



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. Member details

Are you an existing Perpetual investor?

no

yes client number

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 additional tax 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.

Please tick the box opposite if you DO NOT authorise us to use your TFN to search for other superannuation accounts in your name.

Residency status for tax purposes

Are you an Australian resident for tax purposes?

yes

no please specify country of residence.

1. Member 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"/>

2. Authorised representative

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

no please go to section 3

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 / /

3. Payment details – initial contribution

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

Employer contributions can only be made using SuperStream.

direct debit we will debit your bank account nominated in section 6 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 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

4. Contribution/rollover details

Please indicate below the amount of your contributions and/or rollover (please ensure that your previous superannuation provider has been instructed to rollover your funds).

Contribution limits:

Please refer to the Product Disclosure Statement for information about contribution limits, including changes applicable from 1 July 2017. 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

Minimum initial contribution is \$3,000 or \$1,500 if you are establishing a savings plan.

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 section 5.
employer contribution		These contributions can only be paid to us using SuperStream. We cannot accept a cheque.
salary sacrifice contribution		These contributions can only be paid to us using SuperStream. We cannot accept a cheque.
spouse contribution	\$	
CGT contribution	\$	You will also need to include a completed CGT cap election form (available from the ATO).
personal injury payment	\$	You will also need to include a completed contribution for personal injury form (available from the ATO).
Total	\$	

Rollovers

If you are transferring from another super fund please provide the below details. You will also need to complete the 'Transfer authority' form for each rollover being requested and send it to your previous superannuation provider.

Name of the previous institution	Policy/Account number	Approximate amount
		\$
		\$
		\$
		\$
		\$
Total		\$

Savings plan

Only complete this section if you would like to establish a savings plan to make regular contributions from a nominated bank account. You will also need to nominate a bank account in section 6, from which contributions will be deducted under the savings plan.

Contribution type	personal <input type="checkbox"/>
	spouse <input type="checkbox"/>
Amount minimum is \$100 per investment option per frequency	\$
Frequency	fortnightly <input type="checkbox"/>
	monthly (default) <input type="checkbox"/>
	quarterly <input type="checkbox"/>

7. 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 Select your investment option/s in Section 8 ► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account.</p>	yes <input type="checkbox"/> \$ <input type="text"/> per frequency	fortnightly <input type="checkbox"/> monthly (default) <input type="checkbox"/> quarterly <input type="checkbox"/>
<p>Auto-rebalancing If no frequency is selected, quarterly will be assumed ► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account. ► 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 8.</p>	yes <input type="checkbox"/>	quarterly (default) <input type="checkbox"/> half-yearly <input type="checkbox"/> yearly <input type="checkbox"/>
<p>BPAY (additional contributions)</p>	yes (default) <input type="checkbox"/> no <input type="checkbox"/>	n/a
<p>Investor Online Account Access Note: an email address is required to register you for online account access</p>	view & transact (default) <input type="checkbox"/> view only <input type="checkbox"/>	n/a
<p>Financial adviser Online Account Access Note: your financial adviser can access information about your account online</p>	view & transact (default) <input type="checkbox"/> view only <input type="checkbox"/>	n/a
<p>Marketing material I would like to receive investment education material and be informed about Perpetual's products, services and offers</p>	yes (default) <input type="checkbox"/> no <input type="checkbox"/>	n/a
<p>Nomination of beneficiary If you would like to nominate a beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form</p>	yes <input type="checkbox"/> no <input type="checkbox"/>	n/a

- 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 8.

8. 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 7) %
Cash				
Perpetual Cash	PSCA			
Fixed income				
Bentham Global Income	PISCSG			
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 & Infrastructure				
AMP Capital Global Property Securities	PISAMG			
BT Property Securities	PISHSP			
Lazard Global Listed Infrastructure	PISLGL			
Vanguard Australian Property Securities Index	PISVGP			
Australian shares				
Ausbil Australian Active Equity	PISUBA			
Ausbil Australian Emerging Leaders	PISELF			
BT Australian Share	PISBTA			
Fidelity Australian Equities	PISFID			
Investors Mutual Australian Share	PISIMA			
Investors Mutual Future Leaders	PISIMS			
Perennial Value Shares	PISVSF			
Perpetual Australian Share	PSAS			
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			

