



# LifeFocus Superannuation Fund Corporate Member Application Form

Dated 1<sup>st</sup> October 2011

Before you sign this application form, the Trustee or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) which is a summary of important information relating to LifeFocus Superannuation Fund. The details in the PDS will help you to understand the product and decide if it is appropriate to your needs.

## 1 MEMBERSHIP DETAILS

Are you a member of LifeFocus Superannuation Fund?

No: go to 2     Yes, my member number is

If yes, also complete your name and the relevant sections below.

## OFFICE USE ONLY

Entered By

Checked By

## 2 MEMBER DETAILS

Title  Mr  Mrs  Ms  Miss    Other

Surname

Given name/s

Male     Female     Date of Birth (dd/mm/yyyy)  /  /

Residential Address

Suburb     State     Postcode

Postal Address

(if different from above)

Suburb     State     Postcode

Phone (home)     Phone (work)

Mobile     Facsimile

Email Address

Employer Details

Occupation

## 3 NOMINATED BENEFICIARIES

(If you wish to make a binding nomination please complete the Binding Nomination of Beneficiary section of the Nominated Beneficiary form)

Surname	Given Name(s)	Relationship to you	Allocation (%)
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

= 100%



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## 4 INSURANCE

Type of Cover	Amount of Cover
Death Only	\$
Death and TPD (Total and Permanent Disablement)	\$
Salary Continuance (Income Protection)	\$

## 5 TAX FILE NUMBER

Tax File Number  OR exemption/reason (please advise below):

Age service veteran or invalid pension  Not required to lodge tax return  Non resident

To ensure income tax is not being deducted at a higher rate than it otherwise would, please make sure you also complete the Tax File Number Declaration form.

## 6 ROLLOVER AMOUNT AND CONTRIBUTIONS

Initial contributions/rollovers attached (approx.) \$  .  Or;

Signed transfer/rollover form attached. Please complete a Transfer Request Authority for each rollover.

Please make cheques payable to: **LifeFocus Superannuation Fund**

Forward form and cheques to: **LifeFocus Superannuation Fund  
PO Box 1282  
Albury NSW 2640**

## 7 REGULAR CONTRIBUTION DETAILS

Employer's Contribution (9% Compulsory Super)	\$	<input type="text"/>	.	<input type="text"/>
Salary Sacrifice	\$	<input type="text"/>	.	<input type="text"/>
Personal (deductible) This amount will be claimed as a tax deduction	\$	<input type="text"/>	.	<input type="text"/>
Personal (un-deductible) This amount will not be claimed as a tax deduction	\$	<input type="text"/>	.	<input type="text"/>
Spouse	\$	<input type="text"/>	.	<input type="text"/>
Direct debit payment total	\$	<input type="text"/>	.	<input type="text"/>

### DIRECT DEBIT

Would you like to establish regular monthly contributions paid directly from your bank account?

Yes: Please complete the Direct Debit Request Form

Amount per month \$  .

No



## 9 NOMINATED FINANCIAL ADVISER

I wish to nominate the following person as my financial adviser:

AFS Licence No.	<input type="text"/>	Adviser Number	<input type="text"/>
Licensee Name	<input type="text"/>		
Adviser Name	<input type="text"/>		
Phone (home)	<input type="text"/>	Facsimile	<input type="text"/>

Adviser Service Fee (0.0 – 1.025%) <i>inclusive of the net effect of GST*</i>	<input type="text"/>	%
	<input type="text"/>	%

\*Note: inclusive of any Goods and Services Tax (GST) after allowance of any reduced input tax credit that the Trustee is entitled to.

