

Instructions

- **Black or blue** pen please. We're not into pencil.
- Please use **BLOCK** letters.
- Please place a **tick** in boxes where required.
- Fill out as many answers as you can. Don't worry if you can't answer all questions. One of the **max Team** will contact you and help you with the rest.
- Any questions? Please contact the **max Team** on **1300 883 629**.
- When you've completed the application, please sign where indicated and mail to:

max Super

Reply Paid 4678
Melbourne VIC 8060 (No postage stamp required)

- Please make contribution cheques payable to **"max Super"**.

This application form relates to the Product Disclosure Statement for the **max Super Fund** (SPIN ETL0055AU) dated 1st July 2007 issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975, RSE L0003094) and should only be completed after you have read the PDS.



Step 1 - Your Personal Details

Let's get started.

Mr/Mrs/Ms/Miss	First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Gender	Date of Birth
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y
Apt/Street No.	Address (Street Name)	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home No.	Mobile Phone No.	Work/Any Other Daytime No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

Help us save some trees! Tick here to leave snail mail behind, and wherever possible we'll communicate with you via electronic means (email etc).

Step 2 - Your Tax File Number (TFN)

Don't pay too much tax.

TFN

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please note: You don't have to provide your TFN if you don't want to. However, it's in your best interests to give **max** your TFN so you don't pay more tax than necessary. If you do give us your TFN, **max Super** can also use it (and your name and date of birth) to dig up any of your old or lost Super for you. If we find any, we'll get in touch!

Please refer to the PDS for further information.

Step 3 - Your Employer's Details

Get Super from your Employer.

Please complete this section if you are **currently employed**, and would like your employer to pay Super contributions into your **max Super** account. (If you are **self-employed** or **unemployed**, please tick here and go to Step 4 – Personal Contributions.)

Employer's Full Company Name	Contact Person at Employer	
<input type="text"/>	<input type="text"/>	
Email	Contact Phone Number	
<input type="text"/>	<input type="text"/>	
Level/Street No.	Address (Street Name)	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 4 - Personal Contributions

Top up your own Super.

Please complete this section if you would like to make **personal contributions** to your Super, **OR** are **currently self-employed** or **unemployed**. Otherwise, leave it **blank**.

Initial Contribution \$ Please enclose a cheque for this amount with application.

Monthly Contribution \$ Please fill out the direct debit authorisation below.

Direct Debit Authorisation: I hereby request and authorise **max Super** (user ID number 316793) to debit the nominated amount from my account as per the terms and agreements set out in this form and the Direct Debit Service Agreement attached.

Your Account Name

Branch No (BSB)

Bank Name

Bank Account Number

Account Holder(s) Signature(s)

Date



Step 5 - Rollovers

max's favourite trick.

Consolidate all your old and lost Super. If you've got Super all over the place and you want to roll it into one account with **max**, there are three ways we can help you do this:

1. Get max to go fetch!

If you have all the details from any of your old Super funds and are ready to rollover now, just fill in a separate Rollover Form for each fund. You should be able to find these details on your last statement, or ask your employer (current or previous) to provide them. If you need extra Rollover Forms, you can download as many as you want from www.maxsuper.com.au.

2. For lazy dogs...

If you haven't got all the details, but can remember the names of some of your old Super funds, please enter them below and **max** will start organising the necessary paperwork for you. We'll send out pre-populated rollover forms for you to sign once we've done some digging.

Name of Old Fund

(e.g. Your current Fund)

Member No.

(Look at an old statement)

Name of Old Fund

(e.g. The Fund from your previous job)

Member No.

(Look at an old statement)

Name of Old Fund

(e.g. The Fund from your previous previous job)

Member No.

(Look at an old statement)

Name of Old Fund

(e.g. The Fund from your previous previous job)

Member No.

(Look at an old statement)

3. Help!

If you don't know where to start and have no idea where your Super is, call the **max Team** on **1300 883 629** and we'll get the ball rolling.

Step 6 - Preferred Beneficiaries

Who says you can't buy love?

Who should get your Super if you die? Morbid, we know. But it's important you consider nominating who you'd like to receive your Super when you die. Remember, you can change this information online at anytime once you become a Member. The person (or persons) you nominate must be your dependant(s), or legal personal representative (which means the executor or administrator of your estate).

