



ClearView **WealthFoundations**

Super and Pension

Application form

29 June 2024

ClearView WealthFoundations USI CVW0001AU is issued by Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE License L0001458 as Trustee for the ClearView Retirement Plan ABN 45 828 721 007 RSE Registration No R1001624.

Product Disclosure Statement (**PDS**) dated 29 June 2024.

clearview.com.au

Application Form checklist

Which sections should I complete?

Please ensure all relevant sections are completed so your application can be processed without delay. If you are opening a super and pension account please ensure this is clearly indicated in the application details section and all required sections (as per the below checklist) are completed.

	Super	Pension (including TTR)	Please CROSS X if section completed
Application details section	Yes	Yes	
Section 1 - Your details	Yes	Yes	
Section 2 - Money in	Yes	Yes	
Section 3 - Investment instructions	Yes	Yes	
Section 4 - Money out	No	Yes	
Section 5 - Reversionary beneficiary nomination	No	Optional	
Section 6 - Adviser Service Fees	Optional	Optional	
Section 7 - Member declarations and signature	Yes	Yes	
Section 8 - Financial adviser declarations and signature	Yes	Yes	
Section 9 - Identification procedure Please refer to the instructions for identification methods available.	Optional	Yes	
Section 10 - Death benefit nomination Please complete this section if you would like to make either a non-lapsing binding nomination or a non-binding nomination for your super or pension account.	Optional	Optional	
Section 11 - Tax File Number declaration	No	Required for members aged below 60	
Section 12 - Request to transfer super benefits to WealthFoundations	Optional	Optional	

Sending your Application Form

Please send the Application form to us via email or mail.

Mailing address:

ClearView WealthFoundations

Reply Paid 4232

Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.

Application Form

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Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please **CROSS X** in appropriate answer boxes. Fields marked with an asterisk (*) must be completed for us to be able to open your account.

Financial adviser details

Adviser code	<input type="text"/>
Adviser name	<input type="text"/>
Dealer group	<input type="text"/>

Application details

1. What type of account are you opening? Please select all that apply.

WealthFoundations Super WealthFoundations Pension (ABP) WealthFoundations Pension (TTR)

2. If you are opening a pension account please indicate your eligibility to commence a pension below.

TTR

I have reached preservation age but am under age 65 and not retired from the workforce

Account based pension

- I have reached preservation age but am under age 60 and am not retired from the workforce but I am funding the pension with unrestricted non-preserved funds
- I have reached preservation age and have permanently retired from the workforce
- I am aged 60 to 64 and ceased an arrangement of gainful employment on or after attaining age 60
- I am aged 65 or older
- I am permanently incapacitated or have a terminal illness
- I am commencing a pension with proceeds from a super death benefit as a dependency beneficiary (in this case, we may contact you with some additional questions)

Section 1: Your details – all members to complete

A. Account details

*Do you have an existing WealthFoundations account?

No I am a new client Yes my existing account number is /

(e.g. CSUP/100000)

Note: If you are an existing WealthFoundations client any changes in contact details provided below will be updated on your existing WealthFoundations account(s) as well.

B. Personal details

*Title

Mr Mrs Ms Miss Dr Other

*Date of birth

/

*Given name(s)

*Surname

*Occupation

(If not currently working please put your usual occupation or 'retired' if you have permanently left the workforce)

*Industry

C. Contact details

*Email

Note: If you provide your email address your delivery method for communications will be online via the ClearView Portal. You can change your communications delivery preference anytime via the ClearView Portal or by calling us on **132 977**).

Residential address (cannot be a PO Box address)

*Street number and name

*Suburb/Town *State Postcode

*Country (if other than Australia)

Postal address (if different to the Residential address)

Street number and name or PO Box

Suburb/Town

State

Postcode

Country (if other than Australia)

Home number ()

Mobile

E. Tax File Number (TFN)

*Tax File Number OR individually issued Exemption Code

Note: Although you do not have to provide your TFN, and declining to do so is not an offence, we are unable to accept your Application where a TFN or individually issued exemption code has not been provided. For further information on providing your TFN refer to the Additional Information Brochure.

F. Family Group details

A Family Group can be set-up to link members of your family for the purposes of a fee rebate.

Join existing Family Group *Family Group number

Create a new Family Group *Family Group name

*Relationship to another member in the Family Group

Note: Family Groups must have a minimum of two members. Your adviser will need to provide details of other applicants joining this group.

