



Pension Plan: Application Form e-Clipse Super

Dated 14th December 2011

Before you sign this application form, the Trustee or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) which is a summary of important information relating to the e-Clipse Super Pension Plan. The details in the PDS will help you to understand the product and decide if it is appropriate to your needs.

1 MEMBERSHIP DETAILS	OFFICE USE ONLY
Are you a member of e-Clipse Super? <input type="checkbox"/> No: go to 2 <input type="checkbox"/> Yes, my member number is <input type="text"/>	Entered By _____
If yes, also complete your name and the relevant sections below.	Checked By _____

2 MEMBER DETAILS	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/>	
Surname	<input type="text"/>
Given name/s	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
Residential Address	<input type="text"/>
Suburb	State <input type="text"/> Postcode <input type="text"/>
Postal Address (if different from above)	<input type="text"/>
Suburb	State <input type="text"/> Postcode <input type="text"/>
Phone (home)	Phone (work)
Mobile	Facsimile
Email Address	<input type="text"/>

3 TAX FILE NUMBER	
Tax File Number <input type="text"/>	OR exemption/reason (please advise below):
<input type="text"/>	
To ensure income tax is not being deducted at a higher rate than it otherwise would, please make sure you also complete the Tax File Number Declaration form.	

4 ROLLOVER AMOUNT	
<input type="checkbox"/> Initial rollovers attached (approx.)	\$ <input type="text"/> . Or;
<input type="checkbox"/> Signed transfer/rollover form attached. Please complete a Transfer Request Authority for each rollover being requested.	
Please make cheques payable to:	e-Clipse Super
Forward form and cheques to:	e-Clipse Super PO Box 1282 Albury NSW 2640

e-Clipse Super ABN 45 960 194 277 RSE Registration Number R1072914
Issued by CCSL Limited ABN 51 104 967 964 AFSL 287084 RSE Licence L0000758

Super Managers Australia
PO Box 1282, Albury NSW 2640
Fax 02 6041 9355

Customer Service Line: 1300 728 525
Email: service@e-clipsesuper.com.au
Website: www.e-clipse.com.au

5 REVERSIONARY PENSIONER / BENEFICIARY DETAILS
Reversionary Pensioner Details

Do you wish to have an automatic reversionary pension payable after your death? *(Please tick one box)*

Yes No

If Yes, please provide details of the nominated dependant *(must be a dependant as defined under the SIS Regulations)*.

Title (Mr, Mrs, Ms, Miss etc.) Given Name(s)

Surname

Date of Birth (dd/mm/yyyy) / / Male Female

Relationship (to you)

Home Address

Suburb State Postcode

If you do not wish to nominate a reversionary pensioner, please provide the details of either your:

- Preferred beneficiary/ies below; or
- Binding nomination beneficiary/ies on the Nomination of Beneficiary Form.

Nominated Non-Binding Beneficiary Details

Please note that your nomination is not binding on the trustee, but it will consider your preference when exercising its discretion. If you wish to make a binding nomination, please complete the Binding Beneficiary section in the Nomination of Beneficiary Form.

Name	Relationship (to you)	Allocation (%)

6 PENSION COMMENCEMENT DETAILS

What type of pension are you applying for? Please tick the appropriate box

Account-Based Pension Transitional Retirement Pension

I wish my pension to have the following features:

Frequency of payment (if not completed, monthly will be assumed) Monthly Quarterly Bi-annually Annually

Payments to commence (if not completed we will commence after receipt of all monies) Month Year

Annual Payment Amount (if not completed, minimum will be assumed) \$ OR Minimum

See section 8 of this form for payment details

7 INVESTMENT STRATEGY

Please complete either:

- Section A, if selecting a pre-mixed portfolio;
- or*
- Section B, if selecting single asset class options

You should read the important information about how we invest your money and investment portfolios before making a decision. Go to section 5 of the e-Clipse Super Pension Plan PDS. The e-Clipse Super PDS is available by contacting the fund's Administrator or can be accessed at the e-Clipse Super website, www.e-Clipse.com.au/document/. The material relating to investments may change between the time when you read this statement and the day when you sign this form.

Section A: Please invest my account using the pre-mixed selected investment profile below

Pre-mixed Investment Profiles	✓ Tick one box only			
	Only select one option			
	Unprotected Passive	Unprotected Active	Protected Passive	Protected Active
High Growth				
Growth				
Balanced				
Moderately Conservative				
Conservative				

Section B: Please allocate my account using the selected single asset class investment profile below

Single asset class options	%
Australian Shares	
International Shares	
Alternatives	
Property and Infrastructure	
Diversified Fixed Income	
Cash	
Total	100%

8 PAYMENT DETAILS

Financial Institution			
Branch			
Name of Account			
BSB Number		Account Number	

Pension Payment Investment Strategy

- Sell down assets to top up my cash account balance pro-rata based of my pre-mixed Investment Choice **OR**
- Sell down assets to top up my cash account balance based on the percentages indicated in my single asset class investment strategy below.

Single Asset Class	%
Australian Shares	
International Shares	
Alternatives	
Property and Infrastructure	
Diversified Fixed Income	
Cash	
Total:	100%

Where the total allocation does not equal 100%, or your selection is not clear, valid or available, your application may be delayed pending clarification and confirmation of your selections.

You should read and consider the important information about e-Clipse Super and the available investment options before making a decision to invest. This information is provided in the PDS for Pension Members. These can be provided to you free of charge by your licensed financial adviser or by contacting the Client Support team, or you can access these via the e-Clipse Super website, www.e-Clipse.com.au. The material relating to e-Clipse Super and the investment options available to you may change between the time you read the relevant PDS and when you sign this form.

9 NOMINATED FINANCIAL ADVISER	
I wish to nominate the following person as my financial adviser:	
AFS Licence No.	<input style="width: 90%;" type="text"/>
Authorized Rep No.	<input style="width: 90%;" type="text"/>
Licensee Name	<input style="width: 95%;" type="text"/>
Adviser Name	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 40%;" type="text"/>
Facsimile	<input style="width: 60%;" type="text"/>
<p>The adviser fees below are inclusive of any Goods and Services Tax (GST) after allowance of any reduced input tax credit that the Trustee is entitled to.</p> <p>Ongoing - Adviser Service Fee <input style="width: 40px;" type="text"/> % OR <input style="width: 40px;" type="text"/> \$</p> <p>One off - Adviser Service Fee <input style="width: 40px;" type="text"/> \$</p>	
Adviser's Signature	<input style="width: 95%;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 95%;" type="text"/>
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Adviser Stamp </div>	

10 DECLARATION	
In signing this Application Form:	
<ul style="list-style-type: none"> I acknowledge that I have read and understood the e-Clipse Super Pension Plan PDS and agree to the conditions specified in the PDS in respect of any benefit I am entitled to as a member of e-Clipse Super. I am eligible to make contributions and to rollover my ETP as outlined in this PDS. I hereby apply to become a member in the e-Clipse Super Pension Plan and agree to be bound by the provisions of the Trust Deed. I acknowledge that I have read and understood the implications of supplying or not supplying my TFN in this PDS and authorise CCSL to quote my TFN or exemption to the ATO. I agree to provide the Trustee with any information relating to my membership in the Pension Plan of e-Clipse Super as and when requested, or upon any change of information previously advised. I understand that e-Clipse Super is a registered and complying superannuation Fund under the Superannuation (Industry) Supervision Act 1993. Superannuation Super Number R1072914. I consent to CCSL disclosing information that I have provided to e-Clipse Super to an entity that is related to CCSL. I acknowledge that I can access the personal information that I have provided to CCSL. I acknowledge that I have received a complete copy of the e-Clipse Super Pension Plan PDS, or a printout of it with this application form attached. I have read all questions contained in this Application and all other forms submitted to CCSL in relation to this Application and to the best of my knowledge and belief, the answers are true, correct and complete. I have made no statements to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Application and any other form submitted to CCSL. I acknowledge that neither the Trustee, their subsidiaries or associated companies, nor any investment manager nor their subsidiary or associated companies, guarantees the payment of capital or performance of e-Clipse Super. 	
I acknowledge that investments in this product are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.	
Also	
I acknowledge that the Trustee may be required to provide details of my transactions to any reporting body authorised to accept such reports under law.	
Member Signature	<input style="width: 95%;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 95%;" type="text"/>

11 VERIFICATION (ADVISER USE ONLY)

Please choose (and tick) one of the following two categories and complete this section accordingly:

- Attach a completed customer identification form which complies with the Anti-Money Laundering and Counter-Terrorism Act 2006 (Cth) and sign the declaration below.

OR

- Complete this section for each investor (make a copy of this section for additional individuals) and sign the declaration below. Where required, indicate whether the document sighted is an original or a certified copy of the original.

This section of the application form constitutes a record of the identification procedure undertaken in relation to the customer identified in this applicable form.

FOR EACH INDIVIDUAL: Evidence of individual's name, and either address or date of birth in the following document(s):

(complete Option 1 or 2)

OPTION 1 – PRIMARY PHOTOGRAPHIC DOCUMENTATION

Is the documentation:

Original

Certified Copy

<input type="checkbox"/> Driver Licence (current)	Number:	<input type="text"/>	Country/State:	<input type="text"/>
	Issue Date:	<input type="text"/>	Expiry Date:	<input type="text"/>
OR				
<input type="checkbox"/> Passport (not expired by more than 2 years)	Number:	<input type="text"/>	Country of Issue:	<input type="text"/>
	Issue Date:	<input type="text"/>	Expiry Date:	<input type="text"/>

OPTION 2 – NON PHOTOGRAPHIC DOCUMENTATION

Primary non-photographic documentation:

Original

Certified Copy

- Birth Certificate** **OR** **Pension Card (current)** **OR** **Australian Citizenship Certificate**

Card/document No: Expiry: / /

AND

Secondary non-photographic documentation:

Original

Certified Copy

- Tax Notice of Assessment** (issued within preceding 12 months) **OR** **Utilities Notice** (issued within preceding 3 months)

OR **Medicare Card (current)** No. Expiry:

Please see the attached ID Requirements for detailed explanation on the collection & completion of the adviser verification or contact Client Support team if you are unable to meet these requirements. Please note that further information may be requested of you for verification if deemed necessary by the trustee.

12 ADVISER DECLARATION & SIGNATURE

I declare that:

- I have undertaken identification of the customer specified in this application form and am satisfied that the customer is who the customer claims to be in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AM/CTF Act).
- I have retained a record of this verification procedure and a copy of all documents used for the purpose of verifying the investor's identity in accordance with the AML/CTF Act.
- I agree to provide the trustee access to the investor's verification records upon request.

Signed by adviser:	<input type="text"/>	Date of signing:	<input type="text"/>
Adviser Name	<input type="text"/>	Adviser Number	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>