Please note: Below you can make a **Non-Binding Nomination**. This will be taken into consideration when your Super is being distributed after your death. If you would like to make a binding nomination, you will need to fill out a separate **Binding Nomination** form which can be downloaded from www.maxsuper.com.au. (For more information, refer to the PDS.)

Name of Beneficiary (e.g. John Smith)

Relationship (e.g. spouse/child)

% share

Name of Beneficiary

Relationship

% share

Name of Beneficiary

Relationship

% share

Name of Beneficiary

Relationship

% share

Total must equal: **100%**

Step 7 - Investment Selection

Tell **max** where to put your cash!

How would you like your money invested?

max offers three ways to select your investment option. You can change your investment selection any time once you're a member. Please refer to the PDS or the **max Super** website for more information on investment options.

I would like to invest in:

Option 1 – Default
Go with the default fund.

OR

Option 2 – Pre-mixed
Select one of our 5 pre-mixed funds.

OR

Option 3 – Choose your own adventure
Choose your own adventure and pick any mix of Asset options and pre-mixed funds. Total must equal 100%.

Living Large Fund (default fund)
75% Growth Assets
25% Income Assets

Growth Fund
100% growth assets

Living Large Fund
75% growth assets, 25% income assets

Fence Sitter Fund
50% growth assets, 50% income assets

Slow and Steady Fund
30% growth assets, 70% income assets

Income Fund
100% income assets

% **Growth Fund**
100% growth assets

% **Living Large Fund**
75% growth assets, 25% income assets

% **Fence Sitter Fund**
50% growth assets, 50% income assets

% **Slow and Steady Fund**
30% growth assets, 70% income assets

% **Income Fund**
100% income assets

% **Australian shares**

% **International shares**

% **Australian fixed interest**

% **International fixed interest**

% **Listed property securities**

% **Cash**

Total must equal 100%



Step 8 - Declaration

Here comes **max**, the autograph hound.

- I hereby apply to become a member of **max Super**, and if accepted as a member, I agree to be bound by the **max Super** Trust Deed.
- I received the **max Super** Product Disclosure Statement (PDS) dated 01/07/2007 personally, either in printed or electronic form.
- I have read and understand the PDS, and make this application in the form that was included in or accompanied by the PDS.
- I am eligible under superannuation law to make superannuation contributions, or to have them made on my behalf.
- If I have not selected an investment choice, I understand my investments will be allocated to the default **max Super Living Large Fund**.
- I nominate the above persons in Step 6 as my beneficiaries for the payment of my benefit in **max Super** if I die. I understand that my nomination will be used by the Trustee as a guide only, and that the Trustee is not in any way bound by the nomination when exercising its absolute discretion to pay my benefit in **max Super**.
- I have read and understand the **max Super** Privacy Statement in the PDS.
- I understand that **max Super** may share my personal information with Max Super Pty Ltd or its related entities for the purposes of letting me know about other **max** products and services that might be of interest to me. If I don't want **max Super** to share my information, I can let them know by giving them a call on **1300 883 629**.
- I authorise **max Super** to exchange my TFN and other relevant personal information with other Funds and the ATO in searching for any old or lost Super I may have, and notify me as described in the TFN section of the PDS.
- I declare that all the details in this application are true and correct.

Please print your Full Name here

Date of Birth

 / /

Your Signature

Date

 / /

You have now completed the bulk of your **max Super** application. If you would like insurance cover, please fill out Step 9 on the following page. When you have finished your application, please sign and mail to: **max Super, Reply Paid 4678, Melbourne VIC 8060**. We will contact you via email once we have received your application to advise your membership number, and we will send out your **max Super** membership and online login details soon. Thanks for choosing **max**! If you have any questions, call the **max Team** on **1300 883 629**.

Step 9 - Insurance Application

So max can help you cover up.

max Super offers either **Death Only** OR **Death and Total & Permanent Disablement (TPD)** insurance, as well as **Income Protection** insurance to members. Your application for insurance cover will be assessed by max's insurer, AIG Life, and you will need to satisfy its underwriting criteria to obtain cover. Please refer to the **max Super** PDS for more information regarding your Insurance options. You don't have to take out insurance if you don't want to.

Death and Total & Permanent Disablement (TPD)

I would like **Death Only** cover Amount \$ (In multiples of \$50,000 up to \$350,000)*
OR
 I would like **Death and TPD** cover Amount \$ (In multiples of \$50,000 up to \$350,000)*

*If you would like to apply for Death only or Death and TPD cover **in excess of \$350,000** please leave this section blank and complete the separate Personal Health Statement which you can download from the **max Super** website at www.maxsuper.com.au or call **1300 883 629** and we will post one out to you.

Occupation Industry

Daily Duties

Have you smoked any tobacco or any other substance in the last 12 months? Yes No

If YES, please state forms and quantities

At the date of this application:	Agree	Disagree
1. I'm actively working and able to perform my usual duties.	<input type="checkbox"/>	<input type="checkbox"/>
2. I've never had back/neck pain for 7 or more consecutive days, and never had mental/nervous/stress disorders, cancer, blindness or deafness.	<input type="checkbox"/>	<input type="checkbox"/>
3. I've never had any company refuse or apply special or modified conditions or cancel any proposal to insure me for a life or disablement policy.	<input type="checkbox"/>	<input type="checkbox"/>
4. I'm not, as far as I'm aware, suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus and I am not carrying antibodies to the HIV virus.	<input type="checkbox"/>	<input type="checkbox"/>

Income Protection

If you wish to apply for Income Protection insurance, you'll need to complete a separate Personal Health Statement which you can download from the **max Super** website at www.maxsuper.com.au or call **1300 883 629** and we will post one out to you.

General Insurance Declaration

...and nothing but the truth.

- **Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief all of the answers to questions and personal statements on this insurance application are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
- **Changes to Contract** – I understand that I must advise the Insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the Insurer.
- **Acceptance of this Insurance Application** – I note that this insurance application is subject to acceptance by the Insurer and that the insurance cover does not commence until I have been advised by American International Assurance Company (Australia) Limited or **max Super** about acceptance of my application.
- **Duty of Disclosure** – I acknowledge that I have read and understood the Duty of Disclosure notice in accordance with the Insurance Contracts Act 1984 as detailed in the **max Super** PDS. **Warning:** You have a duty to disclose all information relevant to the insurer's decision to accept your application.
- **Privacy Statement** – I have read and understood the Privacy Statement as detailed in the **max Super** PDS. I consent to my personal information being collected and used in accordance with the Privacy Statement.

Please print your Full Name here

Signature of person to be insured

Date

Congratulations! You're all done. Please sign in all places indicated, and mail your application to: **max Super, Reply Paid 4678, Melbourne VIC 8060.** We will contact you again should we require further information, or as soon as your insurance application is approved by the Insurer. Thanks again for choosing **max!** If you have any questions whatsoever, don't hesitate to call the **max Team** on **1300 883 629.**

Instructions

You should read this Service Agreement before completing a Direct Debit Authority. By completing the Direct Debit Authorisation in the Member Application form or the Voluntary Contribution form, you are authorising **max Super** (ID number 316793) to withdraw money from your nominated bank account, under the conditions set out below. You should keep a copy of this service agreement for your records.

Direct Debit Arrangements

- The first direct debit will occur on the 20th day of the month in which your application has been processed. If your completed Member Application form or Voluntary Contribution form including Direct Debit Authorisation are received too late, the first direct debit will occur on the 20th day of the next month.
- Subsequent direct debits will occur on the 20th day of each month.
- If the 20th day falls on a non-business day, we will debit the amount on the next business day. If you wish to discuss the timing of processing in such instances, please contact your financial institution.
- We will give you 14 days notice (in writing) if and when these initial terms change.
- If you wish to discuss any changes to the initial terms please call the **max Team** on **1300 883 629**.

Your Rights

You can change the amount and timing of the direct debits, cancel an individual direct debit payment or suspend or cancel your direct debit arrangements completely. To do this, you need to advise us in writing. You should do this in the last two weeks of the month for it to take effect in the following month. For further information, you should contact the **max Team** on **1300 883 629**.

Your Responsibilities

It is your responsibility to make sure that:

- your nominated bank account can accept and process direct debit requests;
- you check your account details are correct, perhaps by checking them against a recent account statement from