

Pension 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] dated 29 September 2017. 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 dated 29 September 2017 which both form part of the PDS. To secure copies, refer to ivcm.com/aesf



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. If you are under 60, a Tax File Number Declaration Form must be completed, signed and returned to us.

When complete email and post this form:

info@aesf.com.au

AESF
41A Mount Barker Road
Hahndorf SA 5245
Australia

Proof of Identity

The Trustee is required to verify your identity before you can access your money. You may choose to provide your proof of identity with this application.

Should you choose to verify your identity now, please attach copies of relevant proof of identity documents as outlined on the Proof of Identity Form 9 which can be downloaded from aesf.com.au

If you are making a contribution by cheque, please make it payable to **Australian Executor Trustees Limited - AESF**, crossed 'Not negotiable'.

Issued by:

The Trustee, Tidswell Financial Services Ltd
[ABN 55 010 810 607, RSE Licence L0000888, AFSL 237628]

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 Date of birth [dd/mm/yy]

Name [first name, middle, surname]

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.

Please read

'AESF Member Guide' in the current PDS for the preservation age applicable to you as well as additional information on the terms adjacent and when you can be paid your pension.

Please be aware that you may incur adverse taxation consequences and penalties if you make a false declaration in relation to whether you are entitled to receive a pension benefit. If you are a temporary resident, we may also be required to pay your account balance to the ATO. Please refer to the PDS for more information.

Please note

Payments are subject to Government minimum levels.

For TTR pensions the maximum payment allowed is 10% of your pension account.

Refer to the PDS for further details.

5. Eligibility

I meet the eligibility criteria for a:

- Transition to retirement pension – I have reached my preservation age and am under 65 but have not permanently retired
- Retirement benefit – I am aged between my preservation age and 64 and have permanently retired and do not intend to ever work again, 10 hours or more per week.
- Retirement benefit – I am aged 60 to 64 and have ceased a gainful employment arrangement since turning age 60.
- Retirement benefit – I am aged 65 or older.

OR I meet the eligibility criteria for a:

- Death benefit – I am the beneficiary of a deceased member's death benefit.

6. Regular pension payments

Select the amount of regular income [gross of tax] you want to receive.

- the minimum allowed amount *
- an amount of \$ per payment [subject to the required minimum/maximum]
- a total amount of \$ for the remainder of the financial year **

If you have selected to receive the maximum, please select one of the following options.

- the full maximum in the current financial year [10% for TTR]
- the maximum for the remainder of the current financial year on a pro-rata basis.

* This amount will be calculated on a pro-rata basis for the period between the initial start date and 30 June.

** This amount will be paid in equal instalments based on the number of pension payments that remain between the initial start date and 30 June.

Please select the preferred frequency of your pension payments: monthly quarterly half yearly yearly

Please indicate the month in which you want your pension payments to start: Preferred month draw date

Please note that payments will operate on or about the 15th of each month.

If we are unable to meet this date, we will use the next available date of your frequency cycle after we complete processing your application.

Please note

All income payments will be paid net of bank fees and charges.

7. Payment account details

Please specify the Australian financial institution account that you wish your AESF Pension income payments to be paid to.

Please note: if you quote invalid bank account details, your pension payments may be delayed. Pension payments to non Australian bank accounts will have bank charges and foreign exchange costs deducted at the prevailing rate[s] at time of payment.

Name of financial institution BSB -

Street address of financial institution

Unit number Street number Street name

Suburb State Postcode

Name of account

Account number

IBAN

SWIFT code

8. Your Investment Details

Please indicate the approximate total investment to commence this pension \$

If you are accumulating funds from different sources, the individual amounts received may need to be held within a superannuation environment whilst waiting for all transfers to be received.

In this case, please select the investment strategy to be applied to amounts indicated in questions 9, 10 and 11 following, which are being consolidated in a superannuation account prior to the commencement of your pension.

Cash [AUD] Superannuation option equivalent to my Pension Investment Strategy #

Consolidated amounts will not incur a buy/sell spread upon transfer to pension.

OR Other, please specify

Please note

A minimum investment of \$20,000 in the form of a pension lump sum payment or transfer is required to begin an AESF Account Based Pension.

9. Rollovers from other AESF accounts

Are you transferring, in part or in full, any existing AESF Super or Pension account[s]? Yes Complete the details below

Please note: Partial withdrawals will be made pro rata across all investments options unless otherwise specified.

Account number for the existing AESF Super to be transferred

Is this a Full withdrawal * **OR** Partial withdrawal of \$

* In the event of a full withdrawal, any insurance cover will automatically cease on the date of transfer.

10. Rollovers from other funds

Will you be transferring any amounts from other Funds into this account prior to commencing your pension? Yes Complete the details below

Show the source and amount of each rollover. Contributions that you split with your spouse are classified as a rollover.

Scheme name	Policy number	Amount	Foreign*	Australia**
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please tick 'Foreign' box if this represents a foreign transfer, such as UK Pension Fund money [QROPS].

** Please indicate if you would like AESF to arrange consolidation of other Australian superannuation funds by ticking the box marked 'Australia'.

If you are consolidating into AESF from other Australian Superannuation funds, please complete AESF Form 13 on our website ivcm.com/aesf

If you authorise AESF to conduct a search of the ATO Databases for ATO-held super and superannuation accounts held with other superannuation funds, please tick this box. By ticking the box, you are authorising AESF to provide your TFN to the ATO for the purposes of the search

Date of Australian Tax Residence Date [dd/mm/yy]

Value of UK Pension Plan at this date \$ Value [AUD]

If yes - please complete the ATO authorisation form 'Form 3' on our website ivcm.com/aesf

Please note

you should consult with your external taxation specialist regarding your date of Australian residence for tax purposes. AESF does not provide taxation advice.

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.

Please note

We cannot accept notification of your intention to claim a deduction after your pension has commenced.

11. Contributions

Are you making any initial contributions to your account? Yes Complete the details below

Contribution type	Initial Contribution
Personal contribution	\$ <input type="text"/>
Spouse contribution	\$ <input type="text"/>

12. Claiming a tax deduction

Does your initial pension account balance include any personal contributions that you will be claiming as a tax deduction in the current or previous financial year? Yes See below

If yes, please complete a 'Deduction for personal super contributions' form available from ato.gov.au, or ask your adviser or Member Services on **1300 131 227** to have one sent to you.

The notice authorising your tax deduction must be completed before your pension commences and may cause delays. Please take this into account when planning pension payments.

13. Nominate a beneficiary

Do you wish to nominate a death benefit beneficiary? Yes If yes, please go to our website and complete the Beneficiary Nomination Form

14. UK Residency Confirmation To be completed for all QROPS transfers

I confirm that I am a UK Tax Resident

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

NI Number

15. Investment Instructions

I instruct and direct the Trustee to allocate 100% of my pension account balance and set my draw down payments **as specified in Table 1.**

In giving this instruction I have considered the information disclosed in the Investment Guide and the current PDS and have determined that the investment option[s] I have chosen and detailed below are appropriate to me.

Initial investment - shows how you want your initial contributions and/or rollover[s] allocated.

Draw down sequence - shows the order in which you wish your pension income payments are to be deducted from each investment option. Please number your investment options in order of preference [1, 2, 3 etc]. Once your account balance in a preferred option is exhausted, the Trustee will commence deducting income payments from your next preferred option. [Note: a minimum of 3 investment options must be selected].

Pro rata draw down - if no draw down sequence is nominated for pension income payments, your payments will be deducted pro rata on the value of each investment option in your pension account.

Table 1. Investment Options

Investment Options	Currency	Initial Investment	Draw down sequence
Vanguard Conservative Index Fund	AUD	%	
Vanguard Balanced Index Fund	AUD	%	
Vanguard Growth Index Fund	AUD	%	
Vanguard High Growth Index Fund	AUD	%	
Vanguard Global Infrastructure Index Fund [unhedged]	AUD	%	
Vanguard Australian Shares Index	AUD	%	
Vanguard Australia Property Securities Index Fund	AUD	%	
Vanguard International Fixed Interest [hedged]	AUD	%	
Vanguard Australian Fixed Interest Index Fund	AUD	%	
ishares S&P500	AUD	%	
ishares MSCI Emerging Markets	AUD	%	
Perth Mint Gold	AUD	%	
GBP Vanguard FTSE 100 UCITS	GBP	%	
GBP ishares UK Property UCITS	GBP	%	
GBP ishares Core £ Corporate Bond UCITS	GBP	%	
GBP iShares Global High Yield Corp Bond GBP Hedged	GBP	%	
GBP iShares S&P 500 GBP Hedged UCITS ETF	GBP	%	
GBP iShares MSCI World GBP Hedged UCITS ETF	GBP	%	
GBP iShares £ Index-Linked Gilts UCITS ETF GBP	GBP	%	
USD ishares Core Conservative Allocation ETF	USD	%	
USD ishares Core Moderate Allocation ETF	USD	%	
USD ishares Core Growth Allocation ETF	USD	%	
USD ishares Core Aggressive Allocation ETF	USD	%	
USD Vanguard High Dividend Yield	USD	%	
AESF AUD Cash Fund	AUD	%	
AESF GBP Cash Fund	GBP	%	
AESF USD Cash Fund	USD	%	
Total must equal 100% or this direction will be invalid		100 %	

[for income payments min of 3 options]

Please indicate the currency in which AESF will receive the contribution:

GBP / USD / AUD / EUR

If the currency of receipt differs from the currency of investment AESF will convert on behalf of the member.

16. Adviser Appointment

Do you want to nominate a Financial Adviser? No Yes If 'Yes' please complete the details below and Section G 'Financial Adviser declaration'

What level of authority will this person have on your account?

- My Financial Adviser is able to make enquiries only on my super account.
- My Financial Adviser is able to make enquiries and switch investment options on my super account until I give written notice to the Trustee to terminate the authority.

Note: We may seek further verification from you or your Financial Adviser before acting on instructions from them.

Signature of applicant

Date [dd/mm/yy]

Signature of Financial Adviser

Date [dd/mm/yy]

Full name of Financial Adviser

Note

The Adviser service fees [not including the Contribution fee [if any] will be deducted at the end of each calendar month from your pension account.

I acknowledge that the Contribution fee and/or Adviser service fee are fees I have negotiated with my financial adviser and that additional fees are payable in connection with my account as disclosed in the AESF PDS.

17. Adviser Remuneration

Have you negotiated a Contribution fee or an Adviser Service fee? Yes Complete the details below

Until further written notice from me to the Trustee, I consent and authorise the Trustee to deduct an Adviser service fee as stated below from my account to pay my Financial Adviser [details in Section G on page 9] for the advice provided in relation to my account in the AESF.

Contribution fee [once-off] \$ %

Note: If no Contribution fee is nominated, 0% / \$0.00 will apply to the initial contributions.

AND/OR

Adviser service fee % pa of my pension account balance

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.

18. 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 E on page 7.

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 instruct the Trustee to allocate 100% of my initial and future contributions and rollovers to the investment option[s] specified in Section D on page 6. In giving this instruction I have considered the information disclosed in the current AESF PDS, Member Guide and Investment Guide with respect to investments and determined that the investment option[s] is/are appropriate to me.

Direct Debit

If I am using the direct debit facility for initial or future contributions, I have read the Direct Debit Request Service Agreement and agree to the conditions contained therein.

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.

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 pension 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 pension account.

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

Signature of Applicant or Attorney

	Date [dd/mm/yy]
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Full name of authorised representative

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Financial Adviser

to complete this section.

19. Financial Adviser declaration

Adviser's Name [first name, middle, surname]	<input style="width: 100%;" type="text"/>
Adviser's Business Name	<input style="width: 100%;" type="text"/>
Full name of the Australian Financial Services Licence holder under which the adviser operates	<input style="width: 100%;" type="text"/>
AFS Representative No. [if applicable]	<input style="width: 100%;" type="text"/>
Email address 1	<input style="width: 100%;" type="text"/>
Email address 2	<input style="width: 100%;" type="text"/>
Mobile number	<input style="width: 30%;" type="text"/> Work number <input style="width: 30%;" type="text"/>

I declare that I have advised the applicant in regard to their membership in the AESF Division of the Fund and their choice of investments within the Fund. I further declare that I have met all necessary obligations under the Corporations Act of Australia and those set down by the Australian Financial Service Licensee under whose licence I have provided the advice, where applicable.

Signature of Financial Adviser

Full name of Financial Adviser

Date [dd/mm/yy]

Notes

Source of funds

From which source did the funds to be invested originate?