

# Superannuation Application Form

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

The information in this document forms part of the Australian Expatriate Superannuation Fund [AESF] Product Disclosure Statement [PDS] 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, Investment Guide and Insurance Guide dated 29 September 2017 which form part of the PDS. To secure copies, refer to [ivcm.com/aesf](http://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.

**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](http://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.

# Section B

## Your Investment details

# B

### 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 you are over the age of 65 please complete AESF 'Form 11 - Work Test Declaration' available on [ivcm.com/aesf](http://ivcm.com/aesf)

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](http://ato.gov.au). Speak to your Financial Adviser for more information.

### 5. Rollovers

Will you be transferring any amounts from other Funds into this account? 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 - ATO Rollover Initiation Request' on [aesf.com.au](http://aesf.com.au)

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 you wish to elect for taxation on the growth of your UK Pension to be deducted from the AESF – please complete the ATO authorisation 'Form 3 - ATO Foreign Super Transfer' on [ivcm.com/aesf](http://ivcm.com/aesf)

### 6. 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.

### 7. UK Residency Confirmation To be completed for all QROPS transfers

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

NI Number

Section B  
**Your Investment details**  
 Continued

**B**

**Please note**

Refer to the Investment Guide for more information on investments

Direct debit is not possible from a non-Australian bank account.

**8. Contributions**

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

Contribution type	Initial Contribution	Regular Contribution	Per Month or Year?
Personal contribution	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Spouse contribution	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Employer contribution Yes  Note - all Employer Contributions must be paid via SuperStream. Refer to the Australian Tax Office website at [ato.gov.au](http://ato.gov.au)

**9. Contributions by direct debit**

Are you making contributions by direct debit from your Australian financial institution account? Yes  Complete the Direct Debit Request Schedule below

**Please note**

- the minimum monthly amount for Direct Debit is \$30,
- if you select Monthly deductions will take place on or near the 20th of the month.

**Direct Debit Request Schedule**

Deduction Amount \$  Monthly  Once off  \* 3 business days clearance

Type of Contribution  Personal contribution  Self-employed contribution  Spouse

Financial Institution

Account Number

Account Name

BSB Number

I/We request and agree that Australian Executor Trustees Limited ABN 84 007 869 794 [User ID 162309] [AET Custodian] and Tidswell Financial Services Ltd [Trustee] to draw funds from my/our account and agree to the terms and conditions of the Direct Debit Service Agreement set out on Section x on page 10.

**Signature of account holders[s]**

The account holder[s] as registered with the financial institution in respect to the account detailed above hereby agree and approve the operation of this Direct Debit facility for the benefit of the applicant whose signature appears Section F on page 7.

Date [dd/mm/yy]

Date [dd/mm/yy]

**10. Investment Instructions**

I instruct and direct the Trustee to allocate 100% of my initial and future contributions and rollovers **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.

**Ongoing investment** - shows how you want your regular and one-off contributions allocated in the future. If no ongoing investment strategy is nominated, contributions will be allocated in as per your initial investment strategy.

**Table 1. Investment Options**

Investment Options	Currency	Initial Investment	Ongoing Investment
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 %	100 %

[if different from your initial investment]

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.

## Section D

# Your Insurance details

# D

Please refer to the current AESF PDS, Member Guide and Insurance Guide for full details.

### 11. Insurance

When you first join AESF you will AUTOMATICALLY be provided with the following insurance:

**Total and Permanent Disablement [TPD]: \$500,000**

**Income Protection [IP]: 75% of current annual salary** [subject to a maximum of \$20,000 per month]

You can however choose to reject this insurance. Complete the next two items to confirm your insurance requirements.

TPD Insurance      Please cancel my TPD insurance       **OR**      I accept the TPD insurance   
IP Insurance      Please cancel my IP insurance       **OR**      I accept the IP insurance

### 12. Insurance requirements

#### a) TPD insurance

If you have chosen to accept the AUTOMATICALLY allocated insurance your cover will be \$500,000.

#### b) Income Protection insurance

If you have chosen to accept the AUTOMATICALLY allocated insurance your cover will be 75% of your current salary payable monthly in arrears following a waiting period of 30 days up to a maximum of \$20,000 per month.

#### c) Additional information

If you accept the insurance offer, the following additional information is required.

Gender:      Male       Female

My current annual salary is:       Currency:

Have you smoked in the last 12 months?  No  Yes

Occupation:

% of manual work  %

Are you degree qualified?  No  Yes      If yes, state qualification

**13. 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 superannuation 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.

**14. 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]	\$	<input type="text"/>	%	<b>Note:</b> If no Contribution fee is nominated, 0% / \$0.00 will apply to the initial contributions.
Contribution fee [ongoing]	\$	<input type="text"/>	%	
<b>AND/OR</b>				
Adviser service fee		<input type="text"/>	% pa	of my super 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.

**15. 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](http://ivcm.com/aesf)

I also confirm my understanding and consent to the Adviser service fees set out in Section E on page 6.

**Understanding investment risk**

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

**Investment Strategy**

I instruct the Trustee to allocate 100% of my initial and future contributions and rollovers to the investment option[s] specified in Section C on page 4. 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 super account. For further details on cooling-off, please refer to the AESF PDS.

