which feature you want in section 8) %
Cash				
Perpetual Cash	PSCA			
Fixed income				
Bentham Global Income	PISCSG			
BlackRock Monthly Income	PISMER			
Macquarie Income Opportunities	PISUBY			
OnePath Diversified Fixed Interest	PISNGI			
Perpetual Diversified Income	PISDIN			
Perpetual Dynamic Fixed Income	PISARF			
Schroder Fixed Income	PISDAB			
Vanguard Australian Fixed Interest Index	PISVGY			
Property				
AMP Capital Global Property Securities	PISAMG			
BT Property Securities	PISHSP			
Ironbark Global Property Securities	PISRGP			
Vanguard Australian Property Securities Index	PISVGP			
Infrastructure				
Goldman Sachs Australian Infrastructure	PISJBW			
Lazard Global Listed Infrastructure	PISLGL			
Australian shares				
Arnhem Australian Equity	PISAAA			
Ausbil Australian Active Equity	PISUBA			
Ausbil Australian Emerging Leaders	PISELF			
BlackRock Scientific Australian Equity	PISBGA			
BT Australian Share	PISBTA			
Colonial First State Equity Income	PISASA			
Fidelity Australian Equities	PISFID			
hbotson Australian Shares Active	PISITA			
Investors Mutual Australian Share	PISIMA			
Investors Mutual Future Leaders	PISIMS			
Maple Brown Abbott Australian Share	PISADA			
Perennial Value Shares	PISVSF			
Perpetual Australian Share	PSAS			

9. Investment allocation (continued)

Investment options	short code	initial investment	savings plan (min \$100 per option)	dollar cost averaging plan OR investment strategy (additional applications & auto-rebalancing)
		\$ or %	\$	(remember to identify which feature you want in section 8) %
Perpetual Concentrated Equity	PISCEF			
Perpetual Ethical SRI	PISSRF			
Perpetual Geared Australian	PISGAF	(max 50%)	(max 50%)	(max 50%)
Perpetual Industrial Share	PSIS			
Perpetual SHARE-PLUS Long-Short	PISSPF			
Perpetual Smaller Companies	PSSC			
Schroder Australian Equity	PISSCH			
Solaris Core Australian Equity	PISCFA			
Vanguard Australian Shares Index	PISVGA			
International shares				
Aberdeen Actively Hedged International Equities	PISCSI			
AMP Capital Global Equity Value	PISAXI			
BlackRock Global Small Cap	PISJBO			
BT International Share	PISJBI			
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged)	PISBGI			
Magellan Global	PISAAI			
MFS Global Equity	PISMFG			
Perpetual Global Share	PSIT			
Platinum Asia	PISPAF			
Platinum International	PISPLI			
T. Rowe Price Global Equity	PISTRP			
Vanguard International Shares Index (Hedged)	PISVGI			
Walter Scott Global Equity (Hedged)	PISWSG			
Zurich Investments Global Thematic Share	PISZUG			
Diversified – conservative				
BlackRock Scientific Diversified Stable	PISBGC			
Ibbotson Conservative Growth	PISITC			
Perpetual Conservative Growth	PSCG			
UBS Defensive Investment	PISUBC			

9. Investment allocation (continued)

Investment options	short code	initial investment	savings plan (min \$100 per option)	dollar cost averaging plan OR investment strategy (additional applications & auto-rebalancing)
		\$ or %	\$	(remember to identify which feature you want in section 8) %
Diversified – balanced				
Ibbotson Balanced Growth	PSBLB			
Perpetual Diversified Growth	PSDG			
Perpetual Diversified Real Return	PISDRR			
Diversified – growth				
BlackRock Balanced	PISUBB			
BlackRock Scientific Diversified Growth	PISBGG			
Ibbotson Growth				
OnePath Tax Effective Income	PISINY			
Perpetual Balanced Growth	PSBG			
Perpetual Split Growth	PSSG			
Schroder Balanced	PISSCG			
Alternatives				
Aspect Diversified Futures	PISADF			
Total				100%

10. Insurance cover

Would you like insurance cover?

no please go to section 11

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
- death and TPD cover up to \$1 million, or
- TPD only cover up to \$1 million, or
- indemnity salary continuance cover up to \$8,000 per month

If you do not satisfy the above conditions you will need to complete the separate 'Insurance application' form in the Insurance Book. For transfers of existing insurance cover, refer to the Insurance transfer form.

