

# Application Form

iQ SUPER – SAVER BY RUSSELL INVESTMENTS

Use this form to provide important details required to set up your account in iQ Super – Saver. Print clearly in BLOCK LETTERS.

This Application Form relates to the iQ Super – Saver Product Disclosure Statement dated **1 October 2018** (the 'PDS') within the Russell Investments Master Trust (the Fund). It must not be distributed unless accompanied by the complete and unaltered PDS. Terms defined in the PDS have the same meaning in this form. The PDS contains important information about investing in the Fund. It is important that you read the PDS accompanying this Application Form before applying for units in any of the investment options of the Fund.

## 1. Your personal details

**!** If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at [russellinvestments.com.au/privacy](http://russellinvestments.com.au/privacy) or call us on 1800 555 667.

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ >

b. Surname

c. First name(s)

d. Date of birth (DD MM YYYY)

e. Sex (please select)

Male ☐ Female ☐

f. Address

State    Postcode

g. Work telephone

h. Home telephone

i. Mobile telephone<sup>1</sup>

j. Primary/personal email address<sup>2</sup> (Give us your email address to receive all future communications electronically.)

Secondary/work email address<sup>2</sup>

<sup>1</sup> We may SMS you from time to time.

<sup>2</sup> By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at [russellinvestments.com.au/login](http://russellinvestments.com.au/login)

## 2. Search for your super

☐ Tick this box to provide consent.

By ticking this box, you are consenting to the Trustee of the Russell Investments Master Trust using your Tax File Number (TFN) to search for other super accounts you may have, now and in the future, using a facility provided by the Australian Taxation Office (ATO). We will automatically consolidate any ATO - held super (known as Lost or Unclaimed money). If we find any super with other funds we will let you know so you can decide if you want to transfer them into your iQ Super account.

## 3. Initial investment

Please check that the dollar values add up to the total investment amount.

a. Total Investment amount:

From one or more superannuation funds.

**You must complete the Rollover Forms attached at the end of this form.**

\$           .00

From contributions (accompanying this application only)

\$           .00

**Total investment amount**

\$           .00

b. Please complete the relevant details so, we can track your application appropriately:

☐ **Transfer from another division within the Russell Investments Master Trust**



The member number where the account is transferring from:

☐ Please transfer \$           .00

☐ Please transfer the total balance.

If the account you are transferring from your iQ Super – Employer account, please complete the details below in relation to the employer that sponsors your account:

☐ I have not left employment.

☐ I have left employment/will be leaving on         (DD MM YYYY)

If you have requested to transfer your total balance after leaving employment, we will wait for final contributions from your employer to arrive before making the transfer.

AND/OR

☐ **Transfer from another superannuation fund**



Please complete and sign the Rollover Forms at the end of the Application Form in order to transfer money from other superannuation funds. For more rollover forms please visit [russellinvestments.com.au/forms](https://russellinvestments.com.au/forms)

AND/OR (continued over)

### 3. Initial investment (continued)

#### Make a contribution



The cheque should be made payable to Russell Investment Master Trust.  
The cheque is a:

☐

Personal after-tax contribution

☐

Personal tax-deductible contribution (contributions tax will be deducted)


You may be eligible to make a tax-deductible contribution, if you are self-employed or an 'unsupported person'. **Please also submit a Deduction for Personal Superannuation Contributions Form available from the ATO.** If you do not provide this notice, your contribution will be treated as a non-concessional contribution.

☐

Employer Superannuation Guarantee (SG) or salary sacrifice contribution (contributions tax will be deducted)

**Note:** Should your cheque be dishonoured, you may be liable for all reasonable costs associated with processing your application. If you would like to make a contribution by BPAY®, you will need to wait until your application is processed and you have been provided with your Customer Reference Number (CRN) for contributions.