Member's Signature

Date (dd/mm/yyyy)

Adviser Stamp

## 10 DECLARATION

In signing this Application Form:

- I acknowledge that I have read and understood the PDS of LifeFocus Superannuation Fund and agree to the conditions specified in the PDS in respect of any benefit I am entitled to as a member of LifeFocus Superannuation Fund.
- I am eligible to make contributions and to rollover my ETP as outlined in this PDS.
- I hereby apply to become a member in LifeFocus Superannuation Fund and agree to be bound by the provisions of the Trust Deed..
- I acknowledge that I have read and understood the implications of supplying or not supplying my TFN in this PDS and authorise CCSL to quote my TFN or exemption to the ATO.
- I agree to provide the Trustee with any information relating to my membership in LifeFocus Superannuation Fund as and when requested, or upon any change of information previously advised.
- I understand that LifeFocus Superannuation Fund is a registered and complying superannuation fund under the Superannuation (Industry) Supervision Act 1993. Superannuation Fund Registration Number R1055757.
- I consent to CCSL disclosing information that I have provided to LifeFocus Superannuation Fund to an entity that is related to CCSL.
- I acknowledge that I can access the personal information that I have provided to CCSL.
- I acknowledge that I have received a complete copy of the PDS of LifeFocus Superannuation Fund, or a printout of it with this application form attached.
- I have read all questions contained in this Application and all other forms submitted to CCSL in relation to this Application and to the best of my knowledge and belief, the answers are true, correct and complete.
- I have made no statements to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Application and any other form submitted to CCSL.
- I acknowledge that neither the Trustee, their subsidiaries or associated companies, nor any investment manager nor their subsidiary or associated companies, guarantees the payment of capital or performance of LifeFocus Superannuation Fund.

I acknowledge that investments in this product are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.

Also

I acknowledge that the Trustee may be required to provide details of my transactions to any reporting body authorised to accept such reports under law.

Member Signature

Date (dd/mm/yyyy)

## 11 VERIFICATION (ADVISER USE ONLY)

Please choose (and tick) one of the following two categories and complete this section accordingly:

- Attach a completed customer identification form which complies with the Anti-Money Laundering and Counter-Terrorism Act 2006 (Cth) and sign the declaration below.
- OR**
- Complete this section for each investor (make a copy of this section for additional individuals) and sign the declaration below. Where required, indicate whether the document sighted is an original or a certified copy of the original.

This section of the application form constitutes a record of the identification procedure undertaken in relation to the customer identified in this applicable form.

**FOR EACH INDIVIDUAL:** Evidence of individual's name, and either address or date of birth in the following document(s):

(complete Option 1 or 2)

### OPTION 1 – PRIMARY PHOTOGRAPHIC DOCUMENTATION

Is the documentation: Original  Certified Copy

**Driver Licence (current)** Number:  Country/State:   
Issue Date:  Expiry Date:

**OR**

**Passport (not expired by more than 2 years)** Number:  Country of Issue:   
Issue Date:  Expiry Date:

### OPTION 2 – NON PHOTOGRAPHIC DOCUMENTATION

**Primary non-photographic documentation:** Original  Certified Copy

**Birth Certificate** **OR**  **Pension Card (current)** **OR**  **Australian Citizenship Certificate**

Card/document No:  Expiry:  /  /

**AND**

**Secondary non-photographic documentation:** Original  Certified Copy

**Tax Notice of Assessment** (issued within preceding 12 months) **OR**  **Utilities Notice** (issued within preceding 3 months)

**OR**  **Medicare Card (current)** No.  Expiry:

Please see the attached ID Requirements for detailed explanation on the collection & completion of the adviser verification or contact Client Support team if you are unable to meet these requirements. Please note that further information may be requested of you for verification if deemed necessary by the trustee.

## 12 ADVISER DECLARATION & SIGNATURE

I declare that:

- I have undertaken identification of the customer specified in this application form and am satisfied that the customer is who the customer claims to be in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AM/CTF Act).
- I have retained a record of this verification procedure and a copy of all documents used for the purpose of verifying the investor's identity in accordance with the AML/CTF Act.
- I agree to provide the trustee access to the investor's verification records upon request.

Signed by adviser:  Date of signing:

Adviser Name:  Adviser Number:

Phone Number:  Fax Number: