

Member number

13 11 84 ♦ sunsuper.com.au

APN Superannuation Plan (Management) Membership application

This plan is for employees of APN

Important: Before completing this form please ensure you read and understand your Duty of Disclosure located at sunsuper.com.au/dutyofdisclosure

Please provide us with as much information as possible. Please tick boxes where appropriate.

Use BLOCK letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD. Office use only To access other information about your plan online, visit sunsuper.com.au/apnsuper99 C59323 (Mgmt) Personal details Title First name* Middle name Date of birth (DD/MM/YYYY)* Last name* Gender* M Street address/PO Box* Suburb/Town* State* Postcode* Home phone number Daytime phone number* Personal email address Mobile phone number* NOTE: Where we can, we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in Member Online. If you would prefer information is posted to you, change your preferences in Member Online, the Sunsuper app or by contacting us Tax File Number (TFN) details – Sunsuper can use your TFN to help you bring your super together. Read the information about Providing your TFN on the last page. My TFN Tick and we'll use your TFN to search for any other super you may have with other funds or the ATO to the extent the law allows. If we find any money with the ATO, this will normally be transferred automatically to your Sunsuper account. If we find money with other funds, we'll be in touch with the results. Also, to help you keep track of your super, we'll complete an annual search on your behalf. To opt out, please call 13 11 84. Look for other **Preferred beneficiaries** You can make a binding death benefit nomination by completing a Binding death benefit nomination form instead of the section below. A binding nomination is a legal instrument that 'binds' the Trustee of Sunsuper to pay your death benefit to your nominated beneficiaries in most cases. For more information or if you would like a *Binding death benefit nomination* form visit **sunsuper.com.au/beneficiary**. You can also nominate a reversionary beneficiary when you open an *Income account*. Refer to the *Sunsuper for life guide* for details. You can add or change your nomination at any time. Go to Member Online, the Sunsuper app or complete a Change of details form available at sunsuper.com.au/forms I nominate the people below as my beneficiaries for the payment of my death benefit from my Super-savings account. I understand my preferred nomination will be used by Sunsuper as a guide only and that Sunsuper is not bound by my nomination when exercising its absolute discretion to pay my death benefit. Given names Date of birth Gender Relationship Surname Portion of benefit (e.g. spouse) Given names Relationship Portion of benefit Surname Date of birth Gender (e.g. spouse) If more beneficiaries are required please attach details separately. Must add up to TOTAL 100.00% Please continue over page

3 Your Insurance cover

apply online by selecting the "Apply today" link.

Important: Before completing this section, please refer to your Sunsuper for life Corporate Product Disclosure Statement (PDS) and Sunsuper for life Corporate Insurance guide (Corporate Insurance guide), available on your employer's microsite for insurance details. Details of the Standard cover available in your plan are contained in your Corporate Insurance guide. Eligibility includes attaining age 25 and reaching an account balance of \$6,000. Eligibility may also be impacted by the date you joined your employer and/or a Superannuation Guarantee (SG) contribution being received from your employer. Limited Cover and an At Work requirement may apply to all or some of your cover. Further information on eligibility conditions and when cover starts can be found in your Corporate Insurance guide. Standard cover 2. I would like to opt in to Standard cover regardless of my age and 1. I would like Standard cover to start once I attain age 25 account balance continue to 3B and reach an account balance of \$6,0001 select 1 of the skip to section 4 Other eligibility conditions apply. For full details of eligibility and information on when cover starts and stops, refer to your Corporate Insurance guide. following 2 options *if you do not select an **Default option** option, then option 1 applies Note: If you don't want Standard cover with Sunsuper, please contact us Standard cover details Death and Total & Permanent Disability cover Eligible members electing to obtain Standard cover now will be provided with Standard cover which is calculated at 15% x Salary x Years of Future Membership (to age 67). Eliqible permanent employees electing to obtain Standard cover now will be provided with Standard Income Protection cover of 75% of your Salary with a Benefit Period of 2 years after a 90-day Waiting Period. Refer to your Corporate Insurance guide for more information about Income Protection cover. **3C** Additional insurance cover

You can apply for Additional Death and Total & Permanent Disability cover at any time. Simply complete the Change of insurance cover form available on your employer's microsite or

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Your investment choice

Your Super-savings account balance will be invested in the Lifecycle Investment Strategy. For more information on our wide range of investment options visit **sunsuper.com.au/pds** for a copy of the Sunsuper for life Investment quide. You can easily change your investments via Member Online or the Sunsuper app.

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Your privacy – Personal information collection notice

The purpose for which Sunsuper is collecting the information on this *Membership application* is to provide superannuation benefits and related services for you. This includes processing your application, managing your participation in Sunsuper and ensuring you receive your entitlements. If the information requested is not provided, Sunsuper may be unable to properly administer your benefits and notify you about your entitlements. Sunsuper will normally only use the information you provide on this application for these purposes.

Sunsuper will also use this information to notify you about Sunsuper and other products. Sunsuper does not normally disclose information about members to parties outside the Sunsuper group, except parties contracted to provide services to Sunsuper. This includes but is not limited to the

Fund's administration service provider, insurer, auditors and legal advisers.

If you subsequently make a claim for a disablement benefit, the insurer will disclose information about you to medical practitioners and other experts for the purposes of assessing your claim, and may collect information about your disability from these people or from your employer. Sunsuper also might be required by law to disclose information about you, for example to Government bodies such as the Australian Taxation Office, and we may disclose information to relevant overseas bodies in various countries, as described in our *Privacy Policy*.

Our *Privacy Policy* sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

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Authorisation and declaration Sign this application form and return to Sunsuper:

Providing your TFN

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I declare that:

- I apply to become a member of Sunsuper and I agree to be bound by the Trust Deed that governs the Fund.
- · I apply to open a Super-savings account
- I acknowledge and have read my Duty of Disclosure at sunsuper.com.au/dutyofdisclosure and all of my details
 on this Membership application are correct.
- I have received, read and accept the accompanying Sunsuper for life Corporate PDS. I understand that other important information which forms part of the PDS is contained in the Sunsuper for life Corporate Insurance guide, Sunsuper for life guide and Sunsuper for life Investment guide and that the PDS should be read in its entirety.
 I understand all the conditions I must meet to be eligible to obtain Standard insurance cover, as described in the
- I understand all the conditions I must meet to be eligible to obtain Standard insurance cover, as described in the Sunsuper for life Corporate Insurance guide. I acknowledge insurance cover is provided by an external insurance company.
- By signing this Membership application, I consent to the collection and disclosure of information about me for the purposes shown above.

Member to sign here*	Date (DD/MM/YYYY)*	Once you've completed this form please sign and return it to your HR/Payroll department if requested to do so. ✓ Otherwise please return to Sunsuper via sunsuper.com.au/contactus OR Reply Paid 2924 Brisbane Qld 4001
Employer use only (if required)		

Payroll ID Location	Employee's a	annual salary Date	joined employer	Date eligible to	o join Sunsuper
Employment status - where applicable Permanent full time Permanent part time Casual	Fixed term	Category / Department	Averag	ge hours worked Under 15 hours	Over 15 hours
Sign here on behalf of employer	Full name of signatory		Date signed		