

Prime Super Member Application Form

This form is issued together with a Product Disclosure Statement (PDS) dated 15 December 2008. Please complete this form to apply to become a personal member of the Fund. Prime Super is a resident regulated superannuation fund within the meaning of Superannuation Industry (Supervision) Regulations 1994 (SIS) and is not subject to a direction under section 63 of SIS.



Part of your Community

Prime Super
ABN 60 562 335 823
RN 1000276

Trustee
Farm Plan Pty Limited
ABN 81 067 241 016
AFSL 219723
RSE L0000277

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM (SAMPLE LETTERS) A B C D

1. Membership Information

Is this a Spouse Membership? (If YES, Member details of the non-contributing spouse are required).

(Please Tick One)

Yes No (If 'YES' I am the Spouse of)

Members Name

Membership Number

2. Your Personal Details

Title (Please Tick One)

Mr Mrs Miss Ms Dr

Surname

Given Names

Street Address

City/Town/Shire

Phone Number (BH)

Phone Number (AH)

Mobile

Email (UPPER and lower case where applicable)

Date of Birth

Gender

Male Female

State

Postcode

Facsimile

Are you Self Employed?

(Please Tick One) Yes No

3. Investment Choices

Please show below where you would like your money invested. If you do not make an Investment Choice your contributions and any transfers rolled over will be invested in the Balanced Investment Strategy.

Managed Growth

 %

Australian Equities

 %

Balanced

 %

International Equities

 %

Capital Stable

 %

Property

 %

Target Return

 %

Fixed Interest

 %

Cash

 %

Total (must add up to 100%)

 %

Note: Total choices must add up to 100%. Otherwise we will have to return the form.

4. Nomination of Beneficiaries

Do you wish to nominate one or more persons to receive your benefit if you should die while a member of the fund?

(Please Tick One)

Yes No (If YES, please complete the either the Binding Nomination of Beneficiary form or the Preferred Nomination of Beneficiary form)

5. Tax File Number

I have read the information on page 14 of Part 2 of this PDS concerning my Tax File Number and;

(Please Tick One)

I Agree, or I Decline to provide my Tax File Number.

If you agree to provide your Tax File Number please fill in your Tax File Number below.

My Australian Tax File Number is

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6. Consolidation

If you would like to consolidate your accounts with other superannuation funds into Prime Super please complete the (Rollover your Super Form).

Note: Cheques are payable to Prime Super.

MAE



Declaration

- I apply to the Trustee to participate in Prime Super as described in the PDS.
- I agree to be bound by the Trust Deed as amended from time to time, governing the Fund.
- I declare I have received and read the Prime Super PDS dated 15 December 2008, including the privacy statement.
- I declare that information provided is true and correct.
- I understand that persons with multiple memberships are entitled to receive the benefit of no more than one allocation of default insurance in total unless they make application for additional insurance.
- I understand if I apply for Income Protection Insurance the benefit can equal no more than 75% of my salary.

Signature

Print Full Name

Please send this completed form to:

Prime Super
PO Box 2229
Wollongong, NSW 2500
or Freefax to: 1800 023 662
Enquires: Freecall 1800 675 839
8am to 8pm Monday to Friday (Sydney Time)

Date