



LifeFocus Superannuation Fund Pension Member Application Form

Dated 1st 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

3 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.

4 ROLLOVER AMOUNT

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

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

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

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



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5 REVERSIONARY PENSIONER / BENEFICIARY DETAILS

Reversionary Pensioner Details

Do you wish to have an automatic reversionary pension payable after your death? *(Please tick one box)*

Yes No

If Yes, please provide details of the nominated dependant *(must be a dependant as defined under the SIS Regulations)*.

Title (Mr, Mrs, Ms, Miss etc.) Given Name(s)

Surname

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

Relationship (to you)

Home Address

Suburb State Postcode

If you do not wish to nominate a reversionary pensioner, please provide the details of either your:

- Preferred beneficiary/ies below; or
- Binding nomination beneficiary/ies on the Binding Nomination Form.

Nominated Non-Binding Beneficiary Details

Please note that your nomination is not binding on the trustee, but it will consider your preference when exercising its discretion. If you wish to make a binding nomination, please complete the Binding Beneficiary Nomination Form.

Name	Relationship (to you)	Allocation (%)

6 PENSION COMMENCEMENT DETAILS

What type of pension are you applying for? Please tick the appropriate box

Account-Based Pension Transitional Retirement Pension Term Allocated Pension *(Please complete section 6A)*

I wish my pension to have the following features:

Frequency of payment *(if not completed, monthly will be assumed)* Monthly Quarterly Bi-annually Annually

Payments to commence *(if not completed we will commence after receipt of all monies)* Month Year

Payment Amount per frequency \$ OR Minimum OR Maximum *(Transition to retirement only)*

Please pay my pension payments pro-rata based on the balance of my Investment Choices *(default)* OR

Please pay my pension payments based on the percentages on the percentages in my investment strategy below.

6A TERM ALLOCATED PENSION PAYMENT DETAILS

I wish my pension to have the following features:

Frequency of payment *(if not completed, monthly will be assumed)* Monthly Quarterly Bi-annually Annually

You may elect to have the annual pension amount paid in **full, OR plus OR minus** 10%. If you would like to increase or reduce your pension, please tick the appropriate box below:

Increase my annual pension amount by 10% **Reduce** my annual pension amount by 10%

I would like my pension term to be: _____ Years



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8 PAYMENT DETAILS

Financial Institution			
Branch			
Name of Account			
BSB Number		Account Number	

9 NOMINATED FINANCIAL ADVISER

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

AFS Licence No.		Adviser Number	
Licensee Name			
Adviser Name			
Phone (home)		Facsimile	
Adviser Service Fee (0.0 – 1.025%)*		%	

*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)



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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: