

Superannuation Application Form

The Trustee will only accept this form if it is correctly and fully completed

The information in this document forms part of the Australian Expatriate Superannuation Fund [AESF] Product Disclosure Statement [PDS].

Prior to completing this application form please read and consider carefully the PDS. You should also read and consider the separate Member Guide and Investment Guide which form part of the PDS. To secure copies, refer to ivcm.com/aesf or email us if you would like a hard copy sent to you.



Important Information

Before sending this Application form to AESF, please check that you have completed all the questions on the Application form by printing clearly in the spaces provided, and have signed the relevant sections.

When complete email and post this form:

newbusiness@ivcm.com

IVCM (Aust) Pty Ltd
201 Sussex Street, Tower 2
Level 20, Darling Park
Sydney, NSW, 2000

Issued by:

The Trustee, Diversa Trustees Limited, ABN 49 006 421 638, RSE License L0000635, AFS Licence 235153
Tidswell Master Superannuation Plan - Australian Expatriate Superannuation Fund, Division [ABN 34 300 938 877, RSE R1004953]

Section A

Your Application details

1. Personal details

Mr Mrs Ms Miss Other

Name [first name, middle, surname]

Date of birth [dd/mm/yy]

Nationality

2. Addresses

Residential address

[Your residential address cannot be a post office box]

Unit number

Street number

Street name

Suburb

State

Postcode

Postal address

[If different to your residential address. Your postal address cannot be your Financial Adviser's address]

Post Office Box number

Country

Suburb

State

Postcode

3. Email / Telephone

Email address 1

Email address 2

Mobile number

Home number

Work number

4. Tax File Number

If a valid TFN is not provided, contributions cannot be accepted. Please refer to the PDS for more information.

5. Transfer Details

Transfers from Foreign Pensions / Superannuation Funds

Scheme name	Policy number	Estimated Value	Did the funds (patial or full) originated from the UK?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Transfers from Australian Superannuation Funds Only

Scheme name	Policy number	Estimated Value	Did the funds (patial or full) originated from the UK?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Where your funds come from an Australian Superannuation Scheme, please complete Form 13 - ATO Rollover Initiation Request available on our website <https://ivcm.com/products/aesf/#documents>

6. Applicable Fund Earnings Factual Information

You may want to consult with your tax adviser as the Australian Expatriate Superannuation Fund does not provide tax advice or complete tax forms on your behalf, however this section helps us with factual information and the administration of the fund on receipt of any Foreign Superannuation transfers.

Please answer the following questions:

A. On receipt of your Foreign Superannuation transfer / rollover into the Australian Expatriate Superannuation Fund, you can elect to have the assessable amount deducted by completing the ATO Foreign Super Form – Form 3 available on our website <https://ivcm.com/products/aesf/#documents>

Please note you can ONLY complete the ATO Foreign Super Form when the funds have been received. To help us administer your pension upon receipt please confirm one of the following:

Yes – I shall complete the ATO Foreign Super Form when my Foreign funds arrive into my Australian Expatriate Superannuation Fund Account. I fully understand that I need to complete this form myself or I shall seek the appropriate registered advice. If my transfer value is lower than the value when I became a tax resident, I will no longer require the fund to pay the tax on applicable fund earnings since there's none to declare.

No – I shall not require the assessable amount to be deducted through my Australian Expatriate Superannuation Fund Account. I shall deal with my assessable tax through alternative channels. I fully understand that this is my responsibility and therefore cannot hold the Australian Expatriate Superannuation Fund Account liable or responsible for my own actions.

B. Date of Australian Tax Residency

This information shall be required to help you complete the ATO Foreign Super Form.

Value of UK Pension Plan at this date \$ _____ *required

Please ensure that the ATO Foreign Super Transfer is completed once it is confirmed to you that the foreign transfer was received into AESF. The Trustee of AESF requires the completed form in order to allocate your foreign transfer to your account. Please note that a fee will be applicable if the form is not provided at the time when a rollover is received, refer to the PDS for more details.

C. The entitlement being transferred includes earnings in the foreign superannuation fund, accumulated since you became an Australian resident. This information will help you complete the ATO Foreign Super Form.

D. UK Residency Confirmation - To be completed for all QROPS transfers.

I am no longer a UK Tax Resident with effect from [dd/mm/yy]

Please note: If the value of your UK pension plan at the date of Australian Tax Residency has not been presented to you and your QROPS Transfer Discharge Forms have not been provided to you by your UK / Foreign pension provider at the application stage. Please confirm by ticking the box that you have or will request this information under separate cover and shall provide this information within the next two to three weeks.

