

Member Application Form

Acclaim Core Super

Acclaim
WEALTH



Before signing this Member Application Form, please ensure that you have read the latest Acclaim Core Super & Pension Product Disclosure Statement (PDS) and the current Additional Information Booklet (AIB), available from www.acclaimwealth.com.au or on request by phoning 1300 264 264.

Section 1: Personal details (all fields are mandatory)

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given name(s):	<input type="text"/>		
Date of birth:	<input type="text"/>	Gender:	<input type="text"/>
Postal address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
Residential address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
Email address:	<input type="text"/>		
Would you like your username and password for online access automatically emailed to this email?			
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Section 2: Employment details

Occupation:	<input type="text"/>	Will your employer be contributing to this Fund:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of employer:	<input type="text"/>			
Employment status:	Full time <input type="checkbox"/>	Casual <input type="checkbox"/>	Permanent part time <input type="checkbox"/>	Other <input type="checkbox"/>
Tax file number:	<input type="text"/>	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.

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%

2. Binding beneficiary nomination – you must complete the *Binding Nomination of Beneficiary* form available from 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. 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. 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. No

Insurance election

Yes – I elect to maintain all my insurance cover in the Fund even if my account has not received any contributions or other amounts for a continuous 16-month period. No

Yes – I elect to receive automatic insurance cover even if my account has a balance of less than \$6,000 and/or I am under 25 years old. No

Section 6: Investment choice

Your Acclaim Core Super Application will be an application to invest in the AMG Index Growth Option, unless you specify another investment choice. You can specify another investment choice below or by completing an *Investment Choice* form available from www.acclaimwealth.com.au. Information about the investment options available in the Fund are set out in the AIB and also www.acclaimwealth.com.au/investment-options.

AMG Investment Options	Allocation %
AMG Index Diversified Options	
AMG Index Conservative	
AMG Index Balanced	
AMG Index Growth	
AMG Index High Growth	
AMG Index Sector Options	
AMG Index Fixed Interest	
AMG Index Listed Property	
AMG Index Australian Equities	
AMG Index International Equities	
Other Options	
AMG Cash	
	TOTAL 100%

Section 7: 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 and conditions, 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 made by myself are consistent with the contribution rules prescribed by superannuation legislation.
- 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 myself in this form and (where applicable) in any *Investment Choice* form (as varied by me 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.

Member signature:

Date: