

Prime Super Member Application Form

This form is issued together with the Product Disclosure Statement (PDS) dated 4 January 2010. Please complete this form to apply to become a personal member of Prime Super. Prime Super is a resident regulated superannuation fund within the meaning of *Superannuation Industry (Supervision) Act 1993* (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
Prime Super 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

Fax

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	<input style="width: 40px;" type="text"/> %	Australian Equities	<input style="width: 40px;" type="text"/> %
Balanced	<input style="width: 40px;" type="text"/> %	International Equities	<input style="width: 40px;" type="text"/> %
Conservative	<input style="width: 40px;" type="text"/> %	Property	<input style="width: 40px;" type="text"/> %
Target Return	<input style="width: 40px;" type="text"/> %	Fixed Interest	<input style="width: 40px;" type="text"/> %
Cash	<input style="width: 40px;" type="text"/> %	Total (must add up to 100%)	<input style="width: 40px;" type="text"/> %

Note: Total choices must add up to 100%. Otherwise we will not be able to process your application.

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. Consolidation

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

6. Tax File Number

If you are under age 60 you should complete a TFN Declaration form and submit it to Prime Super along with this application. If you do not submit this form, Prime Super is required by law to deduct PAYG tax at the top marginal tax rate from your super contributions.

Declining to quote your TFN is not an offence. However, if you do not quote it, or do not tell us if you are exempt from quoting it, we will be required to deduct tax at the highest marginal rate plus Medicare Levy for all payments made to you. The Australian Taxation Office may also apply other taxes to your account, such as the Superannuation Contributions Tax, regardless of your income.

Under the *Superannuation Industry (Supervision) Act 1993*, the Trustee is allowed to use your TFN if paying out monies, identifying and amalgamating superannuation benefits, for surcharge purposes and for other approved purposes.

The approved purposes and the consequences of not quoting a TFN may change in the future. Your TFN will also be passed to another superannuation provider if your benefits are being transferred (unless you inform us in writing not to pass on your TFN).

(Please Tick One)

I agree, or I decline to provide my Tax File Number.

My Australian Tax File Number is

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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 4 January 2010, 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

Date

Please send this completed form to:

Prime Super
PO Box 2229
Wollongong, NSW 2500
Enquires: Freecall 1800 675 839
8am to 8pm Monday to Friday EST
Email: administration@primesuper.com.au