### 4. Investment choice

-  Please fill in the table below to make an investment choice. The choice(s) you indicate on this form will apply to both your initial investment and future transactions on your account. You can update your choice(s) at any time by logging into your account via [russellinvestments.com.au/super](https://russellinvestments.com.au/super)

#### My investment choice is:

##### Diversified options

1. Defensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
2. Diversified 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
3. Blended Balanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
4. Balanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
5. Balanced Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
6. Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
7. High Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%

##### Outcome-oriented options

8. Multi-Asset Income Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%
9. Multi-Asset Growth Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.00%

(continued over)

#### 4. Investment choice (continued)

##### Sector options

10. Australian Fixed Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
11. Global Fixed Income – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
12. Global Opportunities – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
13. Emerging Markets	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
14. Australian Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
15. Australian Cash Enhanced	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
16. Australian Opportunities	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
17. International Property Securities – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
18. Global Opportunities	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

##### Responsible options

19. Responsible Global Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
20. Responsible Australian Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

##### Third party options

21. Third Party Indexed Australian Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
22. Third Party Indexed Global Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
23. Third Party Indexed Global Shares – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

Total allocation =    .00%

##### Do you want to rebalance your investments?

This is only relevant to you, if you have selected more than one investment option. If you select to rebalance your investments, we reset your account balance on the 15th of each month, to match the original investment strategy you selected.

Below is an example where the member investment strategy is 50% Balanced and 50% Defensive:

	Balanced	Defensive	Total
Initial investment	\$5,000	\$5,000	\$10,000
Your balance on the 15th of the following month	\$5,300	\$5,100	\$10,400
Your balance after rebalancing	\$5,200	\$5,200	\$10,400

If you select this option, you cannot switch your investments during the three working days prior to the 15th of each month.

I would like to rebalance my investments automatically each month:

☐ Yes ☐ No.

## 5. Nomination of beneficiaries

**!** Please specify the type of dependant for each person and the percentage of your benefit you wish to allocate to each person listed. **For more information, please refer to the Nominating your beneficiary section of the Super Guide.**

**Note: The total proportions nominated must equal 100% and only whole percentages may be used.**

Types of dependants include spouse, child, financial dependant or person who is interdependant. You may also nominate your estate. It is important to note that each person you nominate must qualify as a dependant.

a. My nomination of beneficiaries:

1 Name of beneficiary

Type of dependant

% of benefit

.00%

2 Name of beneficiary

Type of dependant

% of benefit

.00%

3 Name of beneficiary

Type of dependant

% of benefit

.00%

4 Name of beneficiary

Type of dependant

% of benefit

.00%

5 Name of beneficiary

Type of dependant

% of benefit

.00%

6 Name of beneficiary

Type of dependant

% of benefit

.00%

7 Name of beneficiary

Type of dependant

% of benefit

.00%

8 Name of beneficiary

Type of dependant

% of benefit

.00%

Total =   .00%

## 5. Nomination of beneficiaries (continued)

If you have completed the beneficiary details above, it will automatically be loaded as a preferred (non-binding nomination). However, if you'd like to make a binding nomination, please complete the below section.

Binding nomination



The beneficiaries nominated by me on this form are people who I understand will receive my Death Benefit in the event of my death, because the Trustee is bound by my nomination as long as my nomination remains valid. **Note:** A binding nomination must be updated/confirmed at least every three years. I acknowledge that if my nomination becomes invalid or expires, the Trustee is not bound by my nomination.

You need to sign and date your nomination in the presence of two witnesses.

Member signature

Date (DD MM YYYY)

Member name

Witness 1 signature

Date (DD MM YYYY)

Witness 1 name

Witness 2 signature

Date (DD MM YYYY)

Witness 2 name

By completing the above, your witnesses make the following declarations:

- » I am at least 18 years of age.
- » I am not a beneficiary nominated in the Nomination of beneficiary section above.
- » I have witnessed the signing and dating of this form by the member.

## 6. Insurance cover

Complete this section if you require insurance cover. You can choose from unit based or fixed cover:

- » Unit based cover is where the value of each unit varies with your age, as shown in the PDS.
- » Fixed cover allows you to choose and maintain the same amount of cover until you reach age 70.

### Death Only, and Death and TPD Cover

Select **one** of the following – Unit based or Fixed cover.

Select **one** of the following – Death Only, or Death & TPD cover.

<input type="radio"/>	<b>Unit based cover</b>	OR	<input type="radio"/>	<b>Fixed cover</b>
Death Only <input type="text"/> <input type="text"/> units				Death Only \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
Death & TPD <input type="text"/> <input type="text"/> units				Death & TPD \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

### Income Protection cover

<input type="radio"/>	I want to purchase Income Protection <sup>1</sup> cover.
	My annual salary is \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

### ! Important

- » Further details of the insurance cover are provided in your PDS and Insurance, Fees and Costs Guide.
- » If you are applying for insurance cover, you must also provide a completed Personal Statement and Consent for the insurer provided at the end of this Application Form.
- » And remember, insurance cover is subject to the insurer receiving and accepting required medical evidence.

<sup>1</sup> Income Protection cover is 75% of your annual salary, where salary is defined as Ordinary Times Earnings (OTE). You may be required to provide proof of your current salary.

## 7. Occupational Category

This section is optional. If you would like to change your Occupation Category, please complete the questions below.

The insurance benefits depend on Occupation Categories. This means that you are charged insurance fees based on the risk profile of your occupation. The plan's default category is Standard. If you are classified as Low Risk or Professional, you can save money on insurance fees.

Occupation Categories	
Professional	White Collar Professionals performing no manual duties (e.g. lawyer, accountant). Usually those with a tertiary qualification or registration by a professional body (they must be using these qualifications in their occupation). Those well established senior executives (with 10 or more years in that role) with incomes in excess of \$80,000 pa, without tertiary qualifications may also be included.
Low Risk	Clerical, administration and managerial occupations involving office and travel duties. No manual work (e.g. administrator, book-keeper, computer operator). Includes occupations with tertiary qualifications that involve very light physical work (e.g. osteopath, physiotherapist).
Standard	Certain qualified tradespeople (e.g. electrician) who engage in light manual work only. Includes business owners in non-hazardous industries involved in light manual work (e.g. coffee shop owner) and those who may supervise medium blue collar workers (no more than 25% of their work time). Includes occupations that are not limited to an office, where travel is an essential part of the job (e.g. field surveyor).
	Qualified skilled tradespeople in non-hazardous industries wholly involved in manual duties (e.g. carpenter, plumber, plasterer, mechanic).
	Heavy manual workers in non-hazardous industry performing higher risk occupations (e.g. interstate bus driver, warehouse worker, labourer, bricklayer, house removalist).

## 7. Occupational Category (continued)

- |  | Yes | No |
|--|-----|----|
| 1. I have a good understanding of the company's financial statements.              |     |    |
| 2. I have a good understanding of the company's business model.                    |     |    |
| 3. I have a good understanding of the company's competitive advantage.             |     |    |
| 4. I have a good understanding of the company's market position.                   |     |    |
| 5. I have a good understanding of the company's management team.                   |     |    |
| 6. I have a good understanding of the company's risk factors.                      |     |    |
| 7. I have a good understanding of the company's growth opportunities.              |     |    |
| 8. I have a good understanding of the company's financial performance.             |     |    |
| 9. I have a good understanding of the company's operational performance.           |     |    |
| 10. I have a good understanding of the company's customer satisfaction.            |     |    |
| 11. I have a good understanding of the company's employee satisfaction.            |     |    |
| 12. I have a good understanding of the company's social and environmental impact.  |     |    |
| 13. I have a good understanding of the company's corporate governance.             |     |    |
| 14. I have a good understanding of the company's legal and regulatory environment. |     |    |
| 15. I have a good understanding of the company's industry trends.                  |     |    |
| 16. I have a good understanding of the company's future prospects.                 |     |    |
| 17. I have a good understanding of the company's overall value.                    |     |    |
| 18. I have a good understanding of the company's reputation.                       |     |    |
| 19. I have a good understanding of the company's brand.                            |     |    |
| 20. I have a good understanding of the company's products and services.            |     |    |

- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|

- Yes No

- |   | Yes | No |
|---|-----|----|
| 1. I have a good understanding of the company's financial statements.                 |     |    |
| 2. I have a good understanding of the company's business model.                       |     |    |
| 3. I have a good understanding of the company's competitive advantage.                |     |    |
| 4. I have a good understanding of the company's market position.                      |     |    |
| 5. I have a good understanding of the company's management team.                      |     |    |
| 6. I have a good understanding of the company's risk factors.                         |     |    |
| 7. I have a good understanding of the company's growth opportunities.                 |     |    |
| 8. I have a good understanding of the company's financial performance.                |     |    |
| 9. I have a good understanding of the company's operational performance.              |     |    |
| 10. I have a good understanding of the company's customer base.                       |     |    |
| 11. I have a good understanding of the company's product portfolio.                   |     |    |
| 12. I have a good understanding of the company's marketing strategy.                  |     |    |
| 13. I have a good understanding of the company's sales strategy.                      |     |    |
| 14. I have a good understanding of the company's distribution channels.               |     |    |
| 15. I have a good understanding of the company's research and development activities. |     |    |
| 16. I have a good understanding of the company's intellectual property.               |     |    |
| 17. I have a good understanding of the company's legal and regulatory environment.    |     |    |
| 18. I have a good understanding of the company's human resources.                     |     |    |
| 19. I have a good understanding of the company's organizational structure.            |     |    |
| 20. I have a good understanding of the company's corporate governance.                |     |    |

## 8. Tax File Number

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 in writing to the Trustee of your superannuation fund that your TFN not be disclosed to any other superannuation provider.

- » Your superannuation fund will be able to accept all types of contributions to your account(s).
- » Concessional contributions will generally be taxed at the concessional rate of 15% (without your TFN, these contributions will be taxed at a higher rate).
- » Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- » 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.

Fill in your nine-digit TFN here:

## 9. Adviser details

If you would like to add a financial adviser to your account and have adviser service fees deducted, please complete the Adviser Details Form available at [russllinvestments.com.au/forms](https://russllinvestments.com.au/forms)



## 10. Declaration and signature

**I acknowledge and declare that:**

1. All the information provided in this Application Form is true and correct.
2. I have read and understood the PDS to which the Application Form relates.
3. I agree to be bound by the terms and conditions of the PDS and the Trust Deed for the Russell Investments Master Trust, as amended from time to time.
4. I acknowledge that the Trustee reserves the right to refuse applications for units at its discretion.
5. I acknowledge that the repayment of capital or the performance of any option in iQ Super – Saver is not guaranteed.
6. I have read and agree to the **Your privacy** section of the PDS.
7. I consent to the use of my personal information in accordance with the **Your privacy** section of the PDS.
8. I understand that each year an Annual Report for the Fund will be available online.
9. I have read and understood the contents of this form and have checked that all the information I have provided on this form is correct.

This Application Form must be signed by the applicant. If signed under Power of Attorney, the attorney verifies that no notice of revocation of power has been received. A certified copy of the Power of Attorney must be forwarded with this Application Form.

Member signature

Date (DD MM YYYY)

Member surname

Member first name(s)

**➤ Please return this form to:**

## iQ Super by Russell Investments

Locked Bag A4094

Sydney South NSW 1235

**You can also contact us as follows:**

Toll free on **1800 555 667**

Operating hours are from Monday to Friday,

9am – 5pm (AEST)

[iq@russellinvestments.com.au](mailto:iq@russellinvestments.com.au)

[russellinvestments.com.au/super](http://russellinvestments.com.au/super)

Did you know, you can rollover your super using our simple online process? Just log in at [russellinvestments.com.au/login](https://russellinvestments.com.au/login) and go to 'Combine my super'. The transfer generally takes three days and you can monitor the progress of your transfer online.

## Rolling over your super is easy with Russell Investments

Simply complete the three steps on this form and we'll take care of the rest.

- 1. Personal details** To get the ball rolling, we've inserted our details (fund name, etc). All you need to do is add in yours.
- 2. Previous fund details** This section provides us with all the required information about your previous fund, i.e. where you want to move your balance from. You should be able to find all this information on a statement or letter from your previous fund. You can also get this information by calling your previous fund.  
It is important you complete this section correctly. Super funds are sensitive when dealing with large amounts of money and may hold on to your balance if the information isn't complete. If you're not sure of something, give your previous fund a call.
- 3. Declaration and signature** The final step is to sign the form and give us consent to disclose your Tax File Number to your previous super fund (FROM fund). Before signing, please check for exit fees or charges that could apply or benefits (like insurance cover) that might cease if you move some or all your super out of your other accounts.

Print clearly in BLOCK LETTERS.

### 1. Personal details

**!** If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at [russellinvestments.com.au/privacy](https://russellinvestments.com.au/privacy) or call us.

a. Title (please select)		
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
b. Surname		
c. First name(s)		
d. Date of birth (DD MM YYYY)	e. Sex (please select)	f. Home telephone
Male <input type="checkbox"/>	Female <input type="checkbox"/>	
g. Work telephone	h. Mobile telephone <sup>1</sup>	
i. Primary/personal email address <sup>2</sup> (Give us your email address to receive all future communications electronically.)		
Secondary/work email address <sup>2</sup>		
j. Address		
k. Rollover to the following fund (Fund name)		
l. Fund telephone		
m. Australian Business Number (ABN)		
n. Unique Superannuation Identifier (USI)		
o. Member number		

<sup>1</sup> We may SMS you from time to time.

<sup>2</sup> By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at [russellinvestments.com.au/login](https://russellinvestments.com.au/login)

## 2. Previous fund details

a. Previous fund name

b. Fund telephone

c. Member or account number

d. Australian Business Number (ABN)

e. Unique Superannuation Identifier (USI)

f. Approximate account balance (optional)

g. Amount to be transferred (If you do not make a selection, your request will be treated as a whole balance transfer).

 Whole balance OR  Partial transfer of \$ 

## 3. Declaration and signature

a. Your Tax File Number (TFN)

To consolidate your super, we need your consent to disclose your TFN to your FROM fund. If you have already provided your TFN, you give your consent when you sign this form. If you have not provided your TFN to give consent, write your TFN below and then sign the form. Please read the information about providing your TFN.

b. Declaration

By signing this request form, I am making the following statements:

- » I declare I have fully read this form and the information completed is true and correct.
- » I understand I may lose insurance cover and pay an exit fee in my previous fund.
- » I am aware I may ask my previous fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- » I consent to my TFN being disclosed to my previous fund for the purposes of consolidating my super.
- » I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to the Russell Investments Master Trust.

Member signature

Date (DD MM YYYY)

Member name

### Providing your Tax File Number (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);
- » Concessional contributions will generally be taxed at the concessional rate of 15%

(without your TFN, these contributions will be taxed at a higher rate);

- » 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.

Your TFN will otherwise remain confidential.

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Sydney South NSW 1235

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[iq@russellinvestments.com.au](mailto:iq@russellinvestments.com.au)

[russellinvestments.com.au/super](http://russellinvestments.com.au/super)

Did you know, you can rollover your super using our simple online process? Just log in at [russellinvestments.com.au/login](https://russellinvestments.com.au/login) and go to 'Combine my super'. The transfer generally takes three days and you can monitor the progress of your transfer online.

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It is important you complete this section correctly. Super funds are sensitive when dealing with large amounts of money and may hold on to your balance if the information isn't complete. If you're not sure of something, give your previous fund a call.
- Declaration and signature** The final step is to sign the form and give us consent to disclose your Tax File Number to your previous super fund (FROM fund). Before signing, please check for exit fees or charges that could apply or benefits (like insurance cover) that might cease if you move some or all your super out of your other accounts.