Is this a new application for insurance or an application to increase insurance cover?

new increase (complete the boxes below with total amount of cover, not the amount of the increase)

Type of insurance

Type	Cover
<input type="checkbox"/> death only	amount \$ <input type="text"/> (min. \$50,000)
or	
<input type="checkbox"/> TPD only	TPD amount \$ <input type="text"/> (min. \$50,000)
or	
<input type="checkbox"/> death and TPD	death amount \$ <input type="text"/> (min. \$50,000)
	TPD amount \$ <input type="text"/> (min. \$50,000)
	buyback option yes <input type="checkbox"/> no (default) <input type="checkbox"/>
and/or	
<input type="checkbox"/> salary continuance	amount \$ <input type="text"/> per month (min. \$500 per month) (This 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? If this is left blank nil will be assumed.	<input type="text"/> % (This is optional and is a maximum of 10% of your monthly income.)

Please apply indexing to my sum insured:

yes (default) no

Salary continuance only (indemnity)

benefit period	<input type="checkbox"/> 2 years (to age 65 if earlier)	<input type="checkbox"/> 5 years (to age 65 if earlier)	<input type="checkbox"/> to age 65
waiting period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days

Please pay my insurance premium:

proportionally according to my account balance

from my investment option

from my investment option with the highest balance*

* If no selection is made or if the balance in your nominated investment option is insufficient, we will deduct premiums from the investment option with the highest balance.

10. Insurance cover (continued)

Personal questionnaire:

1. Do you permanently reside in Australia?	no	yes		
2. annual salary \$	number of hours worked per week	height (cm)		
occupation		weight (kg)		
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. Have you ever engaged or are you ever likely to engage in any aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (eg motor car racing, professional football, scuba diving over 30m depth)?	no	yes		
6. Have you ever suffered 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;				
• mental or nervous disorder including stress, anxiety, depression or neurological condition;				
• cancer or a tumour of any type;				
• back/joint disorder, arthritis, loss of limb or paralysis;				
• loss of sight of any eye(s) or blindness;				
• kidney, bladder, bowel or stomach disorder and or disease;				
• diabetes or liver disease (including hepatitis)?	no	yes		
7. (a) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?	no	yes		
(b) In the past 5 years have you:				
(i) engaged in male to male sexual activity without a condom (except in a relationship between you and only one other person where neither of you has had sex without a condom with anyone else in the past 5 years) or				
(ii) had sex without a condom:				
– with someone you know or suspect to be HIV positive or				
– with someone who injects non prescribed drugs or				
– with a sex worker or as a sex worker?	no	yes		
8. 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		
(This question does not apply to you if you are applying for death only cover).				
9. Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)?	no	yes		
If yes, please provide the policy details in the schedule below:				
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 separate 'Insurance application' form in the Insurance Book available at our website or by contacting us.

11. Member advice fee

Complete this section if you have agreed with your financial adviser to have an ongoing and/or one-off member advice fee deducted. In collecting this fee, Perpetual acts as an agent for your financial adviser.

ongoing fee (including GST less any RITC available to the Fund)

% per annum or \$ per month

The ongoing member advice fee is to be paid:

as a deduction pro rata across my investment portfolio (default) **or**
from my investment option.

one-off fee (including GST less any RITC available to the Fund)

\$

The one-off member advice fee is to be paid:

as a deduction pro rata across my investment portfolio (default) **or**
from my investment option.

For a financial adviser to receive a net (after GST) fee of a specified amount, multiply this amount by 1.025 to determine the amount that should be entered on the application form. For example, for a financial adviser to receive a net fee of \$1,000, the amount entered on the application form should be \$1,025.

We can refuse a request to pay a member advice fee.

I declare that the payment of this fee is for financial advice received relating to my investment in the Wholesale Super Plan.

signature of
member

Please ensure you also sign section 13 of this application form.

