

PERSONAL SUPER APPLICATION FORM

Tidswell Master Superannuation Plan

Before you sign this Application Form, Tidswell Financial or your financial adviser is obliged to give you a copy of the current Product Disclosure Statement (PDS) for the Tidswell Master Superannuation Plan. The PDS will help you to understand the product and decide if it is appropriate for your needs. Please read and consider the PDS and relevant Guides prior to completing this Application Form.

Please print clearly in the spaces provided using CAPITAL letters and a black or blue pen. Place a tick in any applicable boxes.

1. Personal details

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	Surname	Given name(s)	
<input type="text"/>		<input type="text"/>	
Date of birth (DD/MM/YYYY)		Tax File Number (TFN) or reason for exemption	
<input type="text"/>			
Residential address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>			
Postal address (Complete if different to residential address)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>		
Phone number (business hours)	Phone number (home)		
<input type="text"/>	<input type="text"/>		
Mobile number	Email address		

2. Employment details

<input type="text"/>			
Name of employer			
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date joined employer (DD/MM/YYYY)	Number of hours worked per week	Income \$ <input type="text"/> pa	
<input type="text"/>	Employment status employed <input type="checkbox"/> Casual	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-	
Position title			

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3. Insurance cover

Please indicate the insurance cover you require by completing the amount of cover (where applicable).

DEATH

Amount of cover

TOTAL AND PERMANENT DISABLEMENT (TPD)

Amount of cover

TPD cover must be taken in conjunction with Death cover and the amount of TPD cover should be equal to or less than Death cover.

INCOME PROTECTION

Monthly benefit per month

Please note that in the event of a claim the maximum amount that will be paid to you will be up to 75% of your income at the time of the claim.

Waiting period 30 days 60 days 90 days

Benefit period 2 years 5 years To age 60 To age 65

Upon receipt of your Personal Super Application Form, Tidswell will contact you to assist with your insurance application and provide you with the necessary documentation to complete.

4. Rollovers/transfers from other funds

If you are transferring any existing Tidswell Master Superannuation Plan Personal Super account(s), in part or in full, please complete the following details:

Existing Personal Super account number:

Full withdrawal **OR** Partial withdrawal of

If you are rolling over or transferring a benefit from another super fund to the Plan, please list the name of the fund and approximate value of your rollover/transfer(s):

Name of fund	Account number	Amount
		\$
		\$
		\$

5. Contributions

If you will be making regular contributions to the Plan, please complete the type and approximate amounts of your contributions:

Concessional contributions

Super Guarantee	\$	pa
Salary sacrifice	\$	pa
Voluntary employer	\$	pa
Self-employed	\$	pa

Non-concessional contributions

Personal	\$	pa
Spouse	\$	pa

If you intend to claim a tax deduction for personal contributions (including self-employed contributions) you will need to complete a "Section 290-170" notice. We will send you this form at the end of each financial year and provide you with an acknowledgement so that you can claim a tax deduction.

6. Beneficiary nomination

Please select one of the following nomination options:

- Non-lapsing binding
 Non binding

Full name of beneficiary	Date of birth	Relationship to you (only the following relationships can be accepted)	Portion of total benefit
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
Legal personal representative (Your Estate)			%
Total			100 %

AGREEMENT AND DECLARATION

I declare that:

- I have read and understood the information provided on beneficiary nominations in the PDS and Guides;
- I hereby revoke all previous nominations (if applicable) made by me in relation to my superannuation interest in the Plan;
- I nominated the person(s) on this form (being my legal personal representative/estate and/or my dependents) as my beneficiary(ies) in relation to my superannuation interest in the Plan whether held in Personal Super, Participant Super or Personal Pension; and
- I accept the terms and conditions relating to non-lapsing binding nominations (if applicable).

Member's signature

Date

WITNESS DECLARATION (ONLY REQUIRED FOR NON-LAPSING BINDING NOMINATIONS)

Two witnesses must sign and date the declaration below to ensure the non-lapsing binding nomination is valid.

I declare that:

- I am over 18 years of age;
- I am not a nominated beneficiary of the member; and
- This form was signed and dated by the member in my presence.

Signature of Witness 1

Date

Signature of Witness 2

Date

Full name of Witness 1

Date of birth

Full name of Witness 2

Date of birth

7. Investment options

Please complete the following table with your nominated investment options. A copy of the PDS for each investment option (where applicable) is available at www.tidswell.com.au.

I will be transferring the investments from my existing Personal Super account(s).

Investment option	APIR Code	Amount
Multi-sector options		
Conservative		
Vanguard® Conservative Index Fund	VAN0109AU	\$
Balanced		
Schroder Balanced Fund - Wholesale Class	SCH0102AU	\$
Vanguard® Balanced Index Fund	VAN0108AU	\$
Growth		
Vanguard® Growth Index Fund	VAN0110AU	\$
High Growth		
Vanguard® High Growth Index Fund	VAN0111AU	\$
Sector options		
Cash		
Cash Account	N/A	\$
Mortgages		
Direct Mortgage Managed Investment Scheme	N/A	\$
Pooled Mortgage Managed Investment Scheme	N/A	\$
Australian fixed interest		
Janus Henderson Australian Fixed Interest	IOF0046AU	\$
PIMCO Australian Bond Fund - Wholesale Class	ETL0015AU	\$
International fixed interest		
Bentham Global Income	CSA0038AU	\$
Franklin Templeton Multisector Bond Fund - Wholesale Class	FRT0011AU	\$
PIMCO Global Bond Fund - Wholesale Class	ETL0018AU	
Australian property		
Vanguard® Australian Property Securities Index Fund	VAN0004AU	\$
International property		
Resolution Capital Global Property Securities	WHT0015AU	\$
Australian shares		
Fidelity Australian Equities Fund	FID0008AU	\$
Legg Mason Martin Currie Equity Income	SSB0043AU	\$
Pendal Smaller Companies Fund	RFA0819AU	\$
Perpetual Wholesale Share-Plus Long-Short Fund	PER0072AU	\$
Schroder Wholesale Australian Equity Fund	SCH0101AU	\$