**Notification of changes**

I understand that I will not be given advance notice of any product changes that are not materially adverse. I am aware that any non-material changes will be notified on [aesf.com.au](http://aesf.com.au)

**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](http://ivcm.com/aesf)

**Marketing consent**

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

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

**Signature of Applicant or Attorney**

Date [dd/mm/yy]

Full name of authorised representative

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**16. UK Pension Transfer Request & Declaration**

Scheme information for the Plan you want to Transfer:

Scheme Name	<input type="text"/>
Scheme Address	<input type="text"/>
Plan Reference	<input type="text"/>
Approximate Value	<input type="text"/>

This Declaration must be completed if you are making a UK Pension Transfer and provide authorisation for Australian Expatriate Superannuation Fund [AESF] to obtain information in relation to your existing plan in order to assist in the transfer of the existing plan into AESF.

I [full name]	<input type="text"/>
Of [address]	<input type="text"/>

acknowledge and accept that:

1. Any withdrawals or transfers I make may result in a UK tax penalty of which I am solely liable for if the amount includes UK Pension Transfer Money transferred:
  - before 6 April 2017 and I have not been a UK tax non-resident for five clear and complete UK tax years [the UK tax year runs from 6 April to 5 April]; or
  - on or after 6 April 2017 and I have not been a UK tax non-resident for ten clear and complete UK tax years and the transfer amount has not been invested in a ROPS for five clear and complete UK tax years.

I am aware that other requirements may be imposed by the HMRC or the United Kingdom time in the future which may affect my funds.

2. I acknowledge that I may be liable to pay a Post Overseas Transfer Charge if my circumstances change within five full UK tax years following receipt of the transfer amount from the UK Pension Fund. I confirm I indemnify the Manager from any such charge and further confirm that I will notify the Manager in writing within 60 days, if I change my country of residence within those five years. The amount of the charge may be up to 25% of my UK Pension Transfer Money. I acknowledge that the Manager may be required to deduct the charge from my investment in AESF and pay it to Her Majesty's Revenue and Customs [HMRC] on my behalf.
3. By transferring UK Pension Fund money into AESF I may be liable for tax in Australia.
4. I will forfeit all protection associated with any Protected Rights funds that are transferred.
5. I acknowledge that the Supervisor and the Manager take no responsibility for any foreign currency transactions.
6. I will only be able to transfer to another Registered Overseas Pension Scheme [ROPS] in the future.
7. I may be liable to pay an unauthorised payment charge to HMRC if I make any unauthorised withdrawals.
8. I understand that, following the application of the transfer value, neither I nor any dependents, will have any further entitlement or claim under the transferring plan.

The Manager has not provided me with tax advice or advice in respect of transferring UK Pension Transfer Money to AESF and I understand that the Manager and the Supervisor take no responsibility for any tax or other consequences of any action I may take in regard to this UK Pension Transfer.

NI Number	<input type="text"/>
Member's Signature	<input type="text"/>
Date [dd/mm/yy]	<input type="text"/>



**Financial Adviser**

to complete this section.

**17. Financial Adviser declaration**

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



This Direct Debit Request Service Agreement [Service Agreement] is issued by Australian Executor Trustees Limited ABN 84 007 869 794 [User ID 162309] [AET Custodian] of Level 22, 207 Kent Street, Sydney NSW 2000 and Tidswell Financial Services Ltd ABN 55 010 810 607 AFSL 237628 RSEL L0000888 [Tidswell]. Collectively the AET Custodian and Tidswell may be referred to as "we", "us" or "our". Please retain a copy for your records.

This Service Agreement and the Direct Debit Request Schedule on page 3 contain the terms and conditions on which you authorise us to debit money from your account and the obligations of us and you under this agreement. You should read through the Service Agreement and Schedule carefully to ensure you understand these terms and conditions.

You should direct all enquiries regarding your direct debit facility to AESF.

#### **Our commitment to you**

- we will give you at least 14 days' notice in writing if there are changes to the terms of drawing arrangements or if we cancel the drawing arrangements;
- we will keep the details of your nominated financial institution account confidential, except if it is necessary to provide your details to our bank for the purpose of conducting direct debits with your bank;
- where the due date is not a business day, we will draw from your nominated financial institution account on the business day before or after the due date in accordance with the terms and conditions of your agreed arrangement with us.

#### **Your commitment to us**

It is your responsibility to:

- ensure your nominated financial institution account can accept direct debits;
- ensure there is sufficient money available in the nominated financial institution account to meet each drawing on the due date;

- advise us if the nominated financial institution account is transferred or closed, or the account details change. We require a minimum of 7 working days notice of change for banks and 14 days for credit unions and building societies;
- arrange an alternative payment method acceptable to us if we cancel the drawing arrangements;
- ensure that all account holders on the nominated financial institution account sign the Schedule in Section B on page 3.

#### **Your rights**

You should contact us in writing if you wish to alter the drawing arrangements. This includes:

- stopping an individual drawing;
- deferring a drawing;
- suspending future drawings;
- altering the Schedule; and
- cancelling the Schedule.

You should contact AESF if you consider that a drawing has been initiated incorrectly.

#### **Other information**

- the details of your drawing arrangements are contained in the Schedule in Section B on page 3;
- we reserve the right to cancel drawing arrangements if drawings are dishonoured by your financial institution;
- if your drawing dishonours, your financial institution may charge you a fee. We do not currently charge for dishonours, but reserve the right to do so in the future;
- your drawing arrangements are also governed by the terms and conditions of your agreed arrangements with us.