13. Declaration and signature (continued)

I acknowledge that:

- neither the Trustee nor any other company in the Perpetual Group guarantees the repayment of capital or the performance of the Wholesale Super Plan or any investment option
- a condition of receiving the management fee rebate is that Online Account Access is available to me and Perpetual will not mail information which can be obtained online. From time to time Perpetual may still need to send me mail
- Perpetual may contact me where required by using the email address provided on the application form. I will notify Perpetual 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.

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

- **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 AIA Australia, 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 AIA Australia 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 Insurer and the trustee 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 AIA Australia or the Wholesale Super Plan about acceptance of my application.
- **Duty of Disclosure** – I acknowledge that I have read and understood the Duty of Disclosure notice in accordance with the Insurance Contracts Act 1984 as detailed in the Features Book.
Warning: You have a duty to disclose all information relevant to the Insurer’s decision to accept your application.
- **Consent to provide personal health information to my financial adviser** – I consent to allow Perpetual 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.

Perpetual Geared Australian investment option

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

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

signature of member	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
print name	<input type="text"/>									

Please ensure you also sign section 11 of this application form if you are paying a member advice fee to your financial adviser.

Important notes: <ul style="list-style-type: none">• 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 Perpetual, if not previously provided.• Perpetual has the absolute discretion to accept or reject any application.• Investors should retain a copy of the PDS during the life of this PDS.• A business day is a working day for Perpetual in Sydney.	Final checklist <p>Have you:</p> <ul style="list-style-type: none"><input type="checkbox"/> Completed all sections of your application form?<input type="checkbox"/> Signed your application form?<input type="checkbox"/> Provided your financial adviser certified copies of your identification material?<input type="checkbox"/> OR if you don't have a financial adviser have you enclosed certified copies of your identification material? <p>Please send your completed application form to:</p> <p>Reply Paid 4171 Perpetual WealthFocus Wholesale Super Plan GPO Box 4171 Sydney NSW 2001</p>
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14. 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 Perpetual** - 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:
<input type="checkbox"/> current Australian State/Territory driver's licence containing your photograph
<input type="checkbox"/> Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/> current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
<input type="checkbox"/> 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:
<input type="checkbox"/> Australian birth certificate
<input type="checkbox"/> Australian citizenship certificate
<input type="checkbox"/> concession card such as a pension, health care or seniors health card issued by the Department of Human Services (excludes Medicare cards)
AND PROVIDE ONE VALID DOCUMENT FROM THE FOLLOWING:
<input type="checkbox"/> 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
<input type="checkbox"/> 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.
<input type="checkbox"/> 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
<input type="checkbox"/> foreign driver's licence that contains a photograph of you and your date of birth
<input type="checkbox"/> 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.

14. Identification verification (continued)

How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person in one of the occupations listed below, including all persons described in the Statutory Declarations Regulations 1993.

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]'

- A bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax Accountants' Association
- A judge of a court, Justice of the Peace or magistrate
- A legal practitioner
- A medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- A police officer
- A teacher employed on a full-time basis at a school or tertiary education institution
- An accountant who is a member of the Institute of Chartered Accountants in Australia, CPA Australia, the National Institute of Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An Australian Financial Services Licence holder or their authorised representative (includes any licensed financial adviser) with a minimum of 2 years continuous service

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	<input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> original <input type="checkbox"/> certified copy
document name/type		
document issuer		
issue date		
expiry date		
document number		
accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> 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
- the information provided in relation to the 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	

NOMINATION OF BENEFICIARY

1. Member details

client number		account number	
first name(s)			
last name			
phone (after hours)		phone (business hours)	

2. Beneficiary details

Please read the 'Important notice for beneficiary nominations' on the following page before you complete this section.

If you want all or part of the benefit to be paid to your estate (and distributed in accordance with your Will) you should write 'LPR' in the field titled 'relationship to member' (LPR is an abbreviation for Legal Personal Representative).

Beneficiary 1

first name(s)			
last name			
date of birth	/	/	relationship to member

Beneficiary 2

first name(s)			
last name			
date of birth	/	/	relationship to member

Beneficiary 3

first name(s)			
last name			
date of birth	/	/	relationship to member

Nomination type (only choose one)	<input type="checkbox"/> Binding or	Beneficiary 1	<input type="text"/>	%
	<input type="checkbox"/> Non-binding	Beneficiary 2	<input type="text"/>	%
		Beneficiary 3	<input type="text"/>	%
		Total		100%

If you elect to make a binding nomination, you must complete section 4 on the following page for your nomination to be effective.

