

# W. AIA Insurance Super Scheme No2 – Membership Application

Membership Application to the AIA Insurance Super Scheme No2 is issued by:  
Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFSL 229757.

Proposal No.

## PERSONAL SUPERANNUATION

The following is to be completed by the life insured where the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan is to be owned by Equity Trustees Superannuation Limited, ABN 50 055 641 757, AFSL 229757, as Trustee of the AIA Insurance Super Scheme No2 (the Scheme), a product issued out of Aon Master Trust ABN 68 964 712 340 – a Registrable Superannuation Entity (RSE) Licensee under the Superannuation Industry (Supervision) Act 1993. (Before you sign this Membership Application, the Trustee is obliged to have provided you with a Priority Protection Product Disclosure Statement (PDS – either in electronic or hard copy format) containing a summary of the important information in relation to the Scheme. This information will help you to understand the product and decide whether it is appropriate for your needs.)

### Your Duty of Disclosure to the Trustee

It is a condition of this Application that you disclose to the Trustee every matter that you know, or could reasonably be expected to know, that may affect the Trustee's decision whether to accept your Application (and AIA Australia's decision whether to accept your application for insurance cover) and if so on what terms. This duty of disclosure also applies until you are accepted as a member and before you extend, vary or reinstate your membership in the Scheme. You should consider the duty of disclosure outlined at the start of the Priority Protection Application Form.

**Non-Disclosure** – If you fail to make disclosure as required above and the Trustee would not have accepted your Application for membership on any terms if that failure had not occurred, the Trustee may terminate your membership in the Scheme which would result in the termination of cover by AIA Australia.

### Application for Membership

My full name, address, date of birth and occupation details appear in the body of this form. I hereby apply for membership of the Scheme and agree to be bound by the trust deed governing the Scheme. I acknowledge that my contributions may not be accepted and a risk only interest under the Scheme will not be issued if I have not provided my Tax File Number.

1. Will any employer pay contributions to the Scheme on your behalf? Yes  No

If 'Yes', commencement date with employer.  /  /  Contributions to begin.  /  /

**Note:** If 'Yes', your commencement date with your employer will be recorded as the eligible start date on this policy. All contributions made to the Scheme will be reported as personal non-concessional unless a contribution remittance from your employer is received by the Scheme with each contribution unless made via SuperStream.

2. Nominated Retirement Date  /  /  or Nominated Retirement Age

### 3. Personal or Voluntary Employer Contributions

I declare that I am: (a) under age 65 years or (b) that I am age 65 or over and under age 75 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the current financial year. I will write and advise the Trustee if at any time this is no longer correct.

### 4. Nomination of Beneficiary (optional)

**Please refer to the section 'Nominating Beneficiaries' in the PDS before completing this part of the form.** The nomination of beneficiaries applies to benefits paid under the policy as well as any Complimentary Interim Accidental Death Cover benefits paid before the policy commences. You may nominate one or more of your dependants to receive a benefit payable from the Scheme in the event of your death. A 'dependant' includes your spouse, your child or any other person who is financially dependent on you at the time of your death. A 'child' includes an adopted child, a stepchild or legally adopted child. Alternatively, you can choose to nominate your 'Legal Personal Representative' to receive all or part of any benefit payable from the Scheme. Refer to the PDS for more information regarding eligible beneficiaries.

Type of nomination:  Non-lapsing binding  Non-binding

| Nominated Beneficiaries  |            | Address | State | Post Code | Date of Birth | Relationship to You | Percentage of Benefit |
|--|------------|---------|-------|-----------|---------------|---------------------|-----------------------|
| Surname  | First name |         |       |           |               |                     |                       |
|  |            |         |       |           | / /           |                     | %                     |
|  |            |         |       |           | / /           |                     | %                     |
|  |            |         |       |           | / /           |                     | %                     |
|  |            |         |       |           | / /           |                     | %                     |
| Legal Personal Representative  |            |         |       |           |               |                     | %                     |
| <b>If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from the Trustee or your adviser.</b> |            |         |       |           |               |                     | <b>100%</b>           |

### 5. Signatures

I declare that:

- I am applying for membership in the Scheme as a risk only member;
- I am eligible to contribute to the Scheme;
- the information contained in this Membership Application is true and correct;
- I agree to be bound by the terms and conditions of the Trust deed of the Scheme as amended from time to time;
- I acknowledge that the Trustee will apply to AIA Australia to be issued with a Superannuation Life Cover Plan and/or Superannuation Income Protection Plan and that my benefit in the Scheme is limited to the benefits provided by AIA Australia under the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan to the Trustee;
- I acknowledge the policy conditions for the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan, including that the policy may lapse if premiums are not paid within 60 days of falling due. I agree that it is my responsibility to ensure that contributions to the Scheme are sufficient for the Trustee to pay the policy premiums;

- I agree to notify the Trustee of the Scheme in writing immediately if I cease to be eligible to contribute to the Scheme;
- I acknowledge that legislation governing superannuation funds restricts payments of benefits except as provided by the governing rules of the Scheme and superannuation law;
- I have read the conditions and the important information in the section 'Nominating beneficiaries' in the PDS;
- I acknowledge that if I have made a non-lapsing binding death benefit nomination that it will be valid for the entire time I am a member of the Scheme, unless another nomination is lodged with the Trustee or this nomination becomes invalid or ineffective for some other reason, or I revoke this nomination;
- I have read the Trustee's Privacy Statement set out in the AIA Insurance Super Scheme No2 section of the Superannuation Life Cover Plan and/or Superannuation Income Protection Plan of the PDS and I consent to the collection, use and disclosure of my personal information by the Trustee in the manner described in the Privacy Statement.

Signature of Applicant

Date  /  /

Name of Applicant

### Signatures of Witnesses – declaration and statement by TWO witnesses (must not be nominated beneficiaries).

Only complete this section if you wish to make a non-lapsing binding nomination. We declare that this form was signed by the applicant for membership of the Scheme in our presence. We state that we are each over 18 years and that we are not nominated as a beneficiary on this form.

Signature of Witness A

Date  /  /

Full name of witness A

Signature of Witness B

Date  /  /

Full name of witness B

Applicant's Tax File Number    /    /

**Note** – Please read the important information regarding TFNs in the PDS before providing us with your TFN.