8. 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 7) %
International shares				
Aberdeen Actively Hedged International Equities	PISCSI			
AMP Capital Global Equity Value	PISAXI			
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	PISVIS			
Vanguard International Shares Index (Hedged)	PISVGI			
Walter Scott Global Equity (Hedged)	PISWSG			
Diversified – conservative				
BlackRock Scientific Diversified Stable	PISBGC			
Morningstar Conservative Real Return	PISITC			
Perpetual Conservative Growth	PSCG			
UBS Defensive Investment	PISUBC			
Diversified – balanced				
Morningstar Balanced Real Return	PSBLB			
Perpetual Diversified Growth	PSDG			
Perpetual Diversified Real Return	PISDRR			
Diversified – growth				
BlackRock Balanced	PISUBB			
BlackRock Scientific Diversified Growth	PISBGG			
Morningstar Growth Real Return	PSBLG			
Perpetual Balanced Growth	PSBG			
Perpetual Split Growth	PSSG			
Schroder Balanced	PISSCG			
Alternatives				
Aspect Diversified Futures	PISADF			
Total				100%

9. Insurance cover

Would you like insurance cover?

no please go to section 10

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 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

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.

9. Insurance cover (continued)

Personal questionnaire:

1. Do you permanently reside in Australia?		no	<input type="checkbox"/>	yes	<input type="checkbox"/>			
2.	annual salary	\$	<input type="text"/>	number of hours worked per week	<input type="text"/>			
	occupation		<input type="text"/>	height (cm)	<input type="text"/>			
	industry		<input type="text"/>	weight (kg)	<input type="text"/>			
	daily duties (including % time spent performing each duty)		<input type="text"/>					
3. Have you smoked tobacco or any other substance in the last 12 months?		no	<input type="checkbox"/>	yes	<input type="checkbox"/>			
	If yes, please state forms and quantities: <input type="text"/>							
4. Do you drink more than 20 standard drinks of alcohol per week?		no	<input type="checkbox"/>	yes	<input type="checkbox"/>			
	If yes, please provide forms and quantities: <input type="text"/>							
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, football (any code), scuba diving over 30m depth)?		no	<input type="checkbox"/>	yes	<input type="checkbox"/>			
6. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for:								
	<ul style="list-style-type: none"> • 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	<input type="checkbox"/>	yes	<input type="checkbox"/>
7. (a) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?		no	<input type="checkbox"/>	yes	<input type="checkbox"/>			
	(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	<input type="checkbox"/>	yes	<input type="checkbox"/>
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	<input type="checkbox"/>	yes	<input type="checkbox"/>			
(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	<input type="checkbox"/>	yes	<input type="checkbox"/>			
	If yes, please provide the policy details in the schedule below:							
Commencement date	Insurer	Type of cover	Amount of cover	To be replaced				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no	<input type="checkbox"/>	yes	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no	<input type="checkbox"/>	yes	<input type="checkbox"/>	

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.

10. 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.

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

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.

12. 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 and Insurance 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"/>
print name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Perpetual, if not previously provided.
- Perpetual has the absolute discretion to accept or reject any application.
- Members 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

Have you:

- Completed all sections of your application form?
- Signed your application form?
- Provided your financial adviser certified copies of your identification material?
- OR if you don't have a financial adviser have you enclosed certified copies of your identification material?

Please send your completed application form to:

Reply Paid 4171
Perpetual WealthFocus Wholesale Super Plan
GPO Box 4171
Sydney NSW 2001

13. 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:

- 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 the Department of Human Services (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.

13. 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 notary public or the local equivalent
- 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

* Limited to persons licensed or registered to practice these occupations in Australia.