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a. Title (please select)		
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> > <input type="text"/>
b. Surname		
<input type="text"/>		
c. First name(s)		
<input type="text"/>		
d. Date of birth (DD MM YYYY)	e. Sex (please select)	f. Home telephone
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>
g. Work telephone	h. Mobile telephone <sup>1</sup>	
<input type="text"/>	<input type="text"/>	
i. Primary/personal email address <sup>2</sup> (Give us your email address to receive all future communications electronically.)		
<input type="text"/>		
Secondary/work email address <sup>2</sup>		
<input type="text"/>		
j. Address		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
		State <input type="text"/> Postcode <input type="text"/>
k. Rollover to the following fund (Fund name)		l. Fund telephone
<input type="text"/>		<input type="text"/>
m. Australian Business Number (ABN)		n. Unique Superannuation Identifier (USI)
<input type="text"/>		<input type="text"/>
		o. Member number
		<input type="text"/>

<sup>1</sup> We may SMS you from time to time.

<sup>2</sup> By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at [russellinvestments.com.au/login](https://russellinvestments.com.au/login)

## 2. Previous fund details

a. Previous fund name

b. Fund telephone

c. Member or account number

d. Australian Business Number (ABN)

e. Unique Superannuation Identifier (USI)

f. Approximate account balance (optional)

g. Amount to be transferred (If you do not make a selection, your request will be treated as a whole balance transfer).

Whole balance

OR

Partial transfer of

## 3. Declaration and signature

a. Your Tax File Number (TFN)

To consolidate your super, we need your consent to disclose your TFN to your FROM fund. If you have already provided your TFN, you give your consent when you sign this form. If you have not provided your TFN to give consent, write your TFN below and then sign the form. Please read the information about providing your TFN.

b. Declaration

By signing this request form, I am making the following statements:

- » I declare I have fully read this form and the information completed is true and correct.
- » I understand I may lose insurance cover and pay an exit fee in my previous fund.
- » I am aware I may ask my previous fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- » I consent to my TFN being disclosed to my previous fund for the purposes of consolidating my super.
- » I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to the Russell Investments Master Trust.

Member signature

Date (DD MM YYYY)

Member name

## Providing your Tax File Number (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);
- » Concessional contributions will generally be taxed at the concessional rate of 15%

(without your TFN, these contributions will be taxed at a higher rate);

- » 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.

Your TFN will otherwise remain confidential.

## » Please return this form to:

**iQ Super by Russell Investments**  
Locked Bag A4094  
Sydney South NSW 1235

You can also contact us as follows:

Toll free on **1800 555 667**

Operating hours are from Monday to Friday, 9am – 5pm (AEST)

[iq@russellinvestments.com.au](mailto:iq@russellinvestments.com.au)

[russellinvestments.com.au/super](http://russellinvestments.com.au/super)

## Consent

### Sensitive Information regarding the Underwriting of your Insured Benefits

By signing this Form, you consent to the use and disclosure of your personal information to the Trustee, its service providers and other experts and advisers for the following purpose:

*Assessment by the Fund's insurer of your entitlement to be insured for death and/or disablement benefits provided by the Fund, relying on input from others, including medical experts.*

If there is a dispute with respect to your entitlement, the Trustee may be required to disclose this information to a Tribunal or Court.

If you do not provide this consent the Insurer may not be in a position to consider whether to provide you with Death and/or Disability Insurance through the Russell Investments Master Trust.

You can view a copy of the Fund's Privacy Policy at [russellinvestments.com.au/privacy](https://russellinvestments.com.au/privacy) or if you have any questions about the Fund, please call us on 1800 555 667.

Signature

Date

Name  
(please print)

➤ **Please return this form to:**  
**iQ Super by Russell Investments**  
Locked Bag A4094  
Sydney South NSW 1235

#### **You can also contact us as follows:**

Toll free on **1800 555 667**  
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[iq@russellinvestments.com.au](mailto:iq@russellinvestments.com.au)  
[russellinvestments.com.au/super](https://russellinvestments.com.au/super)

## Member's Personal Statement

Policy number

Member number

Plan administrator

### YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### 1. PERSONAL DETAILS

Name of plan

Title

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

Policy Number

☐

Other

Surname

Date of birth

DD / MM / YYYY

Given name

Gender

Female

☐

Male

☐

May TAL contact you directly to clarify or gather information in relation to this application?

If yes, preferred method of contact:

Email address

Email

☐

Phone

☐

Contact time

Phone No.

## 2. OCCUPATION DETAILS

1. ☐ Self employed ☐ Employee full-time OR ☐ Part-time  hours p/week  weeks p/year
2. Your occupation  Industry
3. Duties performed, including % of time spent in each.
- 
4. Annual salary (includes packaged items but excludes bonuses/commission) \$

## 3. INSURANCE APPLICATION

- Death sum insured  TPD sum insured
- Monthly income benefit \$  Benefit period  Waiting period
1. Is this an increase? Yes ☐ No ☐
2. Have you ever held or applied for any life, disability, accident & sickness or trauma insurance, that was declined, postponed, had the premium increased or modified, or had a current policy cancelled or renewal refused? Yes ☐ No ☐
3. Have you claimed on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation or Motor Vehicle Third Party? Yes ☐ No ☐
4. Do you have, or are you applying for, any other life or disability cover? Yes ☐ No ☐

If yes to 2, 3 and or 4, please provide full details below.

Name of company	Cover type	Sum insured /monthly benefit	Date of application or claim	State any loadings/ exclusions	Reason for decision/ claim	Duration of claim	Recovery %	Is cover to be replaced? Y/N
		\$	/ /					
		\$	/ /					
		\$	/ /					

## 4. HABITS AND ACTIVITIES

1. Do you drink alcohol? Yes ☐ No ☐
- If yes, state type, number of standard drinks per day and number of days per week when alcohol is consumed.  
Standard drink = 1 nip spirits, 1 wine glass (100ml), 10oz/285ml beer.
- 
2. Have you smoked in the past 12 months? Yes ☐ No ☐
- If yes, state form and daily quantity.
- 
3. Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs? Yes ☐ No ☐
- If yes, complete a drug use or alcohol consumption questionnaire.
4. Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger travelling over recognised routes), motor racing, diving, football, parachuting, hang-gliding or any other sport? Yes ☐ No ☐
- If yes, please complete a sports and pastimes statement.



#### 4. HABITS AND ACTIVITIES (CONTINUED)

5. Do you intend travelling outside Australia within the next two years?

Yes

☐

No

☐

If yes, please provide details below (where, when, duration and reason).

6. Are you an Australian or New Zealand citizen?

Yes

☐

No

☐

7. Do you hold an Australian Permanent Resident's Visa?

Yes

☐

No

☐

If no to 6 and 7, please advise type of visa, expiry date, plans for applying for permanent residency and nationality/current citizenship.

#### 5. PERSONAL STATEMENT

1. Please state your:

Height (cm)

Weight (kg)

2. Name and address of your usual doctor or medical centre

Surname

Given name

Address

Suburb

State

Postcode

3. Details of last medical consultation with your usual doctor or medical centre

Date

DD / MM / YYYY

Reason

Outcome/results

4. If you have attended that doctor for less than 12 months, name and address of previous doctor

Surname

Given name

Address

Suburb

State

Postcode

5. a) Within the LAST THREE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist or any other health care professional (naturopath, etc) or been in a hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquillisers?

Yes

☐

No

☐

- b) Have you EVER had an ECG, X-ray, transfusion, mammogram, ultrasound, surgery or any other investigation?

Yes

☐

No

☐

- c) Have you EVER had any blood tests which revealed an abnormality e.g. raised blood sugar, liver function, renal function results, or anaemia, etc?

Yes

☐

No

☐

- d) Do you contemplate seeking any medical examination, advice, treatment or surgery for any other current health condition, in the future?

Yes

☐

No

☐

## 5. PERSONAL STATEMENT (CONTINUED)

Please provide full details for all 'Yes' answers.

