

ANZ OneAnswer



ANZ OneAnswer Personal Super Application Form Booklet

20 September 2004

ANZ OneAnswer Personal Super Application Form

20 September 2004

Before you sign this Application Form, the Trustee or your ANZ Financial Planner is obliged to give you an ANZ OneAnswer Personal Super Product Disclosure Statement (PDS) which accompanies this Application Form Booklet. The PDS will help you to understand ANZ OneAnswer Personal Super and to decide whether it is appropriate to your needs. Please ensure that you have read the entire PDS (consisting of Part One and Part Two). If you have received this Application Form Booklet electronically, we will provide a paper copy of the PDS and this Application Form Booklet free of charge on request.

How to get started

Important – In order to process your application, it is important that all relevant sections of the Application Form are completed. Incomplete applications will mean we have to contact your ANZ Financial Planner for further information and will delay your application. Complete all relevant sections and sign the forms.

Please use a black or blue pen.

How to invest

To make your investment in ANZ OneAnswer Personal Super:

- 1 Complete all relevant sections and sign the Application Form.
- 2 If you wish to start a Regular Investment Plan, please complete sections 6 and 8 of the Application Form.
- 3 Complete the Superannuation Transfer Service Application Form to enable the rollover of Eligible Termination Payment(s) (ETP).
Please send this form to your existing financial institution. Where the rollover is from an eligible ANZ/ING product, please send all documentation to us in all instances. Please note, we cannot contact other institutions on your behalf.
- 4 Tax File Number (TFN) laws allow us to request your TFN. Quoting your TFN to us is voluntary.
- 5 After you have made your initial investment you can vary the amount and frequency of your regular contribution at any time or make additional contributions (subject to the minimum investment requirements). If you want to know how to make additional investments or have any enquiries please call **Customer Services on 13 38 63.**
- 6 All cheques should be made payable to ‘ANZ Life – ANZ OneAnswer Personal Super <customer name>member/policy no. (if known)>’.
- 7 Forward the completed Application Form and cheque to your ANZ Financial Planner, any ANZ branch or ANZ Life, GPO Box 4028, Sydney NSW 2001. Cheques may be deposited at any ANZ branch using the deposit slip attached to this Application Form.
- 8 If you wish to consolidate your superannuation and/or make contributions to ANZ OneAnswer Personal Super before transferring to ANZ OneAnswer Allocated Pension or ANZ OneAnswer Term Allocated Pension please only complete the Cash fund Superannuation Transfer and Consolidation Service form on pages 13 and 14 and attach this to your ANZ OneAnswer Pensions Application Form.

The only means of applying for ANZ OneAnswer Personal Super is by completion of the Application Form accompanied by the current PDS. This PDS may be withdrawn and/or replaced at any time. Applications made on a withdrawn PDS will be declined.

MICR NUMBER

1 ANZ OneAnswer Personal Super



PITT & HUNTER STS BRANCH
68 PITT ST SYDNEY NSW 012003

DEPOSIT SLIP

Australia and New Zealand Banking Group Limited

(With recourse on all documents. Proceeds of cheques etc unavailable until cleared. Accepted on the condition that any marking specifying that the deposit is to be applied to a particular drawing is not binding on ANZ. ANZ is not responsible for delays in transmission if lodged at another bank or branch.)

CREDIT

DRAWER		BANK	BRANCH	/ /	
TELLERS INITIALS		CUSTOMER NAME		AGENT CODE	
For credit of		ANZ Life Assurance Company Limited		ABN 63 008 425 652	60
CASH		\$		NO CASH ACCEPTED	
Amount of cheque		\$			
TOTAL		\$		<div></div>	

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Details of cheques, etc to be completed by customer

Drawer	Bank	Branch	Amount
1			
2			
3			
4			
5			
6			
7			
8			
			\$

ANZ OneAnswer Personal Super Application Form

ANZ Financial Planner's Stamp

The Supplementary Product Disclosure Statement (SPDS) was issued on 1 July 2005. You should read this supplement in conjunction with the Product Disclosure Statement (PDS) issued on 20 September 2004, prior to making an application for this product so that you understand the changes that have been made to the product.

Tax File Number (Please read the TFN section in Part One of the PDS before providing this information)

Special instructions

Have you attached any special instructions to this Application Form? ☐ Yes ☒ No

1. Applicant details

[illegible]

2. Nomination of beneficiary

If you wish to nominate a binding or non-binding beneficiary, please see pages 17 and 19.

3. Fee structures

Please select **one** of the following fee structures:

Entry Fee option

Nil Entry Fee option

Note: An application cannot be processed unless an option is nominated

4. Contribution details (Please also complete section 6)

Cheque (please make payable to ANZ Life – ANZ OneAnswer Personal Super <customer name>member/policy no. if known)

Personal contributions

\$ _____ . _____

Eligible spouse contributions on your behalf

\$ _____, _____.

Employer contributions on your behalf

\$ _____, _____.

5. Rollover details (Please also complete section 6)

Please note that transfer amount(s) indicated below are indicative only. If required we will contact your ANZ Financial Planner to determine the exact transfer amount(s), ETP components and other applicable information at the relevant time.

Rollover of Employer ETP or CGT Exempt amount – please attach ETP rollover statement

Amount	\$							
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[illegible]**Transfers from non-ANZ/ING administered products only** (Please also complete the form on page 11)

Fund manager

Rollover 1	\$							
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Rollover 2	\$								
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Transfers from ANZ/ING administered products only[illegible]

If you intend to claim a tax deduction for any personal contributions made into the above policy, please indicate the amount of deduction and relevant financial year*:

\$ _____ , _____. Financial year ending _____

\$, . Financial year ending

Product 2	\$.	.	Member no.
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If you intend to claim a tax deduction for any personal contributions made into the above policy, please indicate the amount of deduction and relevant financial year*:

\$. Financial year ending

\$. . Financial year ending

If you are claiming a tax deduction on transfer

The information provided above, forms a notice(s) under section 82AAT(1A) of the Income Tax Assessment Act 1936 to the Trustee(s) of the relevant Fund(s). I understand that this notice(s) cannot be revoked or withdrawn and that only the amount(s) shown above are being claimed by me as a personal tax deduction. I confirm that the amount(s) covered by this notice(s) have not been covered by another notice.

Signature of applicant (sign clearly within the box)

Date _____

* Only eligible persons may claim a tax deduction for personal contributions made to a superannuation fund no later than 28 days following the month in which they turn 70. If you are unclear about your eligibility to claim a tax deduction, please consult a qualified taxation adviser.

6. How are the amounts to be invested?

Fund name	Initial investment	Regular investments*
	Minimums: initial \$2,000, \$100 per investment fund. Please specify the dollar amount, or percentage if the specific amount is unknown.	Minimum \$100 per month or quarter
Profile 1 – Defensive		
ING Capital Guaranteed (AE01, AN01)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Cash (AE10, AN10)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Diversified Fixed Interest (AE15, AN15)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Income (AE02, AN02)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Mortgages (AE11, AN11)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OptiMix Australian Fixed Interest (AE24, AN24)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OptiMix Enhanced Cash (AE23, AN23)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
UBS Diversified Fixed Income (AE31, AN31)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Profile 2 – Conservative		
ING Conservative (AE03, AN03)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Diversified High Yield (AE45, AN 45)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Income Plus (AE07, AN07)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OptiMix Conservative (AE19, AN19)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Profile 3 – Balanced		
ING Balanced (AE04, AN04)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OptiMix Moderate (AE20, AN20)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Profile 4 – Growth		
ING Active Growth (AE09, AN09)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Managed Growth (AE05, AN05)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ING Tax Effective Income (AE08, AN08)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OptiMix Balanced (AE51, AN51)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OptiMix Growth (AE21, AN21)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Profile 5 – High growth		
AXA Global Equity Value (AE38, AN38)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Barclays Global Investors Australian Shares (AE29, AN29)†	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BT Core Hedged Global Shares (AE40, AN40)‡	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BT Smaller Companies (AE52, AN52)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Colonial First State Imputation (AE36, AN36)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Credit Suisse International Shares (AE37, AN37)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Credit Suisse Property (AE32, AN32)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Fidelity Perpetual International Shares (AE30, AN30)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> % \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

* Regular investments do not have to be invested in the same way as initial investments. If no selection is made, investments will be placed in accordance with the instructions contained in the initial investments section.

† This fund was formerly known as AMP Henderson Equity.

‡ This fund was formerly known as BT Putnam Global Core Hedged.

6. How are the amounts to be invested? continued...

Fund name	Initial investment		Regular investments*	
	Minimums: initial \$2,000, \$100 per investment fund. Please specify the dollar amount, or percentage if the specific amount is unknown.		Minimum \$100 per month or quarter	
Profile 5 – High growth				
ING Australian Shares (AE13, AN13)	\$		or	% \$
ING Blue Chip Imputation (AE14, AN14)	\$		or	% \$
ING Global Emerging Markets Shares (AE18, AN18)	\$		or	% \$
ING Global Sector (AE16, AN16)	\$		or	% \$
ING High Growth (AE06, AN06)	\$		or	% \$
ING Property Securities (AE12, AN12)	\$		or	% \$
ING Select Leaders (AE44, AN44)	\$		or	% \$
ING Sustainable Investments – Australian Shares (AE17, AN17)	\$		or	% \$
Investors Mutual Australian Shares (AE39, AN39)	\$		or	% \$
OptiMix Australian Property Securities (AE26, AN26)	\$		or	% \$
OptiMix Australian Shares (AE25, AN25)	\$		or	% \$
OptiMix Global Shares (AE27, AN27)	\$		or	% \$
OptiMix Global Smaller Companies Shares (AE28, AN28)	\$		or	% \$
OptiMix High Growth (AE22, AN22)	\$		or	% \$
Perpetual Australian Shares (AE35, AN35)	\$		or	% \$
Schroder Australian Equity (AE34, AN34)	\$		or	% \$
State Street Australian Index Plus (AE41, AN41)	\$		or	% \$
State Street Global Index Plus (Hedged) (AE42, AN42)	\$		or	% \$
Total	\$		or	1 0 0 % \$

* Regular investments do not have to be invested in the same way as initial investments. If no selection is made, investments will be placed in accordance with the instructions contained in the initial investments section.

7. Is insurance required?

☐ Yes ☐ No

If yes, please complete the following details: ☐ Occupational classification*

I wish to establish the following type of insurance cover: ☐ Death only OR ☐ Death and Total and Permanent Disablement

Occupation:

Your main duties:

(include the percentage of time spent on each)

Level of cover required \$

Please apply Index Linking to my sum insured ☐ Yes ☐ No

* Please insert the occupational classification number that is applicable to you. To obtain your occupational classification please call Customer Services on 13 38 63 to obtain the Personal Super Occupational Guide, or speak to your ANZ Financial Planner.

Note: If you have requested insurance cover, please complete the Personal Statement on pages 21 to 28. The application form is subject to acceptance by the insurer, ING Life Limited. Additional medical or other evidence may be requested by ING Life.

8. Do you also wish to have regular contributions made? (Please also complete section 6)

☐ Yes ☐ No

Contribution frequency:

(If no nomination is made, deductions will be made monthly)

Monthly or Quarterly

Nominate amount here \$, . (minimum \$100 per month or quarter)

The regular contributions will be:

- Personal contributions
- Employer contributions
- Eligible spouse contributions

Contributions will be deducted from the following account:

Name of financial institution

Branch where account is held

Account name

BSB number

Account number

Once established the direct debit will occur on the 15th of each month (or the next business day).

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement on page 33.

I/We understand that where a regular deduction is dishonoured, a fee of \$10 is charged and a processing fee may be charged by my/our financial institution each time a contribution is made. All bank account signatories must sign below.

Name of account holder A

Signature of account holder A

Date _____

Name of account holder B

Signature of account holder B

Date _____

9. Adviser Service Fee

I confirm that I have agreed to an Adviser Service Fee of . % p.a. (maximum of 2.0% p.a.) or (maximum of \$10,000 p.a.) and direct you to deduct that fee from my investment based on my total investment balance and paid to the ANZ Financial Planner nominated in section 11. This amount will be withdrawn each month by redeeming units in the following investment fund:

(insert investment fund name)

OR ☐ deducted across all my investment funds.

Signature of applicant (sign clearly within the box)

Date _____

Note: If no investment fund is nominated, the Adviser Service Fee will be deducted across all your investment funds.

10. Application for membership (declaration to be completed by the applicant)

Before you sign this Application Form, the Trustee or your ANZ Financial Planner is obliged to give you a PDS which accompanies this Application Form. The PDS will help you to understand the product and to decide whether it is appropriate to your needs. Please ensure that you have read the entire PDS (consisting of Part One and Part Two).

By completing this Application Form, I:

- › authorise the collection, use and disclosure of my personal information for the purpose of the assessment of my application, and if accepted, the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy section, ANZ and ING will not be able to process my application or to deliver the relevant products or services
- › accept that ING/ANZ may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly
- › authorise my ANZ Financial Planner named in section 11 to receive and access my personal information for the purposes of managing my investment. Where there is any change to this authority or relating to my ANZ Financial Planner, I will notify you of the change
- › agree to be bound by the provisions of the Trust Deed for ANZ Personal Superannuation Fund
- › consent to telephone conversations being recorded and listened to for training purposes or to provide security for transactions
- › declare, in the case of contributions, that I have read and understood the contribution eligibility rules in Part One of the PDS and that I am eligible to make or have contributions made for my benefit and will notify the Trustee if I am no longer eligible
- › declare that I have read and understood the benefit payment rules in Part One of the PDS and will notify the Trustee if I am no longer eligible to maintain my benefits in this Fund
- › acknowledge that the performance of any investment fund is not guaranteed by the Trustee or any other person, unless otherwise stated
- › acknowledge that for transactions by direct debit, the unit price used will be the one determined on the day funds are received in our bank account.

By signing this Application Form, I confirm that I have read and understood the above declarations, conditions and acknowledgments in Part One and Part Two of the PDS.

I, the applicant, whose signature appears below, state that the statements made in this Application Form are true and correct.

Signature of applicant (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

This page is to be completed by the ANZ Financial Planner (adviser) only

11. ANZ Financial Planner details

Share code	<input type="text"/>	Seller code 3	<input type="text"/>
Company name	<input type="text"/>		
Name of ANZ Financial Planner	<input type="text"/>		
Adviser code	<input type="text"/>		
Phone	(<input type="text"/>) <input type="text"/>	<input type="text"/>	
Fax	(<input type="text"/>) <input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		

12. Commission

If no nomination is made, standard commission will be paid.

A. Initial commission rebate (Entry Fee option or Nil Entry Fee option)

Please nominate **one** of the following:

Initial commission to be paid to adviser excluding 10% GST . %
(e.g. 3.00% means commission paid is 3.30% including GST)

OR

Percentage of initial commission to be **rebated** . %
(e.g. 100% means all initial commission (excluding the 10% GST component) will be rebated to your client)

B. Nil Entry Fee option only

Please cross **one** of the following:

Standard commission - option 1 (e.g. 3.30% initial and 0.435% p.a.) ☐

OR

Higher ongoing commission - option 2 (e.g. nil initial commission and 0.935% p.a.) ☐

C. Ongoing Commission rebate (Entry Fee option or Nil Entry Fee option)

If you wish to rebate a portion of your ongoing commission please complete the following:

Percentage of ongoing commission to be **rebated** . %
(e.g. 100% means all ongoing commission (excluding the GST component) will be rebated to your client)

D. Insurance Commission

Commission to be paid to adviser excluding 10% GST 2 0 %
(e.g. 20% means commission paid is 22% including GST)

Checklist

Please forward along with this signed application, if required:

<input type="checkbox"/> Statement of Advice	<input type="checkbox"/> Copy of rollover documentation
<input type="checkbox"/> Nomination of Beneficiary form	<input type="checkbox"/> Personal Statement
<input type="checkbox"/> Superannuation Transfer Service	<input type="checkbox"/> Application faxed to 9234 8295 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Cheque or deposited micro encoded cheque	

Signature of ANZ Financial Planner (sign clearly within the box)

Date

13. Special instructions

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ANZ OneAnswer Personal Super Superannuation Transfer Service Application Form

ANZ Managed Investments Limited
ABN 61 004 392 269
GPO Box 4028, Sydney NSW 2001
347 Kent Street, Sydney NSW 200
Phone 13 38 63
Fax 02 9234 8295

20 September 2004

ANZ Personal Superannuation Fund (SFN 138559947)

ANZ OneAnswer Personal Super Entry Fee option (SPIN ANZ0325AU)

ANZ OneAnswer Personal Super Nil Entry Fee option (SPIN ANZ0326AU)

Please forward this form to your existing financial institution to transfer funds from a non-ANZ/ING superannuation or rollover fund to ANZ Personal Superannuation Fund. If you want to transfer more than one fund, please photocopy this form. You may be requested by your existing fund to forward details or sign additional documents. Please action this as soon as possible. Please be aware that other financial institutions may impose a fee when you withdraw from their fund. There may also be delays in having your money transferred from your existing fund.

1. Applicant details

Surname																								
Given name(s)																								
Date of birth	D	D	M	M	Y	Y	Y	Y																
Address																								
																	State			Postcode				

If you would like to transfer your funds to an existing ANZ OneAnswer Personal Super, please quote member/policy number (otherwise a new account will be opened)

--	--	--	--	--	--	--	--	--	--

2. Request for transfer of funds to ANZ Personal Superannuation Fund

I hereby instruct you to transfer to ANZ the total value OR partial value \$, .
of my super/rollover fund which is detailed below. Approximate amount (minimum: initial investment \$2,000 or additional investment \$1,000)

Fund details

Financial institution																								
Fund name																								
Address of paying institution																								

If the amount you wish to transfer to ANZ OneAnswer Personal Super is from a previous employer's superannuation fund, please state:

Name of employer																								
Date ceased employment	D	D	M	M	Y	Y	Y	Y																

3. Approval to transfer

- › I hereby give authority to you to provide all relevant information and any other documentation to ANZ regarding the transfer and to forward a cheque for the transfer amount.
- › I understand that the trustee of my previous fund is discharged from any liability in respect of any amount transferred.
- › I approve the deduction of any applicable transfer fees, exit fees and taxes from the benefit being transferred (subject to legislative restrictions).
- › I authorise the transfer of any contribution still to be made by my previous employer that may be received after my benefits have been transferred to ANZ.
- › I understand that, in certain circumstances, ANZ may be required to deduct tax from the untaxed portion of any amount transferred.
- › To the best of my knowledge, my other superannuation fund(s) is a complying superannuation fund under the Superannuation Industry (Supervision) Act 1993.
- › ANZ Personal Superannuation Fund is a regulated and complying superannuation fund under the Superannuation Industry (Supervision) Act 1993.

Please send a cheque made payable to 'ANZ Life – ANZ OneAnswer Personal Super <customer name>member/policy no. (if known)' to:

ANZ Life Limited
GPO Box 4028
Sydney NSW 2001
Phone 13 38 63

Signature of applicant (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1.3 ANZ OneAnswer Personal Super

This form is for customers who want to consolidate superannuation and/or make contributions to the ANZ OneAnswer Personal Super Cash fund before transferring to the ANZ OneAnswer Allocated Pension or ANZ OneAnswer Term Allocated Pension.

This form must be lodged with an ANZ OneAnswer Pensions Application Form.

[illegible]

(Please read the TFN section in Part One of the PDS before providing this information)

Yes No

\$ _____

\$ _____, _____.

\$

\$							
----	--	--	--	--	--	--	--

(Please make cheques payable to 'ANZ Life – ANZ OneAnswer Personal Super <customer name>member policy number (if known)')

Yes No

Please note that transfer amount(s) indicated below are indicative only. If required we will contact your ANZ Financial Planner to determine the exact transfer amount(s), ETP components and other applicable information at the relevant time.

Amount \$ _____ Payer's name _____

Fund manager

[illegible][illegible]

Product 1 \$. Member no.

If you intend to claim a tax deduction for any personal contributions made into the above policy, please indicate the amount of deduction and relevant financial year*:

\$. Financial year ending

\$, . Financial year ending

Product 2 \$. Member no.

If you intend to claim a tax deduction for any personal contributions made into the above policy, please indicate the amount of deduction and relevant financial year*:

\$ _____ , _____. Financial year ending _____

\$ _____ , _____. Financial year ending _____

If you are claiming a tax deduction on transfer

The information provided on page 13, forms a notice(s) under section 82AAT(1A) of the Income Tax Assessment Act 1936 to the Trustee(s) of the relevant Fund(s). I understand that this notice(s) cannot be revoked or withdrawn and that only the amount(s) shown above are being claimed by me as a personal tax deduction. I confirm that the amount(s) covered by this notice(s) have not been covered by another notice.

Signature applicant (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ANZ OneAnswer Allocated Pension or ANZ OneAnswer Term Allocated Pension commencement

We will rollover your superannuation into your ANZ OneAnswer Allocated Pension or ANZ OneAnswer Term Allocated Pension after we have received your completed ANZ OneAnswer Allocated Pension or ANZ OneAnswer Term Allocated Pension Application Form. We will commence your ANZ OneAnswer Allocated Pension or ANZ OneAnswer Term Allocated Pension after all other documentation and requirements have been received and processed.

5. Declaration and signature

Before you sign this Application Form, the Trustee or your ANZ Financial Planner is obliged to give you a current PDS which accompanies this Application Form. The PDS will help you to understand the product and to decide whether it is appropriate to your needs. Please ensure that you have read the entire PDS (consisting of Part One and Part Two).

By completing this Application Form, I:

- › authorise the collection, use and disclosure of my personal information for the purpose of the assessment of my application, and if accepted, the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy section, ANZ and ING will not be able to process my application or to deliver the relevant products or services
- › accept that ING/ANZ may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly
- › authorise my ANZ Financial Planner named in the Application Form to receive and access my personal information for the purposes of managing my investment. Where there is any change to this authority or relating to my ANZ Financial Planner, I will notify you of the change
- › agree to be bound by the provisions of the Trust Deed for ANZ Personal Superannuation Fund
- › consent to telephone conversations being recorded and listened to for training purposes or to provide security for transactions
- › declare, in the case of contributions, that I have read and understood the contribution eligibility rules in Part One of the PDS and that I am eligible to make or have contributions made for my benefit and will notify the Trustee if I am no longer eligible
- › declare, in the case of preserved and restricted non-preserved benefits, that I have read and understood the benefit payment rules in Part One of the PDS and that I satisfy a condition of release in respect of these benefits.

By signing this Application Form, I confirm that I have read and understood the above declarations, conditions and acknowledgments in Part One and Part Two of the PDS. I understand that my investments will be applied to ANZ OneAnswer Personal Super invested in the Cash fund until a specific date or after all transfers and contributions have been received. I also declare that the details given in this application form are true and correct.

Signature of applicant (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Letter of Compliance

ANZ Personal Superannuation Fund (SFN 138559947)

ANZ OneAnswer Personal Super Entry Fee option (SPIN ANZ0325AU)

ANZ OneAnswer Personal Super Nil Entry Fee option (SPIN ANZ0326AU)

Your existing fund may ask for a copy of this letter before transferring your benefits to ANZ OneAnswer Personal Super

ANZ Managed Investments Limited
ABN 61 004 392 269
GPO Box 4028, Sydney NSW 2001
347 Kent Street, Sydney NSW 2000
Phone 13 38 63
Fax 02 9234 8295

20 September 2004

TO WHOM IT MAY CONCERN

ANZ OneAnswer Personal Super

ANZ Managed Investments Limited (ANZMI) – Trustee of the ANZ Personal Superannuation Fund.

I confirm the following statements on behalf of ANZMI.

The Fund is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS). It is the intention of ANZMI to manage the Fund in compliance with the SIS laws, the relevant requirements of the Corporations Act and guidelines issued by both the Australian Securities and Investments Commission and the Australian Prudential Regulation Authority.

The Trustee certifies that the Fund is not subject to a direction under section 63 of SIS.

The Trust Deed governing the Fund allows benefits to be transferred or rolled, from other resident regulated superannuation funds or superannuation products and allows benefits to be transferred or rolled over to other resident regulated funds.

Members may only cash preserved benefits in circumstances permitted under SIS.

The Trustee of the transferring fund or life company is required to make its cheque payable to 'ANZ Life – ANZ OneAnswer Personal Super <customer name> <member/policy no. (if known)>'.
Yours sincerely,

Ross Bowden

Executive Director

ANZ Managed Investments Limited

Trustee of the ANZ Personal Superannuation Fund

Australian Financial Services Licence 238344

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17 ANZ OneAnswer Personal Super

Instructions – Fully complete all sections and return this form to the below address:

- › Please ensure all sections are fully completed or the form will be returned to you for completion.
- › A valid binding nomination means that you will decide who is to get your benefit when you die and in what proportions.
- › In completing the proportions of benefits, your nominations must add up to 100%.
- › This binding nomination is valid for three years from the date it is signed or earlier if revoked.
- › If you have revoked and not made a new binding nomination, or you have not confirmed or made a new nomination after the three year period has expired, then payment of your death benefit will be subject to Trustee discretion.
- › When you sign this binding nomination, your signature must be personally witnessed by two people aged 18 years or over who are not nominated beneficiaries for your benefit.
- › A non-binding nomination will not override a previous valid binding nomination. The previous binding nomination must be revoked first and then submit a non-binding nomination.
- › You can nominate a dependant or legal personal representative (e.g. executor of your Will) or a combination of both. Please refer to Part One of the PDS for the definition of 'dependant'.

By completing this form, I:

- › confirm that I have read and understood the Privacy section in Part One of the PDS.
- › authorise the collection, use and disclosure of my personal information for the purpose of the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy section, ANZ and ING will not be able to process my request or to deliver the relevant products or services.
- › accept that ANZ/ING may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly.
- › confirm that I have read and understood the death benefit section in Part One of the PDS.

New Investment Existing Investment (please indicate member number below)

(This nomination only applies in respect of this member number)

Postcode

a) Payment to your estate*

- b) Payment to your nominated beneficiaries***

Signature of member (sign clearly within the box)

Witness declaration

Witness declaration

I am 18 years or over, I am not a named beneficiary on this form and the member's signature was signed and dated by the member in the presence of us both.

Witness 1 name

Witness 2 name

Address

Address

Witness 1 signature

Witness 2 signature

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Phone

()								
---	--	--	---	--	--	--	--	--	--	--	--

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Phone

()								
---	--	--	---	--	--	--	--	--	--	--	--

3. Re-confirming your nomination

If you sign and date here, this means that your current nomination is re-confirmed.

Signature of member (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4. Revoking your nomination

If you wish to revoke your nomination, you need to sign and date here in the presence of two witnesses. The witnesses must be aged 18 years or over and not named beneficiaries on this form.

Signature of member (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Witness signatures

I am 18 years or over, I am not a named beneficiary on this form and the member's signature was signed and dated by the member in the presence of us both.

Witness 1 name

Witness 2 name

Address

Address

Witness 1 signature

Witness 2 signature

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Phone

()								
---	--	--	---	--	--	--	--	--	--	--	--

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Phone

()								
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If you have any doubt as to whether a person you wish to nominate to receive any part of your death benefit is a dependant, you should seek advice from your ANZ Financial Planner before completing this form.

ANZ OneAnswer Personal Super Nomination of Beneficiary – Non-binding

20 September 2004

Instructions – Complete and return this form to the below address:

ANZ OneAnswer Personal Super
GPO Box 4028, Sydney NSW 2001
Phone 13 38 63 Fax 02 9234 8295

- Please ensure all sections are fully completed otherwise the form will be returned to you for completion.
- In completing the proportions of your benefits, your nomination must add up to 100%.
- You can nominate a dependant or legal personal representative (e.g. executor of your Will) or a combination of both. Please refer to Part One of the PDS for the definition of 'dependant'.
- You may nominate a dependant, however the Trustee has the final say as to who will be paid the death benefit.
- If you require further assistance in completing this form please contact Customer Services on 13 38 63.
- A non-binding nomination will not override a previous, valid binding nomination. The previous binding nomination must be revoked first and then submit a non-binding nomination.

Acknowledgments

By completing this form, I:

- confirm that I have read and understood the Privacy in Part One of the PDS.
- authorise the collection, use and disclosure of my personal information for the purpose of the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy section, ANZ and ING will not be able to process my request or to deliver the relevant products or services.
- accept that ANZ/ING may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly.
- confirm that I have read and understand the death benefit section in Part One of the PDS.

1. Applicant details

<input type="checkbox"/>	New Investment	<input type="checkbox"/>	Existing Investment (please indicate member number below)
Member number		(This nomination only applies in respect of this member number)	
Surname			
Given name(s)			
Address			
State		Postcode	
Phone/Mobile			

2. Making or amending your non-binding nomination (please print clearly)

a) Payment to your estate*

- Please pay my death benefit to my estate. The percentage of the total death benefit to be paid to my estate is %

b) Payment to your nominated beneficiaries*

Name of nominated beneficiary (dependant)	Address	Relationship to Member	Date of birth	Proportion of Death benefit
1				
2				
3				
4				
* Total of a + b (must add up to 100%)				

Signature of member (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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21 ANZ OneAnswer Personal Super

21 ANZ OneAnswer Personal Super

2. Insurance details

1. Have you previously applied to ING Life Limited or are other applications being submitted?

☐ Yes ☐ No If **'Yes'** provide Application no. or Policy no.

2. Have you any Life, Disability and/or Trauma cover with us or any other company or as a part of your employment, or have you recently proposed with any other company for such cover?

☐ Yes ☐ No

Name of company	Type of cover	Sum insured	Date commenced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If this application is accepted, do you intend that this cover will replace any cover mentioned in '2' above?

☐ Yes ☐ No

4. Have you ever had an application on your life declined, postponed, accepted with a higher than normal premium or otherwise than as submitted?

☐ Yes ☐ No If **'Yes'** provide name of company, alteration, date and reason, if known:

5. Have you ever made a claim for or received sickness, accident, disability, Veterans Affairs benefits, Workers' Compensation, etc. unemployment benefits or any other similar compensation?

☐ Yes ☐ No If **'Yes'**, please provide details, i.e. when, amount, period paid, type and disability suffered, etc.:

3. General details

1. Are you a permanent resident of Australia? ☐ Yes ☐ No

2. How long have you lived in Australia?

3. Do you have any intention to travel outside Australia within the next two years?

☐ Yes ☐ No

If **'Yes'**, please complete the following:

Date of Departure Duration of stay

Destinations

4. Purpose of stay? ☐ Holiday ☐ Business ☐ Residing ☐ Other, please specify

4. Usual doctor or medical centre details

1. Full name of usual doctor
- Phone no. ()
- 2a. Full address of usual doctor
- No. and street
- Suburb/town State Postcode
- 2b. How many years have you been attending this doctor? years months
3. If known for less than 12 months, please advise name and address of doctor who has details of your medical history:
- Doctor
- Phone no. ()
- No. and street
- Suburb/town State Postcode
- 4a. If you have more than one usual doctor please provide details of additional doctors below:
- Full name of usual doctor
- Phone no. ()
- No. and street
- Suburb/town State Postcode
- 4b. How many years have you been attending this doctor? years months
5. Please give details of your last consultations with **any** doctors, and if applicable, outcome or degree of recovery.

Doctor's name and address	Date	Reason for consultation	Outcome

5. Personal health statement

If a medical examination is required, or if you are completing a Paramedical Report, please go to section 9 on page 26.
Otherwise, please complete sections 5, 6, 7 and 8.

1. What is your current height and weight? Height Weight
2. Has your weight varied by more than 10kg during the past 12 months? ☐ Yes ☐ No
- If 'Yes', please provide details:
3. During the past 12 months have you smoked tobacco or any other substance? ☐ Yes ☐ No
- If 'Yes', please state type and quantity per day:
4. Non-smokers – Have you ever smoked regularly in the past? ☐ Yes ☐ No
- If 'Yes', please state type, date ceased and quantity per day:
5. Do you consume alcohol? ☐ Yes ☐ No
- If 'Yes', state type and quantity per day (the word 'social' is not sufficient):
6. Were you advised to stop smoking or drinking alcohol on medical grounds? ☐ Yes ☐ No
- If 'Yes', please provide full details:

6. Family history – To be completed in respect of all relatives related by blood.

1. Have any of your parents, brothers or sisters (living or dead) suffered from Huntington's disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic disease or any other hereditary or familial disorder?

☐ Yes ☐ No If **'Yes'**, please complete the following:

Relation	Condition (disorder)	Age diagnosed

2. Have any of your parents, brothers or sisters (living or dead) been diagnosed prior to age 60 with any of the following conditions: diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease?

☐ Yes ☐ No If **'Yes'**, please complete the following:

Relation	Condition (disorder)	Age diagnosed

7. Health history

To the best of your knowledge, have you ever had any of the following?

Please tick appropriate box.

If the answer is 'Yes' please **circle** the specific conditions and follow the instructions in the box below.

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. <u>Asthma</u> , sleep apnoea, bronchitis, persistent cough or any other chest or lung troubles or allergy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Heart trouble, murmur, <u>high blood pressure</u> , <u>high cholesterol</u> , <u>chest pain</u> , rheumatic fever, palpitations, stroke or vascular disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <u>Diabetes</u> , thyroid or glandular trouble? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <u>Ulcers</u> , bowel trouble or recurring indigestion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. <u>Epilepsy</u> , fits or dizziness of any kind or persistent headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. <u>Stress</u> , <u>Anxiety</u> , <u>depression</u> , <u>mental</u> or <u>nervous disorders</u> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Kidney or bladder problems, renal colic or stones, nephritis, pyelitis or cystitis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. <u>Back</u> , <u>neck</u> , <u>shoulder</u> or <u>knee</u> pain or strain, sciatica or any other disorder of the spine or neck or any disorder of the joints, muscles, ligaments, cartilage, or limbs, including broken bones? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. <u>Arthritis</u> , <u>gout</u> , fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, Chronic Fatigue Syndrome (Myalgic Encephalomyelitis)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Cancer, tumour, cyst, growths of any kind or breast lumps (even if you have not seen a doctor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Varicose veins, hernia or skin trouble? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any abnormality affecting eyesight, hearing, speech or physical mobility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Anaemia, haemophilia or any other disease of the blood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Bowel, liver or gall bladder disease or hepatitis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Coughing of blood, passing of blood from the bowel or in the urine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Any sexually transmittable disease including but not limited to AIDS or its positive antibodies, gonorrhoea or syphilis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have you within the last five years had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Due to injury or illness have you ever been off work for more than seven consecutive days? (not already mentioned) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you now have any symptoms of ill health or disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Health history (continued)

20. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation in the future? ☐ Yes ☐ No
21. Do you take, or have you **EVER** taken, drugs, tablets or any medications on a regular or ongoing basis? ☐ Yes ☐ No
22. Have you **EVER** used or injected any drugs not prescribed by a medical attendant? ☐ Yes ☐ No
23. AIDS Statement
- (i) Has the virus, which causes AIDS (the Human Immunodeficiency Virus), ever infected you or are you carrying antibodies to that virus? ☐ Yes ☐ No
- (ii) Have you **EVER** worked as, or engaged in, sexual activity with a prostitute; or engaged in anal sexual activity? .. ☐ Yes ☐ No
- (iii) Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? ☐ Yes ☐ No
- (iv) Do you believe that any of your sexual partners, past or present, would answer 'Yes' to any of the questions numbered i, ii, and iii above? ☐ Yes ☐ No
24. **Females only** – Have you ever had any complications with pregnancy or childbirth? ☐ Yes ☐ No
- Are you now pregnant? ☐ Yes ☐ No
- If **Yes**, please advise **due date**
- Have you ever had an abnormal pap smear, breast ultrasound or mammogram? ☐ Yes ☐ No

For any 'Yes' answer above:

If a condition is underlined please complete Additional Medical Questionnaire in section 8 on page 26.

Otherwise, complete the following table and include full details. If insufficient space, please attach an additional statement.

This does not mean that insurance is not available, but we may require additional information from you to assess your application.

Question no. _____

Illness, injury or tests _____

Date commenced _____

Time off work _____

Degree of recovery (%) _____

Full details of treatment _____

Date of last symptom _____

Full name and address of doctor or hospitals consulted _____

Other information _____

Question no. _____

Illness, injury or tests _____

Date commenced _____

Time off work _____

Degree of recovery (%) _____

Full details of treatment _____

Date of last symptom _____

Full name and address of doctor or hospitals consulted _____

Other information _____

Question no. _____

Illness, injury or tests _____

Date commenced _____

Time off work _____

Degree of recovery (%) _____

Full details of treatment _____

Date of last symptom _____

Full name and address of doctor or hospitals consulted _____

Other information _____

Question no. _____

Illness, injury or tests _____

Date commenced _____

Time off work _____

Degree of recovery (%) _____

Full details of treatment _____

Date of last symptom _____

Full name and address of doctor or hospitals consulted _____

Other information _____

8. Additional medical questionnaire – only complete if directed to do so in section 7.

1. Please name the condition from section 7:
2. What were the main symptoms and/or what caused the condition?
3. Date symptoms commenced:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Date symptoms ceased:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
4. Time off work:
5. Did the condition recur? ☐ Yes ☐ No
 If **'Yes'**, please state the dates it recurred and any time off work.
 Date condition recurred:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Date condition lasted until:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Time off work:
6. Have you fully recovered from the condition? ☐ Yes ☐ No
7. If **'Yes'**, when did you fully recover from the condition? Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
8. What test/treatment/medication have you had for this condition? Please give details.
 Test/treatment/medication: Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
9. Which doctor did you last consult about this condition and the date of that consultation?
 Doctor's name: Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---
10. Does your usual doctor have details of this condition? ☐ Yes ☐ No
11. Has further treatment been recommended for this condition? ☐ Yes ☐ No
 If **'Yes'**, please give details:

9. Sports and pastimes

Have you any prospect of or intention of engaging in:

1. Aviation, other than as a fare-paying passenger? ☐ Yes ☐ No
2. Any hazardous activities or sports, e.g. motor or water sports
 (e.g. canoeing), football, parachuting, gliding, recreations involving heights,
 underground sports, underwater sports, caving, body contact sports, hang gliding etc? ☐ Yes ☐ No
3. Motorcycle riding/motor racing other than as a means of transportation to and from work? ☐ Yes ☐ No

If you answered 'Yes' to any of the questions (1), (2) and (3) above, please elaborate on any 'Yes' answers, i.e. type of sport, time spent training and participating, number of times per annum, receipt of fees or payments, any injuries sustained.

10. Declaration and medical authorisation

By signing this form, I:

- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of my application, and if accepted, the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy section, ANZ and ING will not be able to process my application or to deliver the relevant products or services
- confirm that I have read and understood my duty of disclosure as explained on page 21 of this Personal Statement
- declare that the answers to questions in this Personal Statement signed by me and given to ING Life and/or the Medical Examiner are true and correct
- authorise any Medical Practitioner, other professional or any person named in the application form to verify any aspect of it, and disclose any information that they may possess about me to ING Life in relation to this insurance.

I have read and carefully considered the Health Statement above and all the statements are true and correct in relation to me.

I acknowledge that this declaration is part of an application for Death or Death and Total and Permanent Disablement insurance, and that the making of a false statement may invalidate my application.

Signature of applicant (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

11. Doctor's authorisation

To be completed and signed by the applicant.

Please sign authorisation

To Doctor:

I hereby authorise you to release details of my personal medical history to ING Life Limited ABN 33 009 657 176 or any organisation duly appointed by ING.

A photostat (or similar) of this authorisation shall be as valid as the original.

My name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of applicant:

Dated this day of 20

Address:

State

Postcode

Doctor's authorisation

To be completed and signed by the applicant.

Please sign authorisation

To Doctor:

I hereby authorise you to release details of my personal medical history to ING Life Limited ABN 33 009 657 176 or any organisation duly appointed by ING.

A photostat (or similar) of this authorisation shall be as valid as the original.

My name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of applicant:

Dated this day of 20

Address:

State

Postcode

First adviser

t? ☐ Yes ☐ No

Insurance will replace all or part of the discontinued within the

☐ Yes ☐ No

(Given names)

Adviser comments

2. Investment details continued...

Profile 4 – Growth

ING Active Growth (AE09, AN09)

ING Managed Growth (AE05, AN05)

ING Tax Effective Income (AE08, AN08)

OptiMix Balanced (AE51, AN51)

OptiMix Growth (AE21, AN21)

Profile 5 – High growth

AXA Global Equity Value (AE38, AN38)

Barclays Global Investors Australian Shares (AE29, AN29)[†]BT Core Hedged Global Shares (AE40, AN40)[‡]

BT Smaller Companies (AE52, AN52)

Colonial First State Imputation (AE36, AN36)

Credit Suisse International Shares (AE37, AN37)

Credit Suisse Property (AE32, AN32)

Fidelity Perpetual International Shares (AE30, AN30)

ING Australian Shares (AE13, AN13)

ING Blue Chip Imputation (AE14, AN14)

ING Global Emerging Markets Shares (AE18, AN18)

ING Global Sector (AE16, AN16)

ING High Growth (AE06, AN06)

ING Property Securities (AE12, AN12)

ING Select Leaders (AE44, AN44)

ING Sustainable Investments – Australian Shares (AE17, AN17)

Investors Mutual Australian Shares (AE39, AN39)

OptiMix Australian Property Securities (AE26, AN26)

OptiMix Australian Shares (AE25, AN25)

Investment amount*

\$,	.
\$,	.
\$,	.
\$,	.
\$,	.

[illegible]

Please note:

The terms and conditions for your new investment fund(s) may be different to your previous investment. Our current ANZ OneAnswer PDS provides details of the current terms and conditions and a description of these investment funds. If no investment selection is made, investments will be placed in accordance with the instructions contained in your application for Membership or any subsequent amendments.

* The minimum additional investment is \$1,000, \$100 per investment fund.

† This fund was formerly known as AMP Henderson Equity.

‡ This fund was formerly known as BT Putnam Global Core Hedged.

ANZOA09/04

Details of cheques, etc. to be completed by customer

Details
Drawer

Bank

Branch

Amount

Item	Unit	Quantity	Price	Total
1				
2				
3				
4				
5				
6				
7				
8				
			\$	

2. Investment details continued...

Profile 5 – High Growth cont...

	Investment amount*											
OptiMix Global Shares (AE27, AN27)	\$											
OptiMix Global Smaller Companies Shares (AE28, AN28)	\$											
OptiMix High Growth (AE22, AN22)	\$											
Perpetual Australian Shares (AE35, AN35)	\$											
Schroder Australian Equity (AE34, AN34)	\$											
State Street Australian Index Plus (AE41, AN41)	\$											
State Street Global Index Plus (Hedged) (AE42, AN42)	\$											
Total	\$											

* The minimum additional investment is \$1,000, \$100 per investment fund.

3. Contribution details

<input type="checkbox"/> Cheque (please make payable to ANZ Life – ANZ OneAnswer Personal Super <customer name>member/policy no.> (if known)	
Personal contributions	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Eligible spouse contributions on your behalf	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Employer contributions on your behalf	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

4. Rollover details

Please note that transfer amount(s) indicated below are indicative only. If required we will contact your ANZ Financial Planner to determine the exact transfer amount(s), ETP components and other applicable information at the relevant time.

☐ Rollover of Employer ETP or CGT Exempt amount – please attach ETP rollover statement

Amount \$, . Payer's name

☐ Transfers from non-ANZ/ING administered products only (Please also complete form on page 11)

		Fund manager
Rollover 1	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rollover 2	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☐ Transfers from ANZ/ING administered products only

Product 1 \$, . Member no.

If you intend to claim a tax deduction for any personal contributions made into the above policy, please indicate the amount of deduction and relevant financial year*:

\$, . Financial year ending

\$, . Financial year ending

Product 2 \$, . Member no.

If you intend to claim a tax deduction for any personal contributions made into the above policy, please indicate the amount of deduction and relevant financial year*:

\$, . Financial year ending

\$, . Financial year ending

* Only eligible persons may claim a tax deduction for personal contributions made to a superannuation fund no later than 28 days following the month in which they turn 70. If you are unclear about your eligibility to claim a tax deduction, please consult a qualified taxation adviser.

If you are claiming a tax deduction on transfer

The information provided on page 31, forms a notice(s) under section 82AAT(1A) of the Income Tax Assessment Act 1936 to the Trustee(s) of the relevant Fund(s). I understand that this notice(s) cannot be revoked or withdrawn and that only the amount(s) shown above are being claimed by me as a personal tax deduction. I confirm that the amount(s) covered by this notice(s) have not been covered by another notice.

Signature applicant (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

5. Declaration and signature

By completing this form, I:

- > authorise the collection, use and disclosure of my personal information for the purpose of the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS.
I understand that unless I consent to the collection, use and disclosure identified in the Privacy section, ANZ and ING will not be able to process my application or to deliver the relevant products or services.
- > accept that ING/ANZ may send me information about its products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly.
- > authorise my ANZ Financial Planner and access my personal information for the purpose of managing my investment.
Where there is any change to this authority or relating to my ANZ Financial Planner, I will notify you of the change.
- > agree to be bound by the provisions of the Trust Deed for ANZ Personal Superannuation Fund
- > consent to telephone conversations being recorded and listened to for training purposes or to provide security for transactions
- > declare, in the case of contributions, that I have read and understood the contribution eligibility rules in Part One of the PDS and that I am eligible to make or have contributions made for my benefit and will notify the Trustee if I am no longer eligible
- > declare that I have read and understood the benefit payment rules in Part One of the PDS and will notify the Trustee if I am no longer eligible to maintain my benefits in this Fund
- > acknowledge that the performance of any investment fund is not guaranteed by the Trustee or any other person, unless otherwise stated

By signing this form, I confirm that I have read and understood the above declarations and the conditions and acknowledgements in Part One and Part Two of the current PDS.

I, the applicant, whose signature appears below, state that the statements made in this form are true and correct.

Signature of member (sign clearly within the box)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Direct Debit Request Service Agreement

20 September 2004

Our commitment to you

Drawing arrangements

Where the due date falls on a non-business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawing arrangements without your prior approval. We reserve the right to cancel these arrangements if three or more drawings are returned unpaid by your nominated financial institution. We will keep all information pertaining to your nominated account at the financial institution private and confidential.

Your rights

You may terminate these drawing arrangements at any time by giving written notice to us. We should receive such notice at least five business days prior to the due date. You may stop payment of a drawing by giving written notice to us. Such notice should be received at least five business days prior to the due date. You may request a change to the drawing amount and/or frequency of your drawings by contacting us and advising your requirements no less than five business days prior to the due date. Where you consider that a drawing has been initiated incorrectly outside this arrangement you should take the matter up directly with us.

Your commitment to us

Your responsibilities

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based. It is your responsibility to advise us if the account nominated by you to make the drawings is transferred or closed.

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Customer Services

Phone enquiries 13 38 63

Email anz.investments@ing.com.au

Postal address

ANZ Managed Investments Limited

Customer Service Group

GPO Box 4028

Sydney NSW 2001

Website

www.anz.com