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	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>



NOMINATION OF BENEFICIARY FORM

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

<p>Title</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="checkbox"/></p> <p>first name(s)</p> <p>last name</p> <p>client number</p>	<p>If you have more than one account held in Perpetual WealthFocus Super Plan and Pension Plan, please list the account numbers that this nomination applies to below.</p> <p><input type="checkbox"/> This nomination is to apply to all my existing Perpetual WealthFocus Super Plan and Pension Plan accounts, or</p> <p><input type="checkbox"/> This nomination applies to the account numbers listed below:</p>
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2. Nomination

Perpetual offers three options of 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 **binding non-lapsing nomination** does not expire (it will continue until further instructed).
 - A **binding lapsing 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 Perpetual 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: binding non-lapsing binding lapsing non-binding (no witness signatures required)
 (only choose one)

IMPORTANT – before you complete the table below:

- If this is a **binding nomination** please post this form as we need an **original form – please do not send via fax or email.**
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D below (Share of death benefit) must total 100%.**
- Before you make a nomination remember: You can nominate your legal representative and/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) If you have nominated 100% of the benefit allocation to your Legal Personal Representative do not complete any further nominations.	N/A	N/A	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
TOTAL OF 100%			<input type="text"/> %

3. Declaration

By making the nomination in this form:

- I understand that I must send this form to the Trustee, and 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

<input type="text"/>	
full name	declaration date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Witness declaration (for binding nominations only)

Witness 1	Witness 2
I declare that I am over the age of 18 and this binding nomination was signed by the member in my presence and the presence of the other witness on the declaration date.	I declare that I am over the age of 18 and this binding nomination was signed by the member in my presence and the presence of the other witness on the declaration date.
<input type="text"/>	<input type="text"/>
full name	full name
<input type="text"/>	<input type="text"/>
date*	date*
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
*In order to make a valid nomination, the witness date and declaration date MUST be the same.	*In order to make a valid nomination, the witness date and declaration date MUST be the same.

IMPORTANT – For binding nominations only:

- We require an **original** form – only post this form, please do not send via fax or 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, and
- your two witnesses' completed details and signatures (binding nominations only)

Binding nominations must be mailed to: Reply Paid 4171 Perpetual WealthFocus Wholesale Super Plan GPO Box 4171, Sydney NSW 2001	Non-binding nominations can also be emailed or faxed: Email: investments@perpetual.com.au Fax: 02 8256 1427
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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.

Our Privacy Policy is publically available at our website 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 provides 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.

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; and 3. Submit this form to your employer.

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	GPO Box 4171 Sydney NSW 2001
account number	A C		
fund Australian Business Number (ABN)	41 772 007 500	Unique Superannuation Identifier (USI):	PER 0068AU
fund bank account (BSB)	082-001	fund bank account number	647148575

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											date	/	/					

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.

SuperChoice is Perpetual's online payment solution and gives you the choice of making one EFT payment for all your employees, regardless of the super fund they belong to. You are able to register for Perpetual's online clearing house at www.superchoice.com.au/enrol/Perpetual/.

Contact us on 1800 003 001 if you need assistance understanding your employer super obligations or making payments for your employees.



COMPLYING FUND STATEMENT

To Whom It May Concern,

Perpetual WealthFocus Superannuation Fund

(Perpetual WealthFocus Super Plan and Pension Plan)

Australian Business Number (ABN): 41 772 007 500

RSE Registration No. R1057010

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

Unique Superannuation Identifier (USI): PER0403AU (Account Based Pension 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 18, Angel Place
123 Pitt Street
GPO Box 4171
Sydney NSW 2001
Australia

DX 365 Sydney

www.perpetual.com.au

Investor service Centre

Phone 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	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	other	<input type="checkbox"/>	date of birth	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
first name(s)	<input type="text"/>																				
last name	<input type="text"/>																				
other/previous names	<input type="text"/>																				
tax file number ¹	<input type="text"/>																				
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.																					
gender	<input type="checkbox"/>	male	<input type="checkbox"/>	female																	
phone (after hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
phone (business hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
residential address	<input type="text"/>																				
suburb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
postcode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the address held by your 'FROM' fund is different to your current address, please give details below.																					
previous address	<input type="text"/>																				
suburb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
postcode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Fund details

FROM	TO
fund name	Perpetual WealthFocus
fund address	Superannuation Fund
fund phone number	1 8 0 0 0 2 2 0 3 3
membership or account number	client number (if known)
Australian business number (ABN)	account number (if known)
Unique superannuation identifier	AC
	Australian business number (ABN)
	4 1 7 7 2 0 0 7 5 0 0
	Unique superannuation identifier
	P E R 0 0 6 8 A U

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

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