



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.

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 (if relevant) OR city	
<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"/>	

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

Postal address (optional)

c/- (if applicable)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
suburb (if relevant) OR city		
<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	<input type="checkbox"/>	please go to section 3
yes	<input type="checkbox"/>	please complete the details below.
myPerpetual online access for my authorised representative		<input type="checkbox"/> view and transact (default) or <input type="checkbox"/> view only

Authorised representative details:

first name(s)	<input type="text"/>
last name	<input type="text"/>

Postal address

c/- (if applicable)	<input type="text"/>
po box	<input type="text"/>
unit number	<input type="text"/>
street number	<input type="text"/>
street name	<input type="text"/>
suburb (if relevant) OR city	<input type="text"/>
state	<input type="text"/>
postcode	<input type="text"/>
country	<input type="text"/>
signature of authorised representative	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>

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	<input type="checkbox"/>	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 from www.perpetual.com.au/wealthfocus-super-updates.aspx
cheque	<input type="checkbox"/>	make cheque payable to PIML – PWS – [insert name of applicant]
rollover	<input type="checkbox"/>	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	<input type="checkbox"/>	employment income	<input type="checkbox"/>	business activities	<input type="checkbox"/>	sale of assets	<input type="checkbox"/>
inheritance/gift	<input type="checkbox"/>	financial investments	<input type="checkbox"/>	other	<input type="text"/>		

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. 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.
spouse contribution	\$	
downsizer contribution	\$	You will also need to complete a 'Downsizer contribution into superannuation' form (available from the ATO).
CGT contribution	\$	You will also need to include a completed 'Capital gains tax cap election' form (available from the ATO).
personal injury payment	\$	You will also need to include a completed 'Contributions for personal injury election' form (available from the ATO).
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"/>

5. Tax deduction for personal contributions

Tax deduction for your personal contributions

Please refer to the Product Disclosure Statement for information about your eligibility to claim a tax deduction for your personal contributions.

I am eligible and intend to claim a tax deduction for my personal contributions of:

\$

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

6. Bank account details

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

By providing your bank account details in this section, you accept the terms in the Direct Debit Request Service Agreement and authorise Perpetual to use these details for all future transaction requests that you nominate.

Bank account 1

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

- contributions
 savings plan
 withdrawals

financial institution

branch

BSB

account number

-

account name

Bank account 2

Only complete your account details in this section if you would like us to debit a **different** bank account for your **savings plan**

financial institution

branch

BSB

account number

-

account name

I request and authorise Perpetual Investment Management Limited, Debit User Identification Number 092646 to arrange for any amount Perpetual Investment Management Limited may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above, subject to the terms and conditions of the Direct Debit Request Service Agreement which is available from www.perpetual.com.au/wealthfocus-super-updates.aspx

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signature of account holder A

signature of account holder B

date

/ /

signature of account holder A

signature of account holder B

date

/ /

7. Features

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 options in Section 8 ► Note: you cannot select both dollar cost averaging and auto-rebalancing for the same account.</p>	yes <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px; margin: 5px 0;">\$</div> 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 myPerpetual online 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 myPerpetual online 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 elected, please ensure you have read and understood the 'Operating your account' section in the PDS for that optional facility.
- If you have nominated an optional feature above, please ensure you complete all details in the relevant columns in 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					
Lazard Global Listed Infrastructure	PISLGL				
Pendal Property Securities	PISHSP				
Vanguard Australian Property Securities Index	PISVGP				
Australian shares					
Ausbil Australian Active Equity	PISUBA				
Ausbil Australian Emerging Leaders	PISELF				
Fidelity Australian Equities	PISFID				
Investors Mutual Australian Share	PISIMA				
Investors Mutual Future Leaders	PISIMS				
Pendal Australian Equity	PISBTA				
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				
Vanguard Australian Shares Index	PISVGA				

8. Investment allocation (continued)

Investment options	short code	initial investment	savings plan (min \$100 per option)	dollar cost OR averaging plan	investment strategy (additional applications & auto-rebalancing)
		\$ or %	\$	(remember to identify which feature you want in section 7)	
International shares					
Magellan Global	PISAAI				
MFS Global Equity	PISMFG				
Perpetual Global Innovation Share	PISINA				
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				
Diversified – conservative					
BlackRock Diversified ESG Stable	PISBGC				
Perpetual Conservative Growth	PSCG				
Diversified – balanced					
Perpetual Diversified Growth	PSDG				
Perpetual Diversified Real Return	PISDRR				
Diversified – growth					
BlackRock Diversified ESG Growth	PISBGG				
BlackRock Tactical Growth	PISUBB				
Morningstar Growth Real Return	PSBLG				
Perpetual Balanced Growth	PSBG				
Perpetual Split Growth	PSSG				
Schroder Strategic Growth	PISSCG				
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. Are you:

a. an Australian citizen or holder of an Australian permanent resident visa? no yes

b. a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely? no yes

2.

annual salary	\$		number of hours worked per week		height (cm)		weight (kg)	
occupation								
industry								
daily duties (including % time spent performing each duty)								

3. Have you smoked tobacco or any other substance in the last 12 months? no yes

If yes, please state forms and quantities:

4. Do you drink more than 20 standard drinks of alcohol per week? no yes

If yes, please provide forms and quantities:

5. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? no yes

6. Have you ever 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 used 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
<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. The maximum total member advice fee payable in any year is 3% per annum of your account balance. In collecting this fee, Perpetual acts as an agent for your financial adviser.