Section 2: Money in – all members to complete

A. Transfer from an existing WealthFoundations account

Account number / (e.g. CSUP / 100000)

Please transfer Full balance OR Partial \$

Important information

If you are transferring from a WealthFoundations Super to a WealthFoundations Pension account and intend to claim a tax deduction for any contributions made this or last financial year please make sure you submit a completed 'Notice of intent to claim or vary a deduction for personal super contributions' form (available from your adviser). You will not be able to claim a deduction once your pension has commenced.

B. Rollover details

Your rollover/s will be invested according to your Money In choice (Section 3). Please complete section 12 for each rollover you would like to request.

C. Contributions

1. Contribution method One-off direct debit OR Regular direct debit OR Cheque¹

2. Date of deduction (direct debit only)

3. Frequency (regular direct debit only) Monthly OR Quarterly

4. Details of contribution

Personal concessional \$

Personal non-concessional \$

Spouse \$

Downsizer (one-off direct debit only)² \$

Total \$

5. Contribution choice

Money In Choice (selected in Section 3) OR Choose how money is invested below:

Investment Pool Guaranteed Cash Total contribution

\$ + \$ = \$

6. Bank account details

Name of account

BSB number Account number

Important notes

- If you are applying for a WealthFoundations Pension account we will open a super account to process initial contributions and/or consolidate your rollovers before setting up your pension.
- You can choose which day of the month you'd like us to debit your bank account (step 2). If any month doesn't have that day or that day is not a business day then the deduction will occur the following business day.

1. Please ensure all cheques are payable to 'ClearView WealthFoundations'

2. If contributing via downsizer, then you will need to complete the ATO's Downsizer contribution into super form and send through with your application.

Section 3: Investment instructions – all members to complete

Use this section to set up your Standing Instructions which tell us what to do with money in and out of your account.

This section is mandatory, we cannot process any rollovers or direct debits until your Investment Instructions are received. If we receive any contributions and you have not provided a Money In or Money Out choice we will invest these Guaranteed Cash.

A. Money In and Money Out

*Money In Choice Investment Pool (complete section B) OR Guaranteed Cash
*Money Out Choice Investment Pool (complete section B) OR Guaranteed Cash

B. Investment Pool Instructions

Investment Pool Instructions are mandatory except when investing only in Guaranteed Cash.

IPS Strategy	%
LifeStages	
IPS Active Dynamic 30	
IPS Active Dynamic 50	
IPS Active Dynamic 70	
IPS Active Dynamic 90	
IPS Index Dynamic 30	
IPS Index Dynamic 50	
IPS Index Dynamic 70	
IPS Index Dynamic 90	
IPS Active Strategic 30	
IPS Active Strategic 50	
IPS Active Strategic 70	
IPS Active Strategic 85	
IPS Active Strategic 100	
IPS Index Strategic 30	
IPS Index Strategic 50	
IPS Index Strategic 70	
IPS Index Strategic 85	

IPS Index Strategic 100	
IPS Index Base 50	
IPS Index Base 70	
IPS Index Base 100	
Cautious 30	
Prudent 50	
Assertive 70	
Aggressive 95	
IPS Active Australian Shares	
IPS Active International Shares	
IPS Index Shares	
IPS Conservative Growth	
IPS Income	
IPS Money Market	
Total allocation	100.00%

Section 4: Money out – pension members only

Note: We will use your Money Out Choice (as nominated in Section 3) to determine how your pension payments will be funded.

A. Payment frequency

Note: Pensions will be paid on or before the 15th of the month for all frequencies and on or before the last day of the month for twice-monthly.

*Frequency

Twice monthly Monthly Quarterly Half yearly Yearly

*Date of first payment

B. Pension payment amount

*How much would you like to receive per year? Minimum Maximum (TTR only) Nominated

If *maximum*, do you wish to receive the full 10% in the first year? Yes No

If *nominated*, please advise amount per payment \$ *Index to CPI? Yes No

If you are commencing your pension in June, do you wish to defer your first pension payment until the next financial year? Yes No

C. Nominated bank account

Name of account

BSB number Account number

Please tick this box if you direct us to pay your pension payments to a third party account as set out above. By ticking the box you acknowledge and accept that any amount paid into this account is treated as being made to you. Please complete an Identification form in Section 9 for each account holder.