3. Declaration by member (must be completed)

I direct the Trustee to distribute the benefit payable in respect of me in the event of my death in accordance with this form.

member signature	date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
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4. Declaration by witnesses (Binding nomination only)

I declare that I am over the age of 18 and this binding nomination was signed by the member in my presence. Please ensure that the date each of the witnesses signs this form is the same as the date the member signs, otherwise this nomination will not be valid.

Witness 1

first name(s)	<input style="width: 100%;" type="text"/>																
last name	<input style="width: 100%;" type="text"/>																
postal address	<input style="width: 100%;" type="text"/>																
suburb	<input style="width: 100%;" type="text"/>					state	<input style="width: 100%;" type="text"/>					postcode	<input style="width: 100%;" type="text"/>				
signature	<input style="width: 100%;" type="text"/>										date	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>					

Witness 2

first name(s)	<input style="width: 100%;" type="text"/>																
last name	<input style="width: 100%;" type="text"/>																
postal address	<input style="width: 100%;" type="text"/>																
suburb	<input style="width: 100%;" type="text"/>					state	<input style="width: 100%;" type="text"/>					postcode	<input style="width: 100%;" type="text"/>				
signature	<input style="width: 100%;" type="text"/>										date	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>					

Important notice for beneficiary nominations

For the Wholesale Super Plan you are only able to make either a binding or non-binding nomination.

For the purpose of paying a death benefit, a dependant is:

- a person who is financially dependent upon you at the date of death
- a child, adopted child, step-child, ex-nuptial child or
- a spouse (including a de facto spouse), or
- a person with whom you have a close personal relationship and share a residence with and one or each of you provides the other with financial support, domestic support and personal care or
- a person with whom you have a close personal relationship, but the other requirements detailed above aren't satisfied because either or both of you suffer from a physical, intellectual or psychiatric disability.

Binding nomination rules

- In order to be effective, a binding nomination must be signed by two witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.
- Only your dependants or legal personal representative are eligible to receive your death benefit. Eligibility of a nominated person is determined at the date of your death.
- A binding nomination is effective for three years after the day it was first signed, or last confirmed or amended by the member. If you wish to confirm your nomination for another three years, you may do so by providing a signed notice to that effect to the Trustee.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- If you wish to amend or revoke your binding nomination you may do so by providing a notice to that effect to the trustee witnessed in the same manner as your original nomination (by two persons over the age of 18 years who are not named in the nomination form). We will provide a form for this purpose upon request.
- If a dependant nominated to receive a benefit predeceases the member or if a person nominated is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or current legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the Trustee's discretion.
- You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the trustee provide for the following:
 - If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
 - If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.

FUND CHOICE NOMINATION

This form provides all the information your employer will need by law to pay your contributions into Perpetual WealthFocus Wholesale Super Plan (the 'Super Plan'), including a letter from the trustee of the WealthFocus Super Plan stating it is a complying superannuation fund, and that it accepts employer contributions (overleaf), and information about how your employer can make contributions to the Super Plan on your behalf (below). Some employees may not be eligible to choose their own superannuation fund. Please speak to your employer or visit www.superchoice.gov.au for more information.

Instructions for completing this form:

1. If you are a new investor in the WealthFocus Super Plan you will need to apply first;
2. Complete and sign this form; and
3. Submit this form to your Employer.

1. Chosen fund details

Fund Name Perpetual WealthFocus Superannuation Fund, known as Perpetual WealthFocus Super Plan	
client number	account name
fund Australian Business Number (ABN)	41772007500
fund contact	phone 1800 022 033

2. Chosen fund payment methods

BPAY – Your employer can use one of the following payment methods to pay superannuation contributions on your behalf:



BPAY® is a secure and convenient way to make contributions into your super. If you wish to make contributions via BPAY please contact the Perpetual Investor Service Centre on 1800 022 033 to request the generation of your personalised Reference Number. You will be notified of your individual Reference Number in writing. Please enter your Reference Number below when you receive it.

Employer contributions	Salary sacrifice contributions	Personal contributions	Spouse contribution
Biller Code: 636928 Ref No:	Biller Code: 636944 Ref No:	Biller Code: 636936 Ref No:	Biller Code: 636951 Ref No:

Cheque – Please state the contribution type for each payment and provide information that identifies the recipient account including fund name, client number and name (as shown in section 1).

Payable to	PIML – PWS, <Account name, Account number>
Address	Perpetual WealthFocus Wholesale Super Plan Perpetual Investment Management Limited GPO Box 4171, Sydney NSW 2001

Note: All contributions will be invested according to your most recent investment strategy.

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

employer name(s)	
employee name	
employee no.	(if applicable)
signature	date

If you have any questions or require further information please contact your financial adviser, Perpetual's Investor Service Centre on 1800 022 033 or Perpetual's Intermediary Service Centre on 1800 062 725.

Please submit this form to your employer. Do not send it to Perpetual.



Perpetual WealthFocus Wholesale Super Plan

Product Disclosure Statement **issue number 4 dated 17 April 2015**

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315

COMPLYING FUND STATEMENT

To Whom It May Concern,

Perpetual WealthFocus Superannuation Fund

(Perpetual WealthFocus Super Plan)

RSE Registration No. R1057010

Australian Business Number (ABN): 41 772 007 500

Superannuation Product Identification Number (SPIN): PER0068AU (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 and 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 including superannuation guarantee contributions from any employer on your behalf.

Yours faithfully

Directors, Perpetual Superannuation Limited

Perpetual Superannuation Limited

ABN 84 008 416 831

AFSL 225246

RSE L0003315

Level 12, Angel Place

123 Pitt Street

GPO Box 4171

Sydney NSW 2001

Australia

DX 365 Sydney

Fax (02) 8256 1427

www.perpetual.com.au

Investor Services

Telephone 1800 022 033

Fax (02) 8256 1427

TRANSFER AUTHORITY

1. Applicant details

You must complete a separate Transfer authority for each fund you are transferring from. Please photocopy as many forms as you need and send to each fund you are rolling your money from. We will follow up outstanding rollovers with the rollover institution on two occasions within the first 60 days of receiving your application.

title	Mr	Mrs	Miss	Ms	other		date of birth	/	/		
first name(s)											
last name											
other/previous names											
tax file number ¹											
<small>1 Under the superannuation industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences if you do not provide it.</small>											
gender	male	female									
phone (after hours)						phone (business hours)					
residential address											
suburb						state			postcode		
If the address held by your 'FROM' fund is different to your current address, please give details below.											
previous address											
suburb						state			postcode		

2. Fund details

FROM	TO
fund name	Perpetual WealthFocus Superannuation Fund
fund address	fund phone number 1 8 0 0 0 2 2 0 3 3
fund phone number	client number (if known)
membership or account number	account number (if known)
Australian business number (ABN)	Australian business number (ABN) 4 1 7 7 2 0 0 7 5 0 0
Unique superannuation identifier	Unique superannuation identifier P E R 0 0 6 8 A U
	You must check with your TO fund to ensure they can accept this transfer.

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: Perpetual Superannuation Limited, Perpetual WealthFocus Wholesale Super Plan, GPO Box 4171, Sydney NSW 2001.

Send the Rollover Benefit Statement directly to Perpetual.



COMPLIANCE LETTER

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

To Whom It May Concern,

**Perpetual WealthFocus Superannuation Fund
(Perpetual WealthFocus Wholesale Super Plan)**

RSE Registration No. R1057010

Australian Business Number (ABN): 41 772 007 500

Superannuation Product Identification Number (SPIN): PER0068AU (Super Plan)

Unique Superannuation Identifier	PER0068AU
Account Name	PIML Super Apps
BSB	082001
Account Number	647148575
Electronic Address	http://supergate.superchoice.com.au/exchange/superstream

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 Perpetual Superannuation Limited.

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

Yours faithfully

Directors, Perpetual Superannuation Limited

**Perpetual
Superannuation Limited**

ABN 84 008 416 831
AFSL 225246
RSE L0003315
Level 12, Angel Place
123 Pitt Street
GPO Box 4171
Sydney NSW 2001
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