

Super and Pension Account Application Form

Mason Stevens Limited ABN 91 141 447 207 AFSL 351578

Mason Stevens Super ABN 34 422 545 198 RSE Registration Number R1004168 P: 1300 491 766 E: admin@mssuper.com.au M: PO Box R1237, Royal Exchange, NSW 1225

Trustee: Diversa Trustees Limited ABN 49 006 421 638 RSE License Number L0000635 AFSL License 235153

Important information

We can only accept your account application form if it is completed in full and is correct. Please do not use correction fluid. If you make an error, please cross it out and have changes initialed by all investors.

Accepted certified proof of identification:1

One of the following:

- » Current Australian driver's licence, or
- » Australian passport (current or has expired within the past two years), or
- » State or Territory proof of age card, or
- » Foreign passport or similar travel document containing your photograph, date of birth and signature.

If one of the above documents cannot be provided, please provide:

- » Birth/Citizenship certificate, AND
- » Rates notice issued by a local government body OR utility bill less than three months old or income tax assessment notice less than two years old.



Application check list:

Account type	Mandatory sections	Signatures required	Have you provided	
Super	Sections 1-4,7,9-12	All applicants to sign	Certified proof of identification documents	
	1-4,7,9-12 to sign		TFN declaration form	
Transition To Retirement	All sections	All applicants to sign	Certified proof of identification documents	
		3	Copy of bank statement - displaying only the bank's logo, BSB, account number and shows the account holder/s details	
			TFN declaration form	
Account Based Pension	All sections	All applicants to sign	Certified proof of identification documents	
		J	Copy of bank statement - displaying only the bank's logo, BSB, account number and shows the account holder/s details	
			TFN declaration form	

¹ Certified copies (no more than 12 months old) of these documents must have the certifier's signature, printed name, date, qualification and the following statement: "I, [full name], as [category of persons listed below], certify that this [name of document] is a true and correct copy of the original". Documents may be certified by a lawyer, judge, magistrate, a chief executive officer of a Commonwealth court, justice of the peace, notary public, police officer, an agent of the Australian postal corporation who is in charge of an office supplying postal services to the public with two or more years' experience), an Australian consular officer or an Australian diplomatic officer, an officer with two or more continuous years of service with a financial institution, an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees, a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

Where any document relied on as part of the procedure is in a language that is not English, it must be accompanied by an English translation prepared by an accredited translator.

Any certified documents must be clear and legible to be accepted.



By signing this application form, you apply to the Trustee for membership of Mason Stevens Super or relevant Super product. This form can only be accepted if it has been correctly completed and signed.

Before signing this application form, please ensure that you have read and understood the Product Disclosure Statement (PDS), the Additional Information Guide, any Managed Portfolio Disclosure Documents and the Access Terms. You should consider all information before making a decision to invest in this product.

Adviser details	1
Dealer group name	
Practice name	
Adviser name	
Adviser email	
Send trade notifications and other	er communication
Is the adviser an authorised person?	Yes No
Authorised person will have the sa Section 5).	me level of authority as the investor (excluding changing nominated bank account in
Signature of adviser	
Partner (ie accountant)	
Account type	2
Planning approach (optional):	Traditional Goals based
Risk profile (optional):	Conservative Moderately conservative
	Balanced Growth High growth
Super	
Transition to Retirement Pen	sion ustralian resident and be over your preservation age.
	sident, special rules apply. Please contact the Fund Administrator for more information.
Account Based Pension	sacrit, openial rates apply. I loade contact the ratio ratio motivator for more information.
	ustralian resident and you must meet one of the following conditions of release (tick one box).
I am over my preservation	age and am permanently retired from the workforce.
I am age 65 or over.	
I satisfy another condition of	of release (please specify)
Do you have client approval to send	their account information to a nominated accounting data feed? Yes No
Accounting platform	CLASS BGL

Applicant de	tails					3
Mr	Ms	Mrs	Miss	Dr	Other	
First Name			Middle		Surname	
Date of birth	D / MM /	YYYY	Mobile (manda	itory)		
Additional contact	number					
Residential Addr	ess					
Suburb					State	Postcode
Country						
Email						
Receive trad	le advice ema	ils				
Preferred contac	t method					
Email	Phone	Mail	SMS			
Postal Address						
Suburb					State	Postcode
Country					7	

Town of birth

Country of birth

Tax file number (optional)
You are not required by law to provide us with your TFN. However, certain restrictions will apply if you do not quote a valid TFN. Please refer to the PDS and Additional Information Guide for more information.
Please note that the Trustee requires your TFN to match your TFN with the ATO client register to validate your member details. The Administrator will not be able to accept your application without a valid TFN . <i>Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect, use and disclose your tax file number.</i>
The trustee of your superannuation fund may disclose your tax file number to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your tax file number not be disclosed to any other superannuation provider.
Declining to quote your tax file number to the trustee of your superannuation fund is not an offence. However, giving your tax file number to your superannuation fund will mean:
» your superannuation fund will be able to accept all permitted types of contributions to your account/s;
» other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits; and
» it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.
Identity verification 5
Verification method
Photo identity document
Document type
Passport Drivers licence State or territory proof of age card
Verified from
Original document Certified copy
Licence/passport number Expiry date
DD / MM / YYYY
Non-photo identity document
First document type

By ticking this box, I declare that I have verified the identity of the client as required by the AML/CTF Act and Rules, in the

Utility bill less than three months old

Birth certificate

Second document type

Identity verification

Rates notice issued by a local government body

Income tax assessment notice less than three months old

capacity of an AFSL holder or their authorised representative.

AND

Citizenship certificate

Pension paym	ent – bank acco	unt detail	s			6
Please pay my pens	sion payments into the	following acco	ount:			
	nable us to proceed w				ovide a copy of your bank s	tatement
Account name					BSB	
Account number		Bank name	(Must be an Aust	ralian bank ac	ecount)	
Rollover detai	ls					7
Super fund name		ce fund ber number	Fund ABN	USI	Amount to rollover	Rollover full balance
					\$	
					\$	
					\$	
					\$	
there is no requirem Monthly; Quarterly – 15th Half yearly – 15th Ju	ent for a minimum pay n March, 15th June, 1 oth June and 15th Dec une.	ment to be ma	ade in that year.		er, if your pension commenc	
Pension paym	ent amount					8B
I would like to receiv	re:					
\$ or \[\] %		per financia	al year (subject to	minimum an	d pro rata requirements).	
the minimum ar	mount required by leg	islation.				
the maximum a	mount (Transition to F	Retirement Pe	nsions only).			
I would like to n	ominate to receive \$		per paym	ent (subject to	o minimum and pro rata rec	quirements).

Nomination of beneficiaries 9A

Your death benefit may only be paid to one or more of your dependant/s or to your estate. If the Trustee is unable to find a dependant or a legal personal representative (e.g. the executor of your estate) your death benefit may be paid to any other person that the Trustee determines appropriate subject to government legislation.

A 'dependant' includes your spouse (legal and de facto), your children, a person in an interdependency relationship with you and a person who is financially dependent on you.

You may nominate one or more of your dependants or your legal personal representative as your preferred death benefit beneficiaries. Mason Stevens Super offers members the ability to make a binding death benefit nomination in order to provide greater certainty about who receives a member's benefit.

greater certainty about wife received a member of benefit.				
Type of nomination (Please choose only ONE type of nomination)				
Reversionary (Pension only)*				
* Note – You can nominate your spouse including a de facto or same sex partner, or your child as a reversionary beneficiary. You can elect to add, change or remove your reversionary nomination at any time. If you have a reversionary nomination in place for your pension account and subsequently make a binding nomination it will replace the existing reversionary nomination. Please be aware that if you choose to nominate, update or remove a reversionary beneficiary, we recommend that you speak with your financial adviser first as there may be Centrelink or Department of Veterans' Affairs implications.				
If your reversionary nomination cannot be implemented (for whatever reason), the Trustee will pay your benefit as a lump sum taking into account your binding or non-binding nomination (if any). If you wish to split your nomination between your Legal Personal Representative (LPR) and other beneficiaries, please input "Legal Personal Representative" and indicate the allocation amount for both the LPR and nominated beneficiaries in the rows provided.				
Binding lapsing Binding non lapsing Non-binding* (2 witnesses required) (no witness required)				
No nomination				
By selecting no nomination the Trustee will, in its discretion, pay the benefit to one or more of either, your dependant/s or your legal representative.				
Note – If you select the no nomination option DO NOT fill out the Beneficiary details below.				

*There are tax implications on who you nominate as a beneficiary and the definition of a beneficiary for tax law purposes is different from superannuation law. For more information, refer to the Mason Stevens Super Additional Information Guide.

Nomination of beneficiaries 9A

Beneficiary 1		
Allocation %**		
First Name	Middle Surname	
Date of birth DD / MM / YYYY	Relationship to member e.g. spouse/de-facto, child, etc.	
Beneficiary 2		
Allocation %**		
First Name	Middle Surname	
Date of birth DD / MM / YYYY	Relationship to member e.g. spouse/de-facto, child, etc.	
Beneficiary 3		
Allocation %**		
First Name	Middle Surname	
Pirst Name Date of birth DD / MM / YYYY	Middle Surname Relationship to member e.g. spouse/de-facto, child, etc.	
Date of birth DD / MM / YYYY		
Date of birth DD / MM / YYYY Beneficiary 4		

Important Notes:

- * For information about beneficiary nominations available, please refer to the Mason Stevens Super or relevant Additional Information Guide. Please consider each type of nomination and, where appropriate, seek qualified estate planning, financial or taxation advice, prior to choosing the one which is right for you.
- ** The nomination will be invalid if the proportion of the total benefit allocated to your nominated beneficiaries does not exactly equal 100%.

You should also note that death benefits paid to non-dependants must be paid as a lump sum and will be subject to tax (including when the benefit is paid via your estate).

Witness signatures 9B

Only have this section completed by 2 witnesses if you wish to make Binding Nomination (both lapsing and non-lapsing)

I declare that:

- » I am aged 18 or over
- » I have not been nominated as a beneficiary on this form.
- » The form was signed by the member in my presence.
- » The information I have provided in this form is true and correct.

Witness 1				
Name (Print in BLOCK LETTER	RS)			
Si	ignature			
Date of birth				Date
DD / MM / YYYY				DD / MM / YYYY
Witness 2				
Name (Print in BLOCK LETTER	RS)			
Si	ignature			
Date of birth				Date
DD / MM / YYYY				DD / MM / YYYY
Please note, your witnesses mu nomination will not be binding o		s section, the same date you have signed th	nis nomin	ation. Otherwise your
Please ensure the original s	signed copy is kep d form along with	the required additional documentation to	the belo	w address:
Cash or income sweep	p			10A
The following options are ava	ailable (please sele	ct one):		
Cash sweep - where all available Portfolio.	ble cash, over the m	inimum amount, is moved from the Self-dire	ected port	folio into the Managed
Income sweep - where any incoportfolio.	come generated, suc	ch as dividends, is moved from the Managed	d portfolio	s back to the Self-directed
The monthly cash sweep is no	ot available for TR	R and Account Based Pension		
Cash sweep	Income sweep	Do not sweep		

10B

Automatic investment plan

Set up automatic investment plan on this account by entering the allocations below. New funds deposited into the Self-directed portfolio will be automatically invested across the selected Managed portfolios according to the allocations you indicate below. The plan will run each business day new funds are deposited, provided that the required minimum investment amounts of the Managed Portfolios are met.

Managed Portfolios are met.	osited, provided that the required mini	main investment amounts of the
Any allocations entered for the Self-directed portfolio with	ill be in addition to the required minimu	ım cash balance.
Check this box for investment plan to commence fr a later date.	rom account inception. You can activat	e the investment plan online at
Portfolios	Allocation %	Sweep income to Self-directed?
Self-directed portfolio		N/A
Investment options		
Managed portfolios		
Total allocated	%	

Fees 10C

For the avoidance of doubt, please state the GST exclusive amount and the GST inclusive amount below. **We will apply GST net** the effect of any reduced input tax credit to the GST exclusive amount provided, which may reduce the total monthly and annual amounts indicated below.

You can instruct us to pay a one-off advice fee or an ongoing advice fee. Please complete sections A and/or B. Fees will be deducted from your Self-Directed Portfolio monthly in arrears.

I	nitial Advice Fee (ex-GST)	Initial Advice I	Fee (inc 10% GST)		
\$;	\$			
(One-off fee (ex-GST)	One-off fee (in	nc 10% GST)		
\$		\$			
3. O	ngoing advice fee				
	ne ongoing advice fee canno ason Stevens Super.	ot exceed 2.50% (GS	T inclusive) per annum	of a member's total ac	count balance held in
R	eference date for ongoing	fee arrangement			
	sert date when the client's c the next reference date, w			ds DD/MM/YYYY	<u> </u>
	Charge an annual flat dol	lar fee			
		5.11.			
	Portfolio	Dollar amount (ex-GST) pa	Dollar am (inc 10% (Estimated monthly fee (inc 10% GST)
	Portfolio Entire account				
0	Entire account	(ex-GST) pa	(inc 10% ((inc 10% GST)
0	Entire account	(ex-GST) pa \$ as outlined below:	(inc 10% ((inc 10% GST)
0	Entire account	(ex-GST) pa	(inc 10% ((inc 10% GST) \$ Estimated monthly fee
0	Entire account R Charge a percentage fee	(ex-GST) pa \$ as outlined below: Rate	(inc 10% (GST) pa	(inc 10% GST) \$ Estimated monthly fee
0	Entire account R Charge a percentage fee Portfolio	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa	(inc 10% (s)) Rate (inc 10% GST) pa	Estimated balance	(inc 10% GST) \$ Estimated monthly fee (inc 10% GST)
0	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa %	(inc 10% 6 \$ Rate (inc 10% GST) pa	Estimated balance	(inc 10% GST) \$ Estimated monthly fee (inc 10% GST) \$
0	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % which divice fee	(inc 10% 6 \$ Rate (inc 10% GST) pa	Estimated balance	(inc 10% GST) \$ Estimated monthly fee (inc 10% GST) \$ \$
Pleas	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios Total estimated monthly a Total estimated annual accounts	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % % dvice fee dvice fee that the client will be ex-	(inc 10% 6 Rate (inc 10% GST) pa % %	Estimated balance \$ \$ the adviser over the ne	(inc 10% GST) Estimated monthly fee (inc 10% GST) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Pleas	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios Total estimated monthly a Total estimated annual access select all of the services to	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % % dvice fee dvice fee that the client will be ex-	(inc 10% 6 Rate (inc 10% GST) pa % % entitled to receive from om a member's account	Estimated balance \$ \$ the adviser over the ne	(inc 10% GST) Estimated monthly fee (inc 10% GST) \$ \$ \$ \$ \$ ext 12 months. Please note that eneral advice.
Pleas ve ca	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios Total estimated monthly a Total estimated annual accept instructions to	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % % dvice fee dvice fee that the client will be eddeduct advice fees from	(inc 10% 6 \$ \$ Rate (inc 10% GST) pa % % %	Estimated balance \$ the adviser over the nent for the provision of great states.	(inc 10% GST) Estimated monthly fee (inc 10% GST) \$ \$ \$ \$ \$ ext 12 months. Please note that eneral advice.
Pleaseve ca	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios Total estimated monthly a Total estimated annual accept annual accept instructions to Review of your portfolio	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % % dvice fee dvice fee that the client will be eddeduct advice fees from	(inc 10% 6 \$ Rate (inc 10% GST) pa % % entitled to receive from om a member's accou	Estimated balance \$ the adviser over the nent for the provision of gravestment/Account man	(inc 10% GST) Estimated monthly fee (inc 10% GST) \$ \$ \$ \$ \$ ext 12 months. Please note that eneral advice.
Pleas ve ca	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios Total estimated monthly a Total estimated annual access eselect all of the services to annot accept instructions to Review of your portfolio Strategic superannuation accept instruction accept instructions accept instructions	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % % dvice fee dvice fee that the client will be eddeduct advice fees from	(inc 10% 6 \$ Rate (inc 10% GST) pa % % entitled to receive from om a member's accou	Estimated balance \$ the adviser over the nent for the provision of gravestment/Account managettlement planning	(inc 10% GST) Estimated monthly fee (inc 10% GST) \$ \$ \$ \$ \$ ext 12 months. Please note that eneral advice.
Pleas ve ca	Entire account R Charge a percentage fee Portfolio Self-Directed Portfolio Managed Portfolios Total estimated monthly a Total estimated annual access eselect all of the services to annot accept instructions to Review of your portfolio Strategic superannuation accented investment advice	(ex-GST) pa \$ as outlined below: Rate (ex-GST) pa % % dvice fee dvice fee that the client will be eddeduct advice fees from	Rate (inc 10% GST) pa % which is the control of t	Estimated balance \$ the adviser over the nent for the provision of gravestment/Account managettlement planning Estate planning	(inc 10% GST) Estimated monthly fee (inc 10% GST) \$ \$ \$ ext 12 months. Please note that eneral advice. hagement

Applicant declaration 11

You declare, authorise and acknowledge that:

» You have fully read the information contained in this form, including any attachments, and confirm the information completed is true and correct;

- » You are aware that once this application form is received by the Trustee, it may take three to five business days to be verified and processed;
- you have reviewed and confirm the tax file number (TFN) is correct and consent to your TFN being used and disclosed for the purpose of retrieving records of your super funds via the ATO SuperMatch;
- » You consent to your TFN being used for the purpose of consolidating your super funds;
- » Your adviser will be able to transact on your account and has the ability to share information with other parties in accordance with the Mason Stevens privacy policy;
- » If your adviser has set up an automatic investment plan, the amounts will be automatically invested according to the proportions that have been agreed between your adviser and you;
- » You provide Mason Stevens with your consent to deduct the advice fees indicated on this application form and pay them to your adviser's dealer group. If your nominated financial adviser is part of an adviser dealer group, payment of advice fees will be made to that dealer group and not the individual adviser;
- » The advice fees reflect what has been agreed with your nominated financial adviser;
- » You understand how the advice fee(s) will be applied to your account;
- » Advice fees deducted at regular frequencies may result in rounding discrepancies when compared to annual calculations;
- » Advice fees comprising costs associated with advice that only relate to your superannuation and any insurance (superannuation accounts only) may be deducted from your account
- » The superannuation benefits that you are entitled to in your Mason Stevens Super account may be reduced as a result of the advice fees being paid to your adviser's dealer group;
- » You instruct Mason Stevens to deduct advice fees as indicated on this form from the Self-Directed Portfolio of your Mason Stevens Super account, for the next 12 months from the date Mason Stevens receives your acceptance of this form;
- » Your consent to pay advice fees from your account will cease 150 days after the next reference date and Mason Stevens will cease paying the fees to your adviser after this period unless you renew your instructions;
- » You can vary or withdraw your consent to pay ongoing advice fees at any time by providing Mason Stevens with written instructions:
- » The Trustee reserves the right to obtain from your nominated adviser a copy of the Statement of Advice and any other documentation issued to you in relation to your account as part of its on-going monitoring obligations to ensure compliance with the sole purpose test.
- » You acknowledge that the Trustee, Administrator and Mason Stevens are not responsible for the financial advice services provided by your nominated financial adviser.;
- » You release the Trustee, Administrator and Mason Stevens from any claim relating to the financial advice services provided by your nominated financial adviser, other than a claim for the Trustee and Administrator to pay the agreed advice fees and to deduct it from your account;
- » The Trustee, Administrator and Mason Stevens have discretion to reject or cease deducting advice fees.

By signing this form you confirm that you have read and understood the <u>Mason Stevens Super Product Disclosure Statement</u>, the <u>Mason Stevens Super Additional Information Guide</u> and you have agreed to the Target Market Determination.

Signature			
		Date	
Applicant Name			J
that the Attorney has submitted with this	is made by a person (Attorney) on behalf of the application as not received notice of revocation of that power. An oral application unless we have already sighted it. The Admiver of Attorney or if the beneficiary is the grantee of the	riginal certified copy of that F ninistrator cannot accept a b	Power of Attorney must be
Name of Attorney			