Section B
Transferring Scheme Details
 Continued

B

Please note

Refer to the Investment Guide for more information on investments.

If any of your personal contributions are being made:
 - from the sale of a small business which qualifies for CGT concessions; or
 - due to certain circumstances involving personal injury,
 you need to send us an election form for tax purposes before or at the time the contribution is made.

The election forms and instructions can be found at ato.gov.au. Speak to your Financial Adviser for more information.

7. Contributions - Please note this is separate to transferred / rollover money.

Are you making any initial or regular contributions to your account? Yes Complete the details below No Please proceed to Section 7

Contribution type	Initial Contribution	Regular Contribution	Per Month or Year?
Personal contribution	\$	\$	
Spouse contribution	\$	\$	

Employer contribution Yes Note - all Employer Contributions must be paid via SuperStream. Refer to the Australian Tax Office website at ato.gov.au

8. Investment Currency


Upon the receipt of your transfer into your account with AESF you will be able to select your investment options and invest via the online order pad, details of the Investments are included in the Investment Guide available on the website.

Please confirm which currency you would like to have your rollover transferred into AESF in:

AUD Currency

GBP Currency

National Insurance
Number

 Please note that your National Insurance Number (NI/NINO) is a United Kingdom administration number used for the UK tax system. Your National Number format shall be two prefix letters, six numbers and a suffix letter. An example of your NI Number is **QQ123456C**.

Adviser Signature

Date [dd/mm/yyyy]

Member Signature

Date [dd/mm/yyyy]

9. Financial Adviser Details

Are you appointing a Financial Adviser for your Australian Expatriate Superannuation Fund account?

YES

NO

If yes, you must complete and submit **Form 2 - Adviser Appointment / Remuneration form**. This can be downloaded from our website www.ivcm.com via the Servicing Forms section.

Section E

Member Declaration



Please read

Carefully before signing this declaration.

If signed under the Power of Attorney:

Attorneys must attach a certified copy of their Power of Attorney documentation. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents cannot be accepted via facsimile.

We are using a third party company for identity verification (Thomson Reuters).

10. Declaration

Member Acceptance

I have received and read the current AESF PDS, Additional Information and Investment Guide and apply to become a member of the AESF division of the Tidswell Master Superannuation Plan [Fund] and agree to be bound by the provisions of the Trust Deed. I understand this application will form the basis of my participation in the Fund. I confirm that I am eligible to contribute to the Fund or have contributions made on my behalf. I acknowledge that it is my responsibility to be fully informed about any investment I consider for inclusion in my portfolio at all times and agree to the Trustee providing me with a copy of the underlying investment manager PDS's by making them available on the AESF website for downloading located on ivcm.com/aesf I also confirm my understanding and consent to the Adviser service fees set out in Section D on page 6.

Understanding investment risk

I understand that my investment does not represent a deposit with or a liability of the Trustee, or its directors, officers or related parties. I acknowledge that an investment in AESF is subject to investment risk including possible delays in repayment and loss of income and capital invested.

Investment Strategy

I understand that I am responsible to maintain my investment strategy and I have considered the information disclosed in the current AESF PDS, Member Guide and Investment Guide with respect to investments.

I further acknowledge that all reporting of my investments will be expressed in AUD using the exchange rate at or near the reporting date if my investment is held in GBP or USD.

Applicant declaration

As far as I am aware, everything I have provided in this Application form is true, and if there are any changes to this information in the future, I will notify the Trustee in writing as soon as possible.

Australian law

I understand that this application is made in Australia in accordance with Australian laws and my account will be regulated by these laws and all values reported will be expressed in AUD.

Cooling-off

I understand that if this investment does not suit me, I have 14 days after confirmation of my membership or 19 days of the Fund receiving my initial contribution or application to join to advise the Trustee to close my super account. For further details on cooling-off, please refer to the AESF PDS.

Notification of changes

I understand that I will not be given advance notice of any product changes that are not materially adverse. I am aware that any non-material changes will be notified on ivcm.com/aesf

Privacy

I acknowledge that I have access to the Trustee's privacy policy and agree the Trustee may collect, use, disclose and handle my personal information in a manner set out in the Trustee's privacy policy available on ivcm.com/aesf

Marketing consent

We are continually seeking to better understand and serve you. From time to time we may be able to inform you of special offers or services that may become available. In accordance with the Privacy Act 1988, the Trustee requires your confirmation that you are willing to receive such information. By signing this declaration, you have indicated your approval to receive this information. You also consent to our disclosing your personal information to third party service providers, regulators and other persons associated with the Fund for purposes related to your superannuation account.

If you do not wish to receive special offers from AESF, please tick this box

Signature of Applicant or Attorney

Full name of authorised representative

Date [dd/mm/yyyy]

Section F

Beneficiary Nomination



11. Your beneficiary nomination

Select one of the following options and complete the table below. "Please note that our Trustees cannot accept erasures or countersign in this section."

Non-lapsing binding nomination

If the member chooses this nomination type, they will need to tick the box and separately complete 'Form 1' with member's 2 witnesses' wet signatures. This can be downloaded from our website at www.ivcm.com via the Servicing Forms Section. (Scanned copies are acceptable)

Non-binding nomination

Complete the table below.

Name of beneficiary	Date of birth	Relationship to you		Portion of total benefit
Please print full name	dd/mm/yyyy	Only the following options can be accepted		
		Spouse	Financial dependant	%
		Child	Interdependency relationship	
		Spouse	Financial dependant	%
		Child	Interdependency relationship	
		Spouse	Financial dependant	%
		Child	Interdependency relationship	
		Spouse	Financial dependant	%
		Child	Interdependency relationship	
Legal personal representative [your Estate]	Not applicable	If you want all or part of your benefit paid to your estate, please write the percentage here.		%
Total must equal 100% or all nominations will be invalid. You can nominate a percentage[s] up to two decimal places.				Total
				<u>100%</u>

12. Your Agreement and Declaration

I have read and understand the information provided on beneficiary nominations on page 11 of this form and I request the Trustee accept my beneficiary nomination. I understand I should review my nomination regularly, especially when my circumstances change [eg. marriage, having children or any other life changing event], to ensure my nomination is always up to date and further understand that:

- a Non-lapsing binding beneficiary nomination will be subject to the Trustee's consent;
- a Non-binding beneficiary nomination is not binding on the Trustee and only provides a guide to the Trustee as to how I would like my death benefit to be paid.

Signature of Member

Date [dd/mm/yyyy]

Types of nominations

1. Non-lapsing binding nomination

If you provide us with a non-lapsing binding nomination that satisfies all legal requirements subject to our accepting the nomination, and the nomination being valid at the time of your death, we must pay your death benefit to the beneficiary[ies] you have nominated and in such proportions as you have specified, provided:

- each nominated beneficiary is a dependant or your legal personal representative at the time of your death; and
- your binding nomination is in writing and two persons over 18 years of age who are not nominated beneficiaries have witnessed you signing your nomination on the same day.

Note: the binding nomination is non-lapsing, i.e. it will remain in place until it is amended or revoked.

2. Non-binding nomination

If you provide us with a non-binding nomination, your nomination is not binding on the Trustee and only provides a guide as to how you would like your death benefit to be paid, provided:

- each nominated beneficiary is a dependant or your legal personal representative at the time of your death.
- you have not married, entered a de facto or like relationship with a person of either sex or permanently separated from your spouse or partner since making your nomination; and
- your non-binding nomination has not been revoked and is not defective for any reason.

It is important to note that a non-binding nomination will not override a previous, valid binding nomination made by you.

If you have already made a binding nomination you must revoke it first and then make a non-binding nomination.

3. No nomination

The Trustee will decide in its absolute discretion who receives your account balance [including any applicable insurance proceeds] from amongst one or more of your dependants and your legal personal representative [estate].

Section F

Beneficiary Nomination

Continued



Who can you nominate?

Under superannuation law, you can nominate:

Individuals

- your spouse or de-facto spouse, including same sex partner
- children [including step and adopted children, children of your spouse and other children within the meaning of the Family Law Act 1975]
- individuals who are financially dependent on you at the time of your death
- someone in an interdependency relationship with you at the time of your death.

Legal representative [your estate]

Your legal representative - ie the executor under your will or a person granted letters of administration for your estate if you die without having left a valid will.

Why can't you nominate other family members or friends?

The law only allows you to nominate individuals who are your spouse, your children, who are otherwise financially dependent on you or who have an interdependency relationship with you at the time of your death. However, you can choose to nominate to have all or part of your benefit paid to your estate and then via your will your friends and/or other family members can become entitled to receive these superannuation funds.

What is a financial dependant?

Someone who is financially dependent upon you at the time of your death. The definition of a dependant under superannuation legislation may be different to the definition which is used for tax purposes regarding how much tax the recipient of the benefit will be required to pay. For more information on estate planning we recommend you speak with your financial or legal adviser.

What is an interdependency relationship?

This is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other. This type of relationship may exist if there is a close personal relationship, but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

Where can you check your beneficiary nomination?

Your beneficiary nomination details will be confirmed each year in your Annual Statement and can be viewed online at any time on aesf.com.au