

Deloitte Superannuation Fund – Member Superannuation application form

Your details	
Surname:	Title: Mr/Mrs/Miss/Ms
Given names:	
Residential address:	
	State: Postcode:
Life insurance – varia	tion request to standard benefit
employees who are mem insurance cover in the Fu	n to purchase additional insurance cover above the standard cover. Standard cover is not optional for Deloitte bers of the Fund. Partners do not receive any insurance cover in this Fund. Spouse members do not receive any not. Details of your standard cover and costs are in Part A – Member Booklet and Part C – Fees, changes, tax and ion of your PDS, repectively.
I wish to increase my leve	l of insurance cover to: \$
	e your cover will necessitate the lodgement of a Personal Statement which will be forwarded to you upon by the Fund administrator, Aon Consulting Pty Limited.
	urance offered is subject to acceptance by the underwriter and that I may in certain circumstances be required to n or medical reports to the underwriter at their request.
Voluntary contribution	ons
I wish to make additional	voluntary contributions to the fund in addition to SG Contributions. I wish my contributions to be deducted:
Before tax or After tax	(Please tick either box)
Contributions before tax	(Salary sacrificed contributions) are deducted from your salary, and then SG Contributions are calculated and paid
The salary component of	the package should represent at least 50% of the total remuneration package or \$50,000, which ever is the lesse
I wish for the following to	be deducted each pay period: \$ (a flat dollar amount)
This notice authorises Del and each pay thereafter u	oitte to commence deductions from my salary and remit those contributions to the fund in the first available pay intil further notice.
Tax File Number noti	fication
Please read the informati	on below before providing your Tax File Number (TFN)
Tax File Number	
I understand that I have t	he right to instruct the trustee as follows:
please pass my TFN or	to any new fund to which I may later transfer
please do not pass my	TFN on to any new fund to which I may later transfer.
I understand that I do no superannuation purposes	have to provide my TFN. I am choosing to provide my TFN to the trustee for the following:
• any benefits subsequen	tly paid may be taxed at a concessional rate of tax, rather than the highest marginal rate

• to facilitate the administration of the government surcharge

• any other actual or proposed uses authorised by superannuation or taxation legislation.

If you require further information, please contact the Australian Taxation Office Superannuation Helpline on 131 020

Personal information

The personal information that the Deloitte Superannuation Fund collects is used to:

- process your application and requests
- administer your account and provide you with benefits and options
- conduct research about how to improve the Fund's services and products.

If you choose not to give us your personal information we may not be able to process your application or provide you with all the benefits of the Deloitte Superannuation Fund.

Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer your account and provide services to you with insurance cover. You are usually able to gain access to your personal information by asking for it. A copy of the Fund's privacy policy is available on request from the Privacy Officer.

Contact details for the Privacy Officer can be found in Part A – Member booklet of the Fund's PDS.

Application to join

On joining the Fund I acknowledge that I will be bound by the Trust Deed and Rules of the Fund and:

- I authorise my employer to deduct member contributions from my salary/wage at the amount specified
- I understand that the tax deductibility of contributions made by my employer on my behalf are subject to limits set by legislation
- I declare that the information I have given on the form is correct
- I understand that upon my cessation of employment, if I do not provide instructions regarding the payment of my benefit within 90 days, the Trustee will transfer my benefit over to ERF or such other superannuation fund, or roll-over fund selected by the Trustee from time to time
- I understand that I will be insured against total and permanent disablement under the Fund's insurance policies, subject to any policy conditions or exclusions
- I have received a Product Disclosure Statement explaining the Fund, its benefits and the conditions relating to the benefits and the method of determining my entitlement and benefits, together with the latest Annual Report
- I acknowledge that I have read the extract of the Privacy Statement in the Product Disclosure Statement and understand all information provided on this form is to fulfill a primary purpose or secondary related purpose under the Fund's Privacy Policy and Management Plan and the Privacy Amendment (Private Sector) Act 2000 and may be disclosed to third parties to complete this purpose.

Deloitte to complete			
Employee no:At work on joining Y/N explain	Date joined:/		_ leted by:
Trustee to complete			
Received:/	Super no: M/	/ship group no:	Category:
		/	_
Signature		Dated	

Deloitte Superannuation Fund

Nomination of preferred beneficiaries

In the event of your death while you are a member of the Fund, the benefit provided under the rules of the Fund is usually payable by the Trustee to one or more your dependants or to your estate. Dependants are limited by law to your spouse, your children, any other persons who are financially dependent upon you or someone in an interdependency relationship with you.

If you do not have any dependants, please tick this box

If you do have dependants, we recommend that you list below your preferred dependants for payment of your death benefit, however you are not required by law to do so. You may change this nomination at any time. Your nomination is not binding on the Trustee.

Name in full	Address (if different from above)	Date of birth	Relationship	Share (%)
			Total	100%

Acknowledgement

- I acknowledge this nomination replaces any previous nomination I may have given to the Trustees
- I acknowledge that this statement signed by me is not a testamentary disposition and therefore not admissable to Probate or Letters of Administration
- I understand that my nomination of beneficiary(s) is not legally binding on the Trustee. I also understand that I can change this nomination at any time and any subsequent nomination cancels this nomination.

		//
Member's name	Signature	Dated

Member investment choice nomination

Signature

Your decision is important and it may significantly affect the amount of benefit you receive. We recommend you obtain advice from a financial adviser before making your decision. General information about the investment options is contained in the Guide to Investment Choice (Part B of the Product Disclosure Statement) which is available from the ebenefits website.

Choice (Part B of th	ne Product Disclosure Statement) which is available from the	ebenefits website.	
Available investmer	nt options (where 100% of your	contributions and assets ma	y be invested)	
I request all future	contributions and rollovers to be	e invested in the following op	otion (select one only):	
Shares	Growth	Balanced	Capital stable	
Acknowledgemer	nt			
9			by the trustee on the investment options availab estment Choice (Part B of the Product Disclosure	
		•	o fulfil a primary purpose or related secondary patement and so may be disclosed to third parties	
• I agree to be bou	und by the trust deed & rules of	the Fund and note that I may	y examine the trust deed at any time	
I acknowledge th	nat I have received information s	etting out the benefit design	of the Fund.	

Dated

Member's name

Deloitte Superannuation Fund

Transfer superannuation benefits from another super fund

Complete this section if you wish to transfer monies from your old superannuation fund to the Deloitte Superannuation Fund.

New fund details

Name of new fund: **Deloitte Superannuation Fund**

Address of new fund: Aon Consulting Pty Limited, GPO Box 9819, Sydney, NSW 2001

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Surname:	1	itle: Mr/Mrs/Miss/N	Лs	
Given names:Residential address:				
	State:	Postcode:		
Telephone Number – Home: ()	Work: ()			
Old fund details				
Name of old fund:	Membership no.:			
Address of old fund:				
The approximate value of my benefit with old fund is \$		Date of birth:	:/_	/
Name of Administrator Company (if known):		Phone no.:		
Name of employer contributing to the old fund:				
Approximate date Lleft that employer:				

I authorise the transfer of my benefits from the above superannuation fund to the Deloitte Supperanuation Fund. I also authorise the transfer of any contributions still to be made by my previous employer, which may be received after benefits have been transferred.

I understand that:

- I discharge the trustee of my current fund from all liability in respect of my membership in that fund once the total of my account has been transferred
- my current fund is a complying fund under the Superannuation Industry (Supervision) Act 1993
- the Deloitte Superannuation Fund may be required by law to deduct tax from the untaxed portion (if any) of the amount transferred.

Privacy statement

The personal information that the Deloitte Superannuation Fund collects is used to:

- process your application and requests
- administer your accounts and provide you with benefits and options
- conduct research about how to improve Deloitte Superannuation Fund services and products.

If we do not receive certain personal information we may not be able to process your application and requests or provide you with all the benefits of the Deloitte Superannuation Fund.

Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer your accounts and provide services to you. You are usually able to gain access to your personal information by asking for it. You can request a copy of the Fund's privacy policy from the Fund Administrator (Ph: 1800 659 152)

Signature of member	Dated

To the 'Old Fund' administrator

Please make your cheque payable to 'DTT Staff Superannuation Pty Ltd ATF The Deloitte Superannuation Fund' and forward to:
The Deloitte Superannuation Fund
Aon Consulting Pty Limited
GPO Box 9819
Sydney 2001

Office use only - old fund administrators						
If transferring benefits manually, please insert relevant details below and forward with a cheque payment to the new fund administrator.						
Date received:	Commencement date:	Concessional component:\$				
Date actioned:	Eligible services period: days	Post-83 untaxed element:\$				
Member signature checked:	Unrestricted non-preserved:\$	Uneducated post–83				
Old fund authorised:	Restricted non-preserved:\$	contributions:\$				
Date of birth:/	Preserved:\$	Post June 94 Invalidity				
	Total: \$	component:\$				