

Application Form

Please print it; use a **dark pen** and CAPITAL letters (except for your email address), print it and send it to us. Use (X) to mark boxes. Forms are located on our website at maxsuper.com.au/members/forms-docs. If you have any questions, call us on 1300 629 787.

This application form relates to the Product Disclosure Statement for the Personal Plan of max Super Fund (USI ETL0055AU, ABN 22 508 720 840) dated 23 July 2019 issued by Tidswell Financial Services Ltd (ABN 55 010 810 607, AFSL 237628) and should only be completed after you have read the PDS and Reference Guide.

Step 1: Your personal details

Title	Given Names														
<input type="text"/>	<input type="text"/>														
Last name	Date of birth					M	F								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Residential address															
<input type="text"/>															
Suburb					State	Postcode									
<input type="text"/>					<input type="text"/>	<input type="text"/>									
Daytime contact number			Daytime contact number			Mobile number									
<input type="text"/>			<input type="text"/>			<input type="text"/>									
Email															
<input type="text"/>															

Step 2: Your tax file number (TFN)

Tax file number (TFN) *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please Note: You should provide your tax file number (TFN) as part of acquiring the superannuation product. If you don't tell us your TFN you may pay extra tax on your contributions when they are paid into your account or later on your benefit when you access it; or you may not be able to make some types of contributions. It will also be more difficult to trace different super accounts in your name. By providing your TFN, you can ensure that you receive all your super benefits when you retire.

Please refer to of the Reference Guide for further information.

Step 3: Investment Selection

How would you like your money invested?

You can select only from the options below. Note that you can change your investment selection online once your membership is confirmed.

Please refer to the PDS and Reference Guide or the max Super website for more information on Investment Options.

I would like to invest in:

- (a) % max MySuper - 75% Growth Assets, 25% Income Assets
OR
- (b) % max Balanced - 75% Growth Assets, 25% Income Assets
OR
- (c) % max Conservative - 30% Growth Assets, 70% Income Assets
OR
- (d) % max Growth - 100% Growth Assets
OR
- (e) % max Moderate - 50% Growth Assets, 50% Income Assets
OR
- (f) % max Income - 100% Income Assets
OR
- (g) % max Australian shares
OR
- (h) % max International shares
OR
- (i) % max Australian fixed interest
OR
- (j) % max Listed property securities
OR
- (k) % max Cash

Total must equal 100%

Insurance application

- **Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief all of the answers to questions and personal statements on this Insurance Application are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
- **Changes to Contract** – I understand that I must advise the Insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the Insurer.
- **Acceptance of this Application** – I note that this application is subject to acceptance by the Insurer and that the insurance cover does not commence until I have been advised by AIA Australia Limited or max Super about acceptance of my application.
- **Duty of Disclosure** – I acknowledge that I have read and understood the Duty of Disclosure notice in accordance with the Insurance Contracts Act 1984 as detailed in the max Super Reference Guide. Warning: You have a duty to disclose all information relevant to the insurer's decision to accept your application.
- **Privacy Statement** – I have read and understood the Privacy Statement as detailed in the max Super Reference Guide. I consent to my personal information being collected and used in accordance with the Privacy Statement.
- **By applying for cover, I continuously elect throughout the period of my Fund membership for the Fund trustee to take out or maintain insurance to provide the benefits, even if:**
 - my Fund account is inactive (no amounts received) for any period, including a continuous period of 16 months or longer;
 - my Fund account balance is less than \$6,000; or
 - I am under the age of 25 years or other prescribed age (where applicable).

I acknowledge that, by submitting this application on the submission date indicated, I have elected for the benefits to continue in accordance with superannuation law regardless of the factors above (subject to meeting the policy terms including premium requirements), and that I can cease the insurance by submitting a request to Max Super.*

*It's important to note that you may have multiple superannuation accounts and may therefore be paying duplicate sets of premiums. For information on how to keep track of your super, you can visit the ATO website here: <https://www.ato.gov.au/Individuals/Super/Growing-your-super/Keeping-track-of-your-super/> or by [clicking here](#).

Prior to making any decision in relation to insurance through Max Super, you should determine whether the cover is right for you. Among other things, you should:

- check if you have any other insurance cover;
- check if the terms of cover, including the premiums, level of cover and any applicable restrictions or exclusions, are appropriate for your needs and circumstances; and
- consider speaking to a licensed or authorised financial adviser.

Please print your Full Name here

Signature of person to be insured

Date (DD-MM-YYYY)

Please mail your application to: max Super, P.O. Box 3528, Tingalpa DC QLD 4173. We will contact you again should we require further information, or as soon as your insurance application is approved by the Insurer. If you have any questions whatsoever, don't hesitate to call the max Team on 1300 629 727.

Step 5: Declaration

1. I hereby apply to become a member of max Super, and if accepted as a member, I agree to be bound by the max Super Trust Deed as amended from time to time.
2. I received the max Super Product Disclosure Statement (PDS) and Reference Guide dated 23 July 2019 personally, either in printed or electronic form.
3. I have read and understand the PDS and Reference Guide and make this application in the form that was included in or accompanied by the PDS.
4. I am eligible under superannuation law to make superannuation contributions, or to have them made on my behalf.
5. I have read and understand the information in the Reference Guide under “Risks of Super” and “How We Invest Your Money”.
6. I understand that:
 - a. If I do not make an investment choice, my account will be invested in the MySuper investment option;
 - b. I can choose any mix of pre-mixed investment options and/or asset options (collectively referred to as “investment options”);
 - c. I can request to change my investment option(s) at any time. However, a buy/sell spread will apply when I change my investment option.
7. I have read and understand the max Super Privacy information in the Reference Guide.
8. I understand that max Super may share my personal information with related entities for the purposes of letting me know about other max products and services that might be of interest to me. If I don't want max Super to share my information, I can let them know by emailing info@maxsuper.com.au or calling 1300 629 787.
9. I have read and understand the information in the tax file number (TFN) section of the Reference Guide, including the purposes for which my TFN is collected and agree that my TFN can be used for lawful purposes including those purposes outlined in the Reference Guide.
10. I agree and consent to receiving disclosure information, statements, notifications and other documents required by law (including, but not limited to, for example periodic member statements, or any additional information provided by the Trustee) by them being sent electronically to my email address set out in this application form, as updated from time to time or by such other manner I agree to with the Trustee.



I declare that all the details in this application form are true and correct

Please print your Full Name here

Date of Birth

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Your Signature

Date

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