

Wealth02 Super Simplifier

Pension Member Application Form

When you sign this Application Form you declare that you have read and agree to the declarations and you verify the details are correct, and you authorise your Adviser to act on your behalf in accordance with the PDS, and your Agreement with your Adviser.

Signature of

- **The applicant must complete and/or verify the information and sign this form**
- **If electronic signing, you will receive a copy by email**
- **Please ensure all relevant sections are complete and accurate before submitting this form**

This application form is part of the Super Simplifier Super & Pension Product Disclosure Statement issued by Diversa Trustees Limited as the Trustee of the DIY Master Plan (Division) July 3, 2017 RSE Registration No R1070743 ABN 46 074 281 314.

- The PDS contains information about becoming a member of the scheme. You should read the PDS before applying for membership in the Scheme.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS.
- Diversa will provide you with a copy of the PDS and the Application Form on request without charge (*If you make an error while completing your application form, do not use correction fluid. Cross out your mistakes and initial your changes*).
- The PDS for the Scheme is found here www.supersimplifier.com.au/documents

Australian, age and tax residency:

Application is only available to persons who receive the PDS, have read, understood and accepted the terms of the PDS, and who hold an Australian Tax File Number, phone number and a valid email address.

Authorised Representative:

Application is only available to those who apply through and appoint an Australian licensed and/or authorised adviser who is registered to recommend Super Simplifier

Details of the fund you are transferring in to:

Name of Fund	Super Simplifier	Unique Superannuation Identifier (SPIN No)	46074281314003
Fund Contact Number	1300 726 008	Australian business number (ABN)	46 074 281 314

Pension Type (please tick pension type)

Account Based Pension	<input type="checkbox"/>	Transition to Retirement Pension	<input type="checkbox"/>	Term Allocated Pension	<input type="checkbox"/>
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Note: You cannot apply for more than one pension using this form.

1 General Details

Person Title	Given name/s		Surname		DOB	
Residential address						
Suburb/Town/City			State		Postcode	
Postal address (if different to residential)						
Suburb/Town/City			State		Postcode	
Daytime contact number			Fax		Mobile	
Email address						
Occupation			Nationality			

2 Tax File Number (TFN) Notification

<input type="text"/>	Please refer to Individual Tax File Number Notification in Section 7 of the Member Guide for further information on providing your TFN.
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3 Eligibility (please tick applicable condition)

I am an Australian citizen, New Zealand citizen or the holder of a permanent visa and satisfy the following conditions of release	<input type="checkbox"/>
I am aged 65 or more	<input type="checkbox"/>
After attaining age 60 I ceased a paid employment arrangement	<input type="checkbox"/>
I have reached my preservation age but not 60, ceased gainful employment and never again intend to be gainfully employed for more than 9 hours per week	<input type="checkbox"/>
((For Transition to Retirement Pensions only) I have reached my preservation age.	<input type="checkbox"/>
(For Term Allocated Pensions only) I have an existing Term Allocated Pension in another fund/product that I intend transferring to the Plan	<input type="checkbox"/>

Note: If you are terminally ill, permanently incapacitated or the holder of a temporary visa contact the Member Administrator to confirm eligibility.

4 Pension Payment Bank Account Details

Pension payments can only be made to a nominated cheque or savings account by direct credit.

Name of Financial Institution:		BSB:	
Account Name:		Account Number:	

5 Pension Payment Details

Please nominate your pension payment preferences

Frequency of payments (select a payment frequency option)

Payment Frequency:	
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6 Payment Amount

Please nominate the gross amount of your annual pension that you would like to receive (this may be subject to income tax)

Minimum Payment: Maximum Payment: Other Amount:
(For Transition to retirement only)

7 Rollover/Transfer from another Fund

If you have any other superannuation accounts that you wish to transfer to your account please complete the request below. Please complete a separate request for each rollover instruction. If your intention is, and you are able to in-specie the assets, please do not complete this section.

Details of the fund you are rolling from:

Name of Fund		Member Number		Unique Superannuation Identifier (SPIN)	
Full Rollover		If partial rollover, specify amount:			

If you want to roll in funds from more than 1 Pension fund, please complete details here:

Additional Fund Name:		Member Number		Unique Superannuation Identifier (SPIN)	
Full Rollover		If partial rollover, specify amount:			
Additional Fund Name:		Member Number		Unique Superannuation Identifier (SPIN)	
Full Rollover		If partial rollover, specify amount:			

8 Reversionary Pension or Nomination of Preferred Beneficiaries

You may elect that in the event of your death a reversionary pension be paid to your surviving dependant(s). Alternatively, you may nominate a beneficiary (1 or more) to receive a lump sum benefit payment upon your death.

Reversionary Pension

I hereby advise that in the event of my death, a reversionary pension be paid to my surviving dependant(s).

Name of Dependand	Given Names	DOB	Portion (%)

Important: Please refer to Section 3 of the Member Guide regarding nomination of a reversionary pension dependant. Special rules apply to nomination of a child. Term Allocated Pension members should check with their Adviser as there may be social security or other implications for you.

Preferred Beneficiary Nomination

This section is to help the Trustee decide who should receive any benefit payable from the Plan in the event of your death. It is not binding on the Trustee but your wishes will be followed where possible. The Trustee has discretion over the payment of your death benefits, but under superannuation legislation death benefits can (generally) only be paid to a dependant or your estate (see Section 2 of the Member Guide for more information). If your circumstances change, you should alter your nomination by notifying the Member Administrator in writing.

To the Trustee – Strictly Confidential

I am aware, if I have not lodged a binding death nomination that in the event of my death whilst a member of the Plan, the benefit provided under the Deed is payable at the Trustee's discretion to one or more of my dependents, my estate, or such other person as the Trustee determines to be validly entitled to the benefit. In such event, it would be my wish that the benefit be paid to the person/s nominated below in the proportions shown. I understand that it is a statement of my personal preferences only and that it is in no way binding on the Trustee.

Surname	Given Names	Relationship	Percentage

Members have the option to make binding death nomination details of which are in Section 3 of the Member Guide. If you wish to make a binding death nomination, please request a copy of the binding death nomination form from the Member Administrator. If you make no nomination at all, under the Plan's Trust Deed, the Trustee is required to pay any death benefits to your estate.

9 Privacy

Please note that by sending the Trustee personal information about yourself, you are agreeing that the Trustee can use it for the purposes of running your superannuation account. If you have any questions about your rights under the privacy legislation or to see a copy of our privacy policy, please call the Member Administrator on 07 5555 5656 (Important – refer to Section 3 of the Member Guide for a summary of our privacy policy).

10 Financial Adviser Appointment and Transaction Authority

I hereby advise the Trustee that I have appointed the Financial Adviser Practice (Licensee) detailed hereunder and their Authorised Representatives as Financial Adviser (Adviser) to act on my behalf to give and carry out instructions regarding the operation of my account (including investment related instructions and transactions) until such time as I notify the Trustee in writing that I have cancelled the appointment of my Adviser or have terminated this authority. I understand that in giving and carrying out instructions the Adviser may access and transact on my Account. I also understand that the Trustee and 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 include:

1. Switching between investment options.
2. Starting, changing or stopping a regular contribution amount.
3. Requesting a benefit payment.
4. Arranging an insurance policy.
5. Requesting we consolidate other superannuation accounts identified by us into your Member Account.

Refer to Section 3 of the Member Guide for further information.

Note: Your application will not be accepted without this authority. Neither the Trustee, any of its related entities or respective employees endorse, warrant or accept any responsibility for any of the services provided by your Adviser. Any financial services you receive from your Adviser are provided by the Adviser in its own right and not on behalf of the Trustee. Your Adviser is not an agent or representative of the Trustee. If you cancel the appointment of your Adviser you must appoint a replacement Adviser otherwise your benefit in the Plan may be transferred to an eligible rollover fund.