Section 5: Reversionary beneficiary nomination - pension members only

Note: If you would also like to make a binding (non-lapsing) or non-binding nomination, please complete the Death benefit nomination form in Section 10. When nominating a reversionary beneficiary and a binding (non-lapsing) or non-binding nomination, the reversionary nomination will override either nomination if valid at the time of claim.

Title

Mr Mrs Ms Miss Dr Other

Date of birth

Given name(s)

Surname

Relationship Spouse¹ Child Interdependent Financial dependant

¹ Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

Section 6: Adviser Service Fees

Important notes

- Before any adviser fees can be deducted from your account, your adviser and ClearView are required by law to obtain your written consent. A consent is also required when varying the amount of an adviser fee.
- You can withdraw or vary your consent at any time by contacting us or your financial adviser.

Adviser phone number

()

Adviser email

A. Outline of the services being provided (tick all that apply)

- Set up of your account
- Strategic superannuation advice
- Retirement planning on your account
- Investment advice on your account
- Contribution strategy
- Insurance in superannuation strategy
- Withdrawal advice
- Other superannuation advice

B. Adviser Service Fees and consent details

Complete Section 1 for Ad-hoc fees and Section 2 for Ongoing fees.

1. Ad-hoc fees

Please show the fee amount inclusive of GST.

Add the following ad-hoc Adviser Service Fee:

\$

- Ad-hoc fees are capped at \$5,500 p.a. and are deducted on a one-off basis.
- Your consent expires once this amount is deducted from your account.

2. Ongoing fees

Your period of consent

What is the anniversary date?

- Your consent lasts for 12 months and expires 150 days after your anniversary date.

When entering fees in this section, please show the amount inclusive of GST.

Details of your ongoing dollar-based Adviser Service Fees (\$)

\$ p.a.

Would you like this indexed to CPI in June each year?

If yes:

i. Provide a reasonable estimate of the total annual amount to be deducted from the account:

\$ p.a.

ii. Provide an explanation of the method used to work out the estimated amount:

- The fee is stated as an annual amount, though the fees are deducted on a monthly basis.
- Ongoing adviser fees are capped at \$5,500 p.a.

AND/OR

Details of your ongoing percentage-based Adviser Service Fees (%)

% p.a.

i. Provide a reasonable estimate of the total annual amount to be deducted from the account:

\$ p.a.

ii. Provide an explanation of the method used to work out the estimated amount:

- Ongoing adviser fees are capped at 1.1% p.a. and are deducted on a monthly basis.

C. Member declarations and signature

By signing this form, I:

- consent to the deduction of the adviser fees outlined in section B from my WealthFoundations account;
- direct that the amount(s) specified in section B be paid by the Trustee to the dealer group who will then pay the agreed fees to my financial adviser;
- declare that, if signing under a power of attorney, I verify that, at the time of signing, I have not received notice of revocation of that power.

Signature of member

X

Date signed

D	D	M	M	Y	Y	Y	Y
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Note: If signing under a Power of attorney, please provide an original certified copy of the power of attorney.

Section 7: Member declarations and signature

Acknowledgments

If you complete and sign an Application Form to participate in WealthFoundations, you acknowledge:

- the statements and answers contained herein are true;
- your membership and entitlements are subject to and set out in the Trust Deed and in the Product Disclosure Statement (**PDS**) and that these documents may be amended from time to time;
- an offer made within the PDS only constitutes an offer to persons receiving the PDS within Australia and signing the Application Form in Australia; and
- that if you already have a WealthFoundations account, by signing another Application Form you are requesting that an additional account is established and that these accounts should not be consolidated.

Declarations

If you complete and sign an Application Form to participate in WealthFoundations, you confirm and agree:

You and your adviser

- that you have had an opportunity to obtain personal financial advice (or as otherwise agreed with the Trustee) in respect of WealthFoundations from a financial adviser licensed or authorised under the Corporations Act 2001 (Cth) to give such advice;
- to authorise your financial adviser to access your account through the ClearView Portal and to undertake certain actions to operate your WealthFoundations account on your behalf, these actions include (but are not limited to): issuing investment instruction to us, updating your contact details and obtaining information about your account and investments;
- that you have received, read and understood the PDS dated 29 June 2024, the Additional Information Booklet (**AIB**) and the Investment Option List (**IOL**) and any updates to these documents; and
- that the current Target Market Determination for WealthFoundations Super and Pension is available for you to consider.

Communicating with you

- to receive all relevant information and reports that we are required or permitted to give to you:
 - directly by email (including emails containing a hyperlink text), other electronic communications (including by accessing the ClearView Portal) or via post; or
 - via your financial adviser in writing, by email or other electronic communication (including at clearview.com.au/pds); or
- that you will be deemed to have received information and/or reports from us whether or not you access the information and/or reports online at clearview.com.au, by email, through your financial adviser or through other electronic communications.

Investments and transactions

- that you understand and accept the risks of investing in WealthFoundations as set out in the PDS and AIB;
- that neither ClearView Life Assurance Limited ABN 12 000 021 581 acting as administrator (**Administrator**) nor its subsidiaries guarantee the repayment of capital or the performance or rate of return of any of the investment options (except as expressly stated);
- that you understand that we may at any time vary our investment strategies or available investment options without taking into account any taxation or other potential costs that you may incur as a result;
- that you understand that we, or your financial adviser, may defer or cancel transactions where there are extensive delays under an automatic IPS Strategy rebalance;
- that you understand there may be unavoidable delays before an investment transaction may be implemented, including but not limited to delays that occur because we exercise a discretion available to us under the Trust Deed and/or to comply with legal requirements;

Fees and costs

- that you understand and accept the WealthFoundations fees and costs described in the PDS, AIB and IOL;
- that any Adviser Service Fees (or other permitted fees) agreed between you and your financial adviser will relate to personal financial advice, or other services, which are solely related to the interest in WealthFoundations;
- to instruct the Trustee and its Administrator to collect the Ad-hoc Adviser Service Fee and/or Ongoing Adviser Service Fee and instruct the Trustee and its Administrator to pay the agreed fees to the relevant dealer group who will then pay the agreed fees to your nominated financial adviser;
- that if you cease to pay the Ongoing Adviser Service Fee to your financial adviser (as notified by you or your financial adviser), you may be required to unlink your financial adviser from your account. Alternatively, you may remain in WealthFoundations and you can request the processing of investment instructions and switches through us; and
- that we will not be liable to you for any loss you suffer (including consequential loss) caused by the fact that:
 - we may delay, block, freeze or refuse to process a transaction; and/or
 - we may refuse to provide you any (upfront or ongoing) services, including in circumstances where:
 - we have a legal obligation to refuse to provide those services; and/or
 - your transaction may cause us, or you, to breach any Australian laws or the laws of another country.

Anti-money laundering and counter-terrorism financing (AML/CTF)

- you are not making an application in respect of the Fund in an assumed name;
- any money used by you to invest in the Fund is not derived from and/or is related to any proceeds that will be used for any criminal activities;
- you will provide any additional information and documentation reasonably required for the purpose of the Administrator complying with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ('AML/CTF Act'); and
- we may obtain information about you if this is believed necessary to comply with the AML/CTF Act. Where documentation provided is not in English, an English translation must be provided by an accredited translator (who is accredited by the National Accreditation Authority for Translators and Interpreters Ltd at the level of Professional Translator or above).

There are certain legal obligations to disclose information gathered to regulatory bodies and/or law enforcement agencies, such as the Australian Transaction Reports and Analysis Centre (AUSTRAC). We have reporting obligations in relation to the AML/CTF regulatory regime and we must report certain matters to AUSTRAC. Under 'tipping-off' provisions, we are not permitted to inform you that any such reporting has taken place.

Your information security and your account security

- that your password and/or PIN to the ClearView Portal must be kept secure and confidential and only used by you to access your account information and update your information;
- that we and the Administrator are not responsible for any actions undertaken by any person purporting to be you (or your financial adviser, as applicable) where they have been able to obtain access to your account through your password and/or PIN or comply with any of our security procedures. We and the Administrator will consider any actions in these circumstances to have been undertaken by you;
- that you will tell us immediately if you realise or suspect anyone else knows your password or PIN;
- that we and the Administrator may rely on communications that purport to be from you (or your financial adviser, as applicable) which relate to information of a kind that we accept from time to time;
- that we and the Administrator are not responsible for any loss you may suffer and that you release and indemnify us from and against all liability which may be suffered by you or brought against us in respect of:
 - any act or omission of your authorised representative, whether authorised by you (or your financial adviser, as applicable) or not;
 - your use, or your purported use, of the ClearView Portal; and/or