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Investment option	APIR Code	Amount
International shares		
Franklin Global Growth Fund - Wholesale Class	FRT0009AU	\$
Magellan Global Fund	MGE0001AU	\$
Magellan Infrastructure Fund	MGE0002AU	\$
MFS Fully Hedged Global Equity Trust	ETL0041AU	\$
Platinum International Fund	PLA0002AU	\$
TOTAL INITIAL INVESTMENT		\$

Notes

Declaration

I declare that:

- I hereby make application to join The Tidswell Master Superannuation Plan and agree to be bound by the Trust Deed and rules of the Plan, as amended from time to time;
- I declare that all the information on this application is true and correct;
- I have personally received the PDS as either a printed document, electronic document or a paper printout of the electronic document and this application was accompanied by, or attached to, the PDS at the same time I received this Application Form. I have read and understood the PDS;
- I hereby authorise the nominated investment options to be made on my behalf in accordance with my investment instructions and acknowledge that these instructions are provided on the basis that the Trustee will affect them according to the terms and conditions of the Plan;
- I have personally received, read and understood the Plan's PDS and have received and considered the PDS (if applicable) for each investment option I have nominated;
- Where I have nominated an investment option that is illiquid I have signed an Illiquid Investment Declaration acknowledging that I understand and accept that a longer withdrawal period may apply due to the investment's illiquidity; and
- I acknowledge that neither the Trustee, the Custodian, nor any of their associated entities guarantees any particular rate of return on the investment options I have nominated or the repayment of capital.
- I acknowledge that I have read the privacy policy (refer to the Member Guide) and understand by completing and returning the relevant forms, I agree to the Trustee using and disclosing my personal information as set out in the privacy policy;
- I undertake to provide the Trustee with any information requested relating to the Plan and any change to information I have given in this application;
- I have read and understood the conditions of Tax File Number collection (refer to the Member Guide); and
- I acknowledge that the Trustee may be required under taxation and superannuation legislation to deduct additional tax from my benefits and refuse or refund contributions made by or on my behalf and, in doing so, may make any adjustments to my account it considers necessary or appropriate.

Member's signature

Date

9. Proof of identity

The following information relates to the requirements for customer identification as governed by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (**AML/CTF**). For further information please see the PDS.

To ensure your application form is processed, please attach **CERTIFIED** copies of the following customer identifications documents:

Primary photographic ID document

Provide ONE valid document from this section only:

- Current driver's licence/permit issued by a State or Territory
- Australian passport (a passport that has expired within the last 2 years is acceptable)
- Proof of age card or another identification card issued by a State or Territory that contains the date of birth and a photograph of the card holder
- Foreign government issued passport or similar travel document containing a photograph and signature of the person

Note: If you cannot provide a document listed above, please provide the following non-photographic ID documents:

Primary non-photographic ID document

Provide ONE valid document from this section:

- Australian birth certificate or extract
- Australian citizenship certificate issued by the Commonwealth
- Pension or health care card issued by Centrelink
- A foreign drivers licence that contains a photograph of the person

AND

Secondary ID document

Provide ONE valid document from this section:

- A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- A notice issued by local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person (the notice must contain the individual's name and residential address)
- A National Identity Card issued by a foreign government that contains a photograph signature

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CERTIFICATION OF ID DOCUMENTS

The following persons are authorised to certify documents:

- a Justice of the Peace
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- a notary public (for the purposes of the Statutory Declaration Regulations 1993)
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer with 2 or more years of continuous service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993) (e.g. bank manager, bank officer)
- a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees (e.g. financial planner, adviser, broker)
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

ACCEPTABLE CERTIFICATION OF ID DOCUMENTS

Each copy of the ID must be certified by an approved certifier as follows:

The approved certifier must write:

- Full printed name of the approved certifier (e.g. John Edward Citizen)
- Date the document was certified
- Signature of the approved certifier
- The capacity in which they have certified the document (e.g. police officer)
- The registration number (if applicable) of the approved certifier, and
- The following text:
If single page: This is to certify this is a true copy of the original which I have sighted.
If multiple page: I certify that this and the following [number of pages] are a true copy of the original which I have sighted. Each following page must be initialled and dated.

10. Lodgement

Your completed Personal Super Application Form and certified ID documents should be mailed to:

Tidswell Financial
50 Hindmarsh Square
Adelaide SA 5000

If you require any assistance with completing the Personal Super Application Form, please call Tidswell Financial on (08) 8223 1676.

OFFICE USE ONLY

Participant Number	
Client Group Code	
Category	
Account Opened	
AML/CTF ID Check	
Access	
XPlan	
Confirmation to Investor	