Name of Representative			
Financial Adviser Practice Name			
Authorised Representative Number (if applicable)			
Postal Address			
Phone		AFSL Number	
Mobile		Email Address	
Name and IP Address of submitting authorised person		Date	

11 Financial Adviser Remuneration (Adviser Declaration (Adviser to Complete))

Name of Representative	
Financial Adviser Practice Name	
AFSL No.	

- I accept the terms of the Financial Adviser Transaction Authority in the Application Form and agree to act in accordance with this authority and any instructions I receive from the applicant (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 hold an Australian Financial Service Licence (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my licence or authorisation enables me to deal in and advise on the Super Simplifier division of the DIY Master Plan (Plan).
- I have provided the Member with the current Plan Product Disclosure Statement and Member Guide and other disclosure document (where applicable), and will continue to do so for each new investment they make and in respect of any investment, insurance or other decisions they make in relation to their Superannuation Account.
- I have provided the Member with a current written recommendation to acquire the selected investment option(s) through the Plan.
- I have fully disclosed all fees and costs associated with investing in the Plan including fees and costs of underlying investments and fees to be paid to me and my Licensee.
- I confirm that any fees payable to me as agreed by the Member are for financial services relating solely to the Plan and its investments.
- I confirm that any changes to adviser service fees will be approved in writing by the Member prior to making any such change.
- I will not convey any instructions to the Trustee or carry out instructions relating to the Member without receiving such instructions from the Member.
- If I, my Licensee or the Promoter has an interest in or association with the investment manager of a managed fund, investment option or any other investment that I am proposing or recommending to my client, I will bring this to the attention of my client and highlight the potential for a conflict of interest.
- I declare that all information provided by me in this Application Form is true and correct and that I am able to make these declarations.

Remuneration

I agree to pay the following remuneration to my Adviser from my Account for adviser services below where the below fee's will apply to the account balance and are excluding GST::

Fee Name	Calculation Type	Dollar \$ p.a.	% p.a.	

Fee Name	Min Amount	Max Amount	Dollar	Percent

In cases where a Portfolio management fee applies to the holding balance of a specific investment(s), the Portfolio Management Fee will be disclosed in the SOA and will be subject to a maximum of 1.65% per annum of your account balance.

Where in all cases, in accordance with the Member Guide:

Portfolio Management Fee: This fee relates to specific investment services provided to you and will be detailed in the Statement of Advice. The fee (subject to a maximum of 1.65% per annum of your account balance) is calculated and deducted monthly in arrears.

Establishment Fee: The fee may be a fixed dollar amount or a percentage of your contributions or account assets subject to the total not exceeding 4.4% of your account assets. For Pension members it may be a fixed dollar amount or a percentage of the amount you invest in the Pension (initial investment amount) or account assets.

Ongoing Adviser Fee: The fee may be a fixed dollar amount or a percentage of your total account subject to the total fee not exceeding 2.2% per annum of your account assets.

Note: There may be additional fees as outlined in the Members Guide and disclosed in the Statement of Advice. These fees are negotiable between you and your Adviser. You should refer to your Statement of Advice (SOA) for more details and ensure that the fee percentages or amounts are consistent with your SOA.

12 Application Declarations and Signature

Before you sign this application form the Trustee or your Financial Adviser is obliged to give you the PDS and Member Guide. The PDS and Member Guide will help you to understand the product and help you understand if it is appropriate to your needs.

- a. I apply to be a Member of the Super Simplifier Division of the DIY Master Plan under the Trust Deed and acknowledge that I am bound by the provisions of the Trust Deed (as amended from time to time) and the terms and conditions summarised in the PDS and the Member Guide from time to time.
- b. I have obtained, read and understand the PDS and Member Guide provided with this Application Form and any information incorporated into the PDS which is relevant to my decision to apply for a Superannuation Account and any selection or nomination made by me in this Application Form.
- c. I acknowledge that in the event of any inconsistency between the Trust Deed and the PDS (including incorporated information), the Trust Deed will prevail.
- d. I agree to pay the portfolio management fee as outlined in this Application Form and any brokerage as outlined in the member guide.
- e. I acknowledge that my Superannuation Account will be managed with the Investment Option(s) selected and that investments will be purchased or sold and corporate actions undertaken to reflect any changes made by the Investment Manager appointed to manage the Investment Option(s).
- f. I have elected to provide my Financial Adviser with a Financial Adviser Transaction Authority as outlined in this Application Form. In doing so:
 - I authorise my Financial Adviser to communicate my instructions in relation to my portfolio
 - I authorise the Trustee to accept and act on instructions from my Financial Adviser without requiring my signature, additional proof, instructions or further confirmation from me.
 - To the extent permitted by relevant law, I indemnify and agree to keep the Trustee indemnified against any loss, liabilities, costs and other charges and expenses arising from carrying out those instructions.
- g. I acknowledge that the Trustee has no knowledge of my personal circumstances or the advice I receive from my Financial Adviser and that the Trustee cannot and does not form a view as to the reasonableness or appropriateness of the advice, fees or investment recommendations in relation to my personal situation. I further acknowledge that my Financial Adviser is my agent and chosen by me, not the agent of the Trustee and has not been assessed or vetted by the Trustee.
- h. I confirm acceptance of the fees and costs detailed in the PDS and incorporated information including those agreed between me and my Financial Adviser in this Application Form and authorise the deduction of these fees and costs from my Cash Account.
- i. I understand that the value of my investment may rise or fall from time to time and that neither the investment performance nor the repayment of capital is (or can ever be) guaranteed and:
 - I. I understand that neither the Trustee, appointed service providers, any related entities or their respective employees guarantee the capital or performance of any available investment strategy or underlying asset or investment.
 - II. I undertake to do all things required by the Trustee to ensure my participation in the Plan complies with relevant legislation or regulations applicable to superannuation funds.
 - III. I authorise the Trustee to release information concerning my superannuation entitlements to the Trustee's service providers and to my Financial Adviser and its Licensee until further notice.
 - IV. I acknowledge that where I fail to provide any required information or documentation that the Trustee has the right not to accept this Application Form or any instruction for a transaction, and that the trustee will not be liable for any loss that may arise.
 - V. I acknowledge that the Trustee may terminate my involvement in the Plan if I do not comply with its terms and conditions including the obligation to be advised by a Financial Adviser at all times.
 - VI. I acknowledge that if I cease to be advised by my Financial Adviser I will inform the Trustee and will nominate a new Financial Adviser who is authorised to advise with respect to the Plan.
 - VII. I consent to the Trustee providing me with my annual statement, fund report or any other disclosure documents required under the relevant law by sending it to my email address (as set out in this Application Form or advised by me from time to time) or by such other electronic means as the Trustee considers appropriate from time to time.
- j. I understand the information in the PDS and Member Guide about disclosure of my TFN and privacy and I consent to personal information collected about me being used for the purposes, and disclosed in the circumstances, as described in the PDS and Member Guide or as permitted or required by law from time to time.
- k. I acknowledge that all communications will be sent to the email address I have provided in this Application Form, and that (to the extent allowed by relevant law) if I have nominated an email address not under my sole control, including my Financial Adviser's email address, it is my responsibility to ensure I receive such communications. To the extent allowed by relevant law I indemnify and agree to keep indemnified the Trustee against any loss, liabilities, costs and other charges and expenses arising from claims that I did not receive communications.
- l. I acknowledge that the Trustee has appointed a number of service providers to assist it to undertake its role and that reference to the Trustee should be read broadly, where appropriate, to include its service providers, in particular, in relation to giving such service providers the benefit of all acknowledgements, indemnities and releases given to the Trustee.
- m. I declare that all of the details given in this application are true and complete and that I am able to make these declarations.

Important Note: On receipt of this application form and your first contribution, the Member Administrator will send to you a detailed confirmation of your benefit in the Plan.