- any communication (including but not limited to, emails, signed documents, signed forms) we receive from you, your financial adviser or representative and we reasonably believe is genuine and is later determined to be fraudulent;
- that by electing to be linked to a Family Group, you consent to certain personal information being shared with other members of the Family Group for the purposes of the administration and communication of the Family Group Fee Rebate. You can opt out of a Family Group at any time. More information in relation to the Family Group Fee Rebate is available in the PDS;
- to supply us with any information we may from time to time request in order to comply with the requirements of a foreign authority;
- that your personal information may be provided to a relevant third party from time to time and, on occasion, the third party may be located overseas. You consent to your personal information being sent to relevant third party providers (located in Australia or overseas) and that neither the Trustee, the Administrator nor its subsidiaries will be liable under the Privacy Act for any privacy breach by an overseas third party provider (or their affiliate, related body corporate or subcontractor based overseas), and you will not be able to seek redress under the Privacy Act: and
- that you consent to the collection, use and disclosure of your personal information as set out in:
 - the Administrator’s Privacy Policy available at clearview.com.au/privacy or by contacting us on 132 977.
 - the Trustee’s Privacy Policy available at eqt.com.au/global/privacystatement.

If you don’t follow your obligations under your account, we may close your account, without notice, if we have reasonable grounds to suspect that:

- you have breached of any applicable laws or regulations relating to your obligations under your account, and
- we need to manage any risks that we are exposed to (including the risk of damage to our reputation), subject to the provisions of the SIS Act.

In this section, all references to ‘we’, ‘us’ and ‘our’ are intended to include a reference to the Trustee and any service provider appointed by us from time to time. We will hold the benefit of (and may enforce) the above representations, declarations, releases and indemnities in this section for our own benefit and for the benefit of any such service provider.

Signature of member

Date signed

Member full name **PRINT CLEARLY IN BLOCK LETTERS**

Direct debit declaration (Please complete if you have set up a direct debit in section 2)

I request and authorise ClearView Life (User ID number 475016) to debit my nominated account in accordance with the ad-hoc and/or regular payment arrangement made between us as set out in this Application Form. I acknowledge that this debit will be made through the Bulk Electronic Clearing System (**BECS**) from my account held at the financial institution I have nominated in this Application Form and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (**Agreement**). For further information, refer to the section titled ‘Direct Debit Request Service Agreement’ at the end of this Application Form.

By signing and/or providing you with a valid instruction in relation to my Direct Debit Request, I understand and agree to the terms and conditions governing the debit arrangement between myself and ClearView Life as set out in this request and in the Agreement. I understand that where an ad-hoc and/or regular deduction is dishonoured, a fee is charged and a processing fee may be charged by my financial institution each time a contribution is made. All bank account signatories must sign below.

Bank account holder signature

Date signed

Bank account holder full name **PRINT CLEARLY IN BLOCK LETTERS**

Bank account holder signature (if joint account)

Date signed

Bank account holder full name **PRINT CLEARLY IN BLOCK LETTERS**

Section 8: Financial adviser declarations and signature

By submitting an Application Form to participate in WealthFoundations, you, as the applicant's financial adviser (you) will be deemed to have made the following declarations and representations;

You confirm you:

- hold all licences and/or authorities which are required under the Corporations Act 2001 (Cth) to provide advice in relation to WealthFoundations, to arrange the issue of interests in WealthFoundations and to do all things contemplated by the PDS;
- have arranged the issue of an interest in WealthFoundations pursuant to an arrangement with the Administrator;
- have ensured that the applicant has received the PDS, the Additional Information Brochure and the Investment Options List and all necessary forms at the same time;
- have provided the applicant with all information and advice necessary for the applicant to understand the nature and risks of an investment in or through WealthFoundations and the impact of the PDS, the Trust Deed and the member declarations and representations set out previously in this document;
- have provided personal financial advice to the applicant and have formulated the applicant's investment strategy recommendation in accordance with this;
- have considered the Target Market Determination for WealthFoundations Super and Pension (as applicable);
- recommended investments that produce an asset allocation and risk profile consistent with the applicant's selected investment strategy;
- have disclosed all fees, charges and remuneration payable in respect of WealthFoundations;
- will not seek, receive, or agree to, the payment of ongoing fees or other applicable amounts from the applicant's account in respect of advice, or other services, which are not solely related to the interest in WealthFoundations;
- have not calculated the financial Adviser Service Fees on, or by reference to, any money borrowed on or after 1 July 2013 which has been used or is proposed to be used, by the client to invest in this product or any other financial product to your knowledge;
- will obtain instructions from the applicant, and provide the applicant with all information necessary to outline the nature and risks of making any investment transaction through WealthFoundations, before instructing us or the Administrator to make an investment transaction or any other change in respect of the applicant's account;
- where the applicant has elected to be linked to a Family Group, prior to linking the applicant to the Family Group, you have obtained confirmation from the members of the designated Family Group that they consent to being linked to the Family Group.