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

From 1 July 2021 new laws apply to the consent to deductions of ongoing fee arrangements. Please complete the separate "Consent to deductions of ongoing fee arrangements form" available on our website.

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.


11. Financial adviser use only

Financial adviser details and member advice fee

I consent to Perpetual acting as my agent to collect any member advice fee agreed in section 10 of this application form.

Where an ongoing member advice fee has been agreed with the member, I will promptly notify Perpetual if the member advice fee is terminated by the member or under the fee disclosure or opt in requirements of Division 3 of Part 7.7A of the Corporations Act (Future of Financial Advice).

I acknowledge that where no services are provided to the member, Perpetual (as trustee of the Fund) reserves all rights to claw back fees.

financial adviser name																															
phone (after hours)																phone (business hours)															
mobile																fax															
AFSL licensee name																AFSL number															
Perpetual adviser number																															
dealer group																dealer branch															
email address																															
financial adviser signature																date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>														

IL GN // (Group)
 IL AN // (Adviser)
 IL CN // (Client)

12. Declaration and signature

I declare and agree that:

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

I acknowledge that:

- Perpetual is required to provide information, including my TFN, to the Australian Taxation Office (ATO) and will obtain information from the ATO in relation to my superannuation account
- neither the Trustee nor any other company in the Perpetual Group guarantees the repayment of capital or the performance of the Super Plan or any investment option
- 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 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 advise** – 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.

12. Declaration and signature (continued)

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 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 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 verificatio (continued)

How to certify your documents

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

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

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

IMPORTANT: Please ensure that you have either

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

Record of verification procedure (Financial adviser use only)

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

ID document details	Document 1		Document 2	
verified from	<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

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="checkbox"/> _____ first name(s) _____ last name _____ client number _____	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. <input type="checkbox"/> This nomination is to apply to all my existing Perpetual WealthFocus Super Plan and Pension Plan accounts, or <input type="checkbox"/> This nomination applies to the account numbers listed below: _____ _____ _____
--	---

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: (only choose one) binding non-lapsing binding lapsing non-binding

IMPORTANT – before you complete the table below:

- If this **nomination requires witnessing** (see next page), please post this form as we need an **original form – please do not send via email**.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D below (Share of death benefit) must total 100%**.
- Before you make a nomination remember: You can nominate your legal personal 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="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant	____ / ____ / ____	_____ %
_____	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant	____ / ____ / ____	_____ %
_____	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependant <input type="checkbox"/> financial dependant	____ / ____ / ____	_____ %
TOTAL			100%

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

Witness 1 I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.	Witness 2 I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.
<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 nominations that require witnessing:

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

Checklist

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

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

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

Nominations requiring witnessing must be mailed to:

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

Nominations not requiring witnessing can also be emailed to:

investments@perpetual.com.au

Beneficiary nominations

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

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

Your privacy

Privacy laws apply to our handling of personal information.

We will collect, use and disclose your personal information in accordance with our privacy policy. You have a right to seek access to information which we hold about you, although there are some exceptions to this.

Our Privacy Policy is publically available at our website or you can obtain a copy free of charge by contacting us.



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 13 dated 1 December 2020

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

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	/ /
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4. How to make super payments

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

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



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 13 dated 1 December 2020

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

COMPLYING FUND STATEMENT

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

Client Services

Phone 1800 022 033

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



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															
<p><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></p>															
gender	male	female													
phone (after hours)							phone (business hours)								
residential address															
suburb (if relevant)							state			postcode					
OR city															
If the address held by your 'FROM' fund is different to your current address, please give details below.															
previous address															
suburb (if relevant)							state			postcode					
OR city															

2. Fund details

FROM	TO
fund name	Perpetual WealthFocus
	Superannuation Fund
fund address	1 8 0 0 0 2 2 0 3 3
	fund phone number
	client number (if known)
	account number (if known)
fund phone number	Australian business number (ABN)
membership or account number	4 1 7 7 2 0 0 7 5 0 0
Australian business number (ABN)	Unique superannuation identifier
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 Super Plan, GPO Box 4171, Sydney NSW 2001.

Send the Rollover Benefit Statement directly to Perpetual.

3. Proof of identity

If you do not provide proof of identity with this form your 'FROM' fund may not release your benefit and delay transferring it to us until you do.

I have attached a **certified** copy of my driver's licence or passport

or

I have attached **certified** copies of my:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (less than one year old) with name and address

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following people are authorised to certify documents:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

4. Authorisation

By signing this request form I:

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

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

first name(s)																								
last name																								
signature															date		/		/					



Perpetual WealthFocus Super Plan

Product Disclosure Statement issue number 13 dated 1 December 2020

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

COMPLIANCE LETTER

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

To Whom It May Concern,

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)

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 18, Angel Place

123 Pitt Street

GPO Box 4171

Sydney NSW 2001

Australia

DX 365 Sydney

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Client Services

Telephone 1800 022 033