Question	Dates (from/to)	Name / Address of doctor, hospital or clinic	Condition, medications, treatments & time off work	Recovery %

## 6. PERSONAL STATEMENT (GENERAL MEDICAL QUESTIONS)

Please provide details for all 'Yes' answers in General Medical Questionnaire at Section 7.

1. Have you ever had, been advised that you had, or received advice or treatment for any of the following:

a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder?

Yes ☐ No ☐

b) Bowel, stomach or intestinal problem, gall bladder, hepatitis or liver disease?

Yes ☐ No ☐

c) Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks?

Yes ☐ No ☐

d) Depression, anxiety, panic attacks, stress, chronic fatigue, fibromyalgia or any mental or nervous condition?

Yes ☐ No ☐

e) Diabetes, sugar in urine, pancreatic or thyroid problem?

Yes ☐ No ☐

f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind?

Yes ☐ No ☐

g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis?

Yes ☐ No ☐

h) Impairment of sight, hearing or speech?

Yes ☐ No ☐

i) Asthma, bronchitis, sleep apnoea, or any lung complaint?

Yes ☐ No ☐

j) Leukaemia, haemochromatosis, anaemia, or any blood problems?

Yes ☐ No ☐

k) Kidney, prostate, or bladder problems?

Yes ☐ No ☐

l) Psoriasis, eczema, or any skin problem?

Yes ☐ No ☐

m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury?

Yes ☐ No ☐

n) Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus?

Yes ☐ No ☐

o) Have you ever engaged in any activity/ies reasonably accepted to having an increased risk of exposure to the HIV/AIDS virus?

Yes ☐ No ☐

6. PERSONAL STATEMENT (GENERAL MEDICAL QUESTIONS) CONTINUED

Females only

p) Have you ever had any gynaecological conditions (e.g. endometriosis, abnormal Pap smear, etc)?

q) Have you ever had any complications of pregnancy or childbirth?

r) Are you currently pregnant?

If yes, what is the expected delivery date?

s) Have you ever had a breast lump (even if you have not seen a doctor about it)?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

/  /

Yes ☐ No ☐

2. Family History

Has any of your immediate family (mother, father, brother or sister), suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental health condition, haemophilia, Huntington's disease or any other hereditary disease?

Yes ☐ No ☐

3. If yes, please provide details in the table below.

Relationship to member	Medical condition (e.g. breast cancer, heart attack, type 2 diabetes)	Age when diagnosed	Age at death (if applicable)

7. GENERAL MEDICAL QUESTIONNAIRE

Please provide details for all 'Yes' answers in Section 6 A to S. Please complete on a separate sheet if required.

Question No.	Q.	Q.	Q.	Q.
Specific condition				
a) Date symptoms first started and description of symptoms.				
b) What was the condition and which part and side of the body was affected?				
c) What was the medical diagnosis including results of x-rays and investigations?				
d) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e) What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
f) How long were you unable to work or perform your normal duties/activities?				
g) If a hospital visit was required, please provide date and duration of your stay.				
h) What advice/treatment did you receive?				
i) Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
j) Date treatment/medication ceased.				
k) When did you last suffer from any symptoms?				
l) Degree of recovery (%).				
m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

## PRIVACY

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

### Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

### Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

## DECLARATION

I acknowledge that I have read the notice of my duty of disclosure and understand that this duty also applies until formal notification of acceptance.

I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.

I, the Member, authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL Life Limited to its external service providers/contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information collected on this form or future forms in relation to this insurance.

Full name of Member

Signature of Member

Date

DD / MM / YYYY

## MEDICAL AUTHORITY

I agree that any medical practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not will be hereby authorised and directed by me to divulge to TAL Life Limited or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Full name of Member

Signature of Member

Date

DD / MM / YYYY

Please return the completed form to:

**TAL Life Limited**, GPO Box 5380, Sydney NSW 2001

**T** 1800 666 136 **F** +61 (0)2 9465 2065 **E** [groupriskadmin@tal.com.au](mailto:groupriskadmin@tal.com.au) [www.tal.com.au](http://www.tal.com.au)