- have been instructed by the client that we must collect the Ad-hoc Adviser Service Fee and/or Ongoing Adviser Service Fee, and that the Administrator will arrange for the agreed fees to be paid to your dealer group who will then pay the agreed fees to you. You confirm that you consent to this arrangement;
- understand that if your client ceases to pay your Ongoing Adviser Service Fee (as notified by you or your client), your client may be required to unlink you as their financial adviser and either nominate a new financial adviser or request the processing of investment instructions and switches through us.

For anti-money laundering and counter-terrorism financing (AML/CTF) purposes you acknowledge and agree you have carried out the necessary KYC obligations as required under AML/CTF laws and will provide the Administrator with any additional information the Administrator may request from time to time about the applicant.

You confirm you:

- will provide clear and legible instructions to the Administrator by a means acceptable to the Administrator; and
- will indemnify us and the Administrator in respect of any losses or liabilities arising as a result of our reliance on those instructions or any of the representations and declarations in this section being breached or being shown on the balance of probabilities to be untrue, incorrect or misleading on anyone or more occasions.

Signature of financial adviser

Date signed

Financial adviser full name **PRINT CLEARLY IN BLOCK LETTERS**

Section 9: Identification

Note: This section is mandatory for Pension and optional for Super Applications. However identification is required before any withdrawals out can be made from a Super account.

You and your financial adviser can establish your identity in two ways for the purposes of Anti-Money Laundering and Counter-Terrorism Financing Laws. You can either:

Option 1

Provide a certified copy of primary or secondary identification document(s) e.g. drivers licence or passport. For a full list of acceptable documents please refer to clearview.com.au/ID

OR

Option 2

Complete the Identification and verification form below. (Financial Adviser use only)

Identification and verification form

Verify the **individual's** full name; and either their date of birth OR residential address.

Receipt of a completed form will constitute your agreement as a reporting entity that you have completed the identification and verification of the applicant for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws.

ID document details**Document 1****Document 2**

Document type

Verified from

 Original Certified copy Original Certified copy

Document issuer

Issue date

Expiry date

Document number

Accredited English translation

 N/A Sighted N/A Sighted

Note: Refer to website for a list of appropriate identification documents. For a full list of acceptable documents please refer to clearview.com.au/ID

Date verified

Financial adviser full name

Phone number (

)

Dealer group

AFS Licence number

Financial adviser signature

Section 10: Death benefit nomination – optional for all members

This nomination will apply to the account being opened with this Application Form. You can also use this section to update nominations on other WealthFoundations accounts in your name. If you provide other account numbers below then this nomination will replace any existing nominations on these accounts except reversionary beneficiary nominations.

 Yes, please apply this nomination to my other account(s)

(e.g. CSUP / 100000)

A. Member details

Given name(s)

Surname

Date of birth

B. Nomination detailsNomination type Non-lapsing binding OR Non-binding

C. Beneficiary details

The total of your beneficiary nominations, including your legal personal representative (if nominated), must equal 100.00%.

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% of death benefit <input type="text"/>
Surname <input type="text"/>		Date of birth D D M M Y Y Y Y

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% of death benefit <input type="text"/>
Surname <input type="text"/>		Date of birth D D M M Y Y Y Y

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% of death benefit <input type="text"/>
Surname <input type="text"/>		Date of birth D D M M Y Y Y Y

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% of death benefit <input type="text"/>
Surname <input type="text"/>		Date of birth D D M M Y Y Y Y

Given name(s) <input type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent <input type="checkbox"/> Financial dependant	% of death benefit <input type="text"/>
Surname <input type="text"/>		Date of birth D D M M Y Y Y Y

<p>Legal Personal Representative</p> <p>Where you have nominated your Legal Personal Representative to receive a percentage of your death benefit, you are not required to complete any beneficiary details for this nomination.</p>	% of death benefit <input type="text"/>
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Total	100.00%
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¹ Spouse includes someone you are married to, a person you are in a relationship with where that relationship is registered under certain state or territory laws (including same-sex relationships) or a de facto spouse.

