

# Member Application Form

Acclaim Super

Acclaim  
WEALTH



THIS FORM IS INTENDED FOR MEMBERS WITH A FINANCIAL ADVISER

Before signing this Member Application Form, please ensure that you have read the latest Acclaim Super & Pension Product Disclosure Statement (PDS) and the current Additional Information Booklet (AIB), available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au) or on request by phoning 1300 264 264. A reference to the 'member' in this form is a reference to the applicant for membership of Acclaim Super (the Fund). Any application for membership is subject to acceptance by the Trustee.

Note: A copy of member's ID (driver's licence, passport or equivalent) is required to be submitted with this form.

## Section 1: Personal details (all fields are mandatory)

Surname:  Salutation:

Given name(s):

Date of birth:  Gender:

Postal address:

Suburb:  State:  Postcode:

Residential address:

Suburb:  State:  Postcode:

Telephone (BH):  (AH):  Mobile:

Email address:

Would you like your username and password for online access automatically emailed to this email? Yes  No

I would like to receive electronic correspondence from the Fund, where applicable, to the email address provided. Yes  No

## Section 2: Employment details

Occupation:  Will your employer be contributing to this Fund: Yes  No

If yes, name of employer:

Employment status: Full time  Casual  Permanent part time  Other

Tax file number:  To be submitted via online portal ONLY See the PDS and AIB for important information about the TFN declaration

## Section 3: Beneficiaries

The Fund provides the following options for nominating how your benefit should be paid upon your death.  
Note: For each account you have, you can only make one type of nomination. Your financial adviser cannot make a beneficiary nomination on your behalf. Refer to the AIB for more information about nominating beneficiaries.

1. Preferred non-binding nomination – please complete the section below.  
Please note that a non-binding nomination of beneficiary guides but does not bind the Trustee. You may revoke or change your nomination at any time by completing a *Change of Member Details* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

In the event of my death please pay my remaining balance to: my estate  or the following nominated dependants

Full name of non-binding nominated beneficiary	Date of birth	Relationship	% of benefit
<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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2. Binding beneficiary nomination – you must complete the *Binding Nomination of Beneficiary* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

## Section 4: Transfer of benefits

Do you wish to transfer a benefit from another superannuation fund into this Fund?

Yes – Please complete the *Request to Transfer* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).  No

## Section 5: Insurance

Do you wish to transfer insurance cover currently held within another superannuation fund into the Fund?

Yes – Please complete the *Insurance Transfer* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).  No

Do you wish to apply for new or additional insurance cover through the Fund?

Yes – Please complete the *Insurance Cover Application* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).  No

## Section 6: Initial investment instructions

Do you want to open a share trading account for listed securities? Yes  No

If you selected yes, specify how you would you like excess cash (above the required minimum) to be treated.

Sweep excess cash to my Cash Management account

Leave excess cash in my Cash account

If you are not opening a share trading account, your initial investment, and any excess cash (above the required minimum) will remain in your Cash account by default. Once your Acclaim Super or Acclaim Pension account is established you will be able to set or change your standing investment instructions (such as your automatic buy instructions, buy profile and rebalance profile) via the online portal.

## Section 7: Adviser details

Please Note: You can only nominate an adviser that is a representative of a dealer group that is authorised to provide financial services in relation to the Fund.

Adviser name:

Dealer group:  Phone number:

Practice name:  Email address:

AFSL number:  Corporate authorised representative number:

## Section 8: Transaction authority

I authorise my adviser as nominated in Section 7 to give or carry out instructions regarding the operation of my account (including investments) as set out below. I understand that in giving or carrying out instructions, my adviser may access my account details and transact on my account. I also understand that the Trustee or its service providers can accept and act on such instructions given by my adviser without requiring my signature, additional proof, instructions or further confirmation from me. The instructions or transactions for which this authority applies are:

1. Investment of the initial contribution, rollover amount, or the amount transferred into my account to commence a pension in the Fund
2. Switching between investment strategies / underlying investment holdings including purchasing and selling investments
3. Changing a regular contribution amount
4. Starting, changing, or stopping a regular withdrawal amount (where permissible under relevant law)
5. Changing the weightings of securities held in respect of your account
6. Requesting a cash withdrawal to my nominated bank account (full or partial)

Note: The Trustee cannot accept your application to the Fund without this authority in certain circumstances. Refer to the current PDS and AIB for further information.

Member signature:  Date:

## Section 9: Consent to deduct one-off advice fee

The Fund must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or the Fund in writing.

If you sign this form you will pay the following one-off advice fee from your account(s).

One-off advice fee \$  Inclusive of GST

As part of the advice, the dealer group will provide you with a Statement of Advice (SOA), which outlines what this fee includes. Refer to your SOA for detailed information about what services are associated with this fee.

Your consent expires once the amount is deducted from your super account. This means the dealer group will have to ask for your consent again if the Fund wants to deduct fees from your super account for further advice from the dealer group in future.

You can withdraw your consent to the deduction of fees from your account by contacting the Fund. However, your withdrawal must be received before the Fund deducts the one-off fee from your account.

## Section 10: Consent to deduct ongoing advice fees

The Fund must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or the Fund in writing.

If you sign this form, you will pay the following ongoing advice fee from your account from the start date indicated below.

Ongoing advice fee type			Fee estimate <sup>^</sup>		Start date*	Anniversary date*
\$ Based fee	\$ <input type="text"/>	Inclusive of GST p.a.			<input type="text"/>	<input type="text"/>
% Based fee	<input type="text"/> %	Up to 2.2%, inclusive of GST p.a.	\$ <input type="text"/>	Estimated p.a.	<input type="text"/>	<input type="text"/>
% Based insurance fee	<input type="text"/> %	Inclusive of GST p.a.	\$ <input type="text"/>	Estimated p.a.	<input type="text"/>	<input type="text"/>

Cease date – Your consent expires 150 days after the anniversary date of the ongoing advice fee. After this date, the dealer group will have to ask for your consent again if it wants to continue deducting ongoing advice fees from your account in return for ongoing services.

You can vary or withdraw your consent at any time by contacting your adviser or the Fund directly.

<sup>^</sup> This amount is a fee estimate only based on your current balance or insurance premiums and an agreed percentage fee stated above which is to be applied at the time the deduction is processed.

\* You must provide a start date and anniversary date for the fee to be applied. The anniversary date must be a maximum of 12 months from the start date.

## Section 11: Identity verification

To make payments to you from your account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification. The Australian government's document verification service (DVS) has made the 'card number' a mandatory field to verify Australian drivers' licences. The card number is a unique number attributed to a driver's licence in Australia. If you are supplying a driver's licence as your form of identification, **please provide both the front and back of your licence** to ensure we can verify your identity.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1300 264 264.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the DVS. The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy policy is available from their website: <http://www.dvs.gov.au>.

If you would like to proceed with electronic verification please tick each of the consent boxes below:

You consent to us electronically verifying your identity; AND

You are authorised to provide the identification documents to us; AND

You understand that the details of the identification documents will be checked against the Australian government's document verification service.

**Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.**

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1300 264 264.

## Section 12: Member declaration

I make the following declarations and acknowledgements:

### General

- I understand that I am bound by the provisions of the Trust Deed for the Fund dated 12 May 2000 as amended from time to time.
- I have been provided a copy and have read and understood the relevant PDS and have obtained, read and understood the current AIB including any terms, conditions or limitations relating to the role of my nominated adviser, any investments in the Fund (including the Fund's investment options) and insurance cover.
- I acknowledge that I have read and understood the information about contributions contained in the AIB and that I have satisfied myself that any contributions I make are consistent with the contribution rules prescribed by superannuation legislation.
- I consent to the Trustee accepting and acting on directions, instructions, requests and other communications (including faxes and emails) in relation to investment management, insurance and administration in connection with the Fund, from my adviser as nominated in Section 7 and any duly authorised signatory appointed by my nominated adviser or the dealer group, acting on my nominated adviser's behalf. I authorise the Trustee to continue to accept, rely upon and act on these communications until I notify the Trustee in writing otherwise.
- I understand that the adviser or dealer group nominated in Section 7 is not an employee, partner, joint venturer or agent of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given or transactions made by my adviser as nominated in Section 7 or a duly authorised signatory appointed by my nominated adviser or the dealer group acting on my nominated adviser's behalf.
- The information I have provided in this form is true and correct.

### Personal information

- I acknowledge that I have read and understood the Privacy Policy described in the AIB.
- I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS and AIB.

### Investment

- I understand that my account balance can rise and fall, and that neither the Trustee, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, nor any of the fund managers or financial product issuers utilised by the Fund or accessible to you via the Fund guarantee the performance of the Fund or its investment options.
- I acknowledge that the Trustee will invest my account in accordance with the selections made by me in this form and (where applicable) in any *Investment Choice* form (as varied by myself or my nominated adviser in accordance with my transaction authority, from time to time) but that the Trustee reserves the right not to do so where necessary or appropriate without liability to the Trustee.
- I hereby direct the Trustee to invest my account balance as indicated above, based on the declarations and acknowledgements made in this form.
- Where I have selected (or select) an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to facilitate redemption or switching requests due to the illiquid nature of the investment.
- Where I have selected an instalment warrant, I acknowledge that I have received advice and the warrant issuer's disclosure document from my adviser and I understand the risks associated with such investments.
- Where I have selected (or select) a single manager investment option or term deposit option, I have been provided a copy and have read and understood the relevant PDS for the investment(s) I have selected to invest in. I agree to obtain (and have or will obtain) the relevant PDS or disclosure document for the option from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au) before making any selection of a single manager investment option or term deposit option, or from my nominated adviser in Section 7 of this form.

### Advice fees

- I confirm my adviser has provided me with professional advice including the formulation of an investment strategy that has taken into consideration my personal objectives, financial situation and needs.
- I understand the initial one-off fee, ongoing fee and advice fee for insurance cover are negotiable between my nominated adviser and myself and that any fees agreed to by me are in addition to the other fees stipulated in the PDS.
- Unless I have stipulated otherwise in this form, I agree to the advice fees detailed in Section 10 being deducted monthly in arrears from my account balance in the Fund as at the last day of the month and authorise the Trustee to pay advice fees to the dealer group and for the dealer group to pass on such amount (if any) it determines to my adviser as nominated in Section 7.
- If I have more than one account in the Fund, I agree to authorised advice fees being deducted in the manner set out in the AIB.
- I confirm my adviser has provided me with a Statement of Advice in relation to any financial product advice provided by my adviser as required by government legislation.
- I am aware that any fees deducted by my adviser from my superannuation account are to be only in relation to the Fund or its investments.
- I am aware that if requested by the Fund or its Trustee, my adviser may provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund or its investments.
- I am aware that any fees deducted from my account that are paid to my adviser are to be only in relation to the Fund, its investments or insurance obtained through superannuation.
- I am aware that if requested by the Fund or its Trustee, my adviser may be asked to provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund.

Member signature:

Date:

## Section 13: Adviser declaration (adviser to complete)

I make the following declarations, undertakings and acknowledgements personally and on behalf of the dealer group shown in Section 7:

- I accept the terms of the adviser transaction authority in Section 8 and agree to act in accordance with this authority and any written instructions I receive from the member. I agree to provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- I declare that all directions, instructions, requests and other communications I give to the Trustee, or transactions I make on the member's account will only be made after prior consent of the member and will include (where applicable) accurate and full information and disclose any facts or circumstances relevant to the communication or transaction.
- I confirm I am authorised through a holder of a current AFSL.
- I confirm that where I have provided financial services in relation to the Fund, including the Fund's financial products and/or investment and/or insurance options, I am authorised to do so.
- I have provided the member with a Statement of Advice in relation to the member's investment in the Fund, and/or investment options, and/or insurance options as required by government legislation.
- I have provided the member with access to the current PDS or other disclosure documents for each of the selected investments available for investment through the Fund.
- I have fully disclosed to the member all fees and costs associated with investing in the Fund in accordance with government legislation.
- I will if requested by the Fund or its Trustee provide copies of a member's Statement of Advice in relation to any advice fees deducted from a member's account in order for the Fund or its Trustee to ensure advice fees are in relation only to the member's interest in the Fund, its investments or insurance obtained through superannuation.
- I confirm that any advice fees payable to me as agreed by the member are / will be for financial services relating only to the Fund or its investments.
- I confirm that any changes to the amount, frequency, method or manner of payment of advice fees will be signed off in writing by the member prior to making such changes and that I will immediately notify the Trustee of such changes.
- I confirm that all emails and other electronic communications containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information and that I will ensure the security, confidentiality and privacy of information (including personal information) about the member that I access from the Fund in accordance with all relevant government legislation.
- Where I have submitted an electronic copy of this form, I confirm that I will retain the original copy of the form for a minimum period of seven years and supply the original to the Trustee as requested by or on behalf of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given, or transactions made, by me or my duly authorised signatory.
- I agree to promptly refund, on request by or on behalf of the Trustee, any advice fees paid out of the Fund's assets that are not in accordance with the declarations and acknowledgements in this form.
- I agree to provide the Trustee with any information requested by or on behalf of the Trustee in relation to the adviser details and advice fees shown in this form.
- If contacted by or on behalf of the Trustee from time to time to confirm my ongoing adherence to this Adviser Declaration, I will cooperate.
- I agree to immediately notify the Trustee if I breach or am likely to breach any relevant law, the terms of this Adviser Declaration or cease to be authorised to provide financial services relating to the Fund.
- I agree to seek member renewal of the adviser service fee arrangements every two years if it is not renewed before then.
- I agree to notify the Fund immediately if a renewal is not received and understand that the Fund will cease the payment of advice service fees.
- I agree to immediately notify the Trustee if any of the information provided by myself in this form ceases to be true and correct or changes in any way.
- I declare that I am duly authorised to provide the above declarations, undertakings and acknowledgements on behalf of the dealer group named in Section 7 of this form.
- I declare that all information provided by myself in this form is true and correct.

Adviser signature:

Date:

**Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to [info@acclaimwealth.com.au](mailto:info@acclaimwealth.com.au).**

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

The Trustee's privacy policy can be found at [www.eqt.com.au/global/privacystatement](http://www.eqt.com.au/global/privacystatement).