D. Member declaration

In giving your nomination to the Trustee you agree to, and make the following declarations:

- I understand the Trustee has discretion as to how my benefit is paid, i.e. lump sum or account based pension (except reversionary pension which will be paid as an account based pension).
- I understand the terms of this nomination and have read the Product Disclosure Statement (**PDS**) to which it relates.
- In relation to any reversionary and/or non-lapsing binding nomination, I understand if the nomination remains valid and is in effect at the time of my death, then the Trustee must pay the benefit in accordance with the nomination.
- The beneficiaries I have nominated are either my dependant(s) and/or my legal personal representative, within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act).
- I understand the whole of this nomination is invalid if any beneficiary nominated is not a dependant or legal personal representative at the time of my death or after I die.
- I understand this nomination may be amended or revoked at any time by notifying the Trustee in writing.
- I understand if my nomination is not valid, the Trustee will have the sole discretion to pay my benefits to any one or more of my dependants and/or to my legal personal representative as specified in the PDS, Trust Deed and Super Law.

E. Member signature

Member signature

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Member full name **PRINT CLEARLY IN BLOCK LETTERS**

F. Witness signature - non-lapsing binding nominations only

Witness declaration (2 witnesses required)

- I confirm that I am not nominated as a beneficiary of the member’s death benefit.
- I declare that I am over the age of 18.
- I declare that I have witnessed the signing of this document by the member and I signed on the date stated above.

Name of witness 1

Signature

Name of witness 2

Signature

Section 11: Tax File Number declaration form - pension members only

Please complete this TFN declaration form if you are under age 60 and are commencing a pension. If you do not complete the form we will be unable to establish your pension.

1. Basis of payment

- Full-time employment Part-time employment Casual employment
 Labour hire Superannuation Pension **OR** Annuity

2. Are you an Australian resident for taxation purposes?

- Yes No If 'No', you must answer 'No' at Question 3

3. Do you wish to claim the tax-free threshold from this payer?

Note: Only claim the tax-free threshold from one payer at a time unless your total income from all sources for the financial year will be less than the tax-free threshold.

- Yes No If 'No', you must answer 'No' at Questions 4 and 5 unless you are a non-resident claiming a Senior and pensioners, zone or overseas forces tax offset

4. Are you claiming the Seniors and pensioners tax offset?

- Yes No If 'Yes', obtain the withholding declaration from your payer

5. Are you claiming a zone, overseas forces, dependent spouse or special tax offset?

- Yes No If 'Yes', obtain the withholding declaration from your payer

6. (a) Do you have an accumulated Higher Education Loan Programme (HELP) debt?

- Yes No If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s)

(b) Do you have an accumulated Financial Supplement debt?

- Yes No If 'Yes', your payer will withhold additional amounts to cover your anticipated compulsory repayment(s)

Declaration

I declare that the information I have given on this form is true and correct.

Signature of applicant

Date signed

Note: There are penalties for deliberately making a false or misleading statement.

To be completed by payer

ABN

Payer's registered business name

Contact person

Daytime telephone

Signature of payer

Date signed

Note: Penalties may apply if we do not receive all the required information. Once we receive a completed declaration we'll supply the information to the ATO within the required 14 days.

Section 12: Request to transfer super benefits to WealthFoundations

By completing this form, you are requesting the transfer of your super benefits from your other super fund to WealthFoundations Super or Pension. This form will NOT change the fund to which your employer pays your contributions. The Standard Choice form must be used by you to change funds.

Once received, we will request a transfer from your other super fund. We will also provide a follow up service and contact your financial adviser if any additional information is requested by your other fund(s).

A. Personal details

Date of birth

Contact phone number

Given name(s)

Surname

Other previous names

Note: If your name is different on your FROM super fund please provide a certified copy of your proof of name change (such as a marriage or change of name certificate).

B. Your WealthFoundations account details - 'To' Fund

TO Fund name

Unique Superannuation Identifier (USI)

Account number (if known)

(e.g. CSUP / 100000)

C. Rollover details - 'From' fund(s)

Rollover 1:

Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$

Rollover 2:

Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$

Rollover 3:

Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$

Rollover 4:

Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$

D. Authorisation

By signing this request form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super 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.
- I discharge the super provider of my FROM fund of all further liability in respect of the benefits paid and transferred to ClearView WealthFoundations.
- I hereby authorise my financial adviser and representatives of the Trustee of the ClearView Retirement Plan to obtain any information in relation to this rollover from my FROM fund.
- I request and consent to the transfer of super as described above and authorise the super provider to give effect to this transfer.

Signature of member

Date signed

Member full name **PRINT CLEARLY IN BLOCK LETTERS**

**ClearView WealthFoundations Super and Pension within the ClearView Retirement Plan (the Fund)
USI CVW0001AU; ABN 45 828 721 007**

The Trustee of the Fund, Equity Trustees Superannuation Limited ABN 50 055 641 757, confirms that:

1. The Fund is a regulated fund as defined under the Superannuation Industry (Supervision) Act 1993 (SIS Act), and is administered as a complying fund.
2. The Fund is not subject to a direction from the Australian Prudential Regulation Authority to not accept any employer contributions under section 63 of the SIS Act.
3. Under the provisions of the Trust Deed governing the Fund, benefits may be rolled over or transferred to other regulated complying funds, or rolled over or transferred from other regulated funds.
4. The Fund is a public offer fund and is able to accept contributions for eligible persons. Contributions paid into the Fund will be maintained and paid only in accordance with the SIS Act.

Direct debit request service agreement

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your bank account for contributions into your WealthFoundations account. You should refer to the direct debit request and this Direct Debit Request Service Agreement set out below for the terms of the arrangement between us and you.

The following is your Direct Debit Request Service Agreement with us. The agreement is designed to explain what your obligations are when undertaking a direct debit arrangement with us. It also details our obligations to you.

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

BECS means Bulk Electronic Clearing System as managed by the Australian Payments Clearing Association Ltd.

Business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the direct debit request between us and you.

Us or we or our means ClearView Life Assurance Limited ABN 12 000 021 581, acting as administrator, who you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

Debiting Your Account

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account as authorised in the direct debit request.

If the debit day falls on a day that is not a business day, we may direct your financial institution to debit

your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 14 days' written notice.

Changes by you

Subject to anything referred to under this 'Changes by you' section, you may change the arrangements under a direct debit request (which may include requesting deferment or alteration of the request) by writing to us in accordance with the 'Notice' section of this agreement.

You may change or cancel your authority or your direct debit request (and may stop any debit payment before it occurs) by writing to us at least seven (7) business days before your next debit day in accordance with the 'Notice' section of this agreement.

You should direct all request for such stops or cancellations to us in the first instance rather than to your financial institution.

Your authority and direct debit request will be cancelled if you close your WealthFoundations account.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution;
- you may also incur fees or costs imposed or incurred by us (provided that we have given you notice of any fees or costs imposed by us);
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment; and
- the settlement of an investment transaction may be delayed.

You should check your account statement to verify that the amounts debited from your account are correct.

If ClearView Life Assurance Limited is liable to pay goods and services tax (**GST**) on a supply made in connection with this agreement, then you agree to pay ClearView Life Assurance Limited on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Dispute

If you believe that there has been an error in debiting your account, you should notify us on **132 977** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

If we conclude as a result of our investigations that your account has been incorrectly debited we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting through BECS is not available on all accounts offered by financial institutions.
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will comply with any relevant privacy laws.

Subject to relevant privacy laws, we will only disclose information that we have about you:

- to the extent specifically required by law;
- for the purposes of this agreement (including disclosing information in connection with any query or claim); or
- to your financial institution if your financial institution requires such information in connection with a claim made on it relating to an alleged incorrect or wrongful debit.

Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to:

ClearView WealthFoundations
Reply Paid 4232
Sydney NSW 2001

We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

Any notice will be deemed to have been received two business days after it is posted.

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ClearView WealthFoundations

Reply Paid 4232
Sydney NSW 2001

132 977

client.wealth@clearview.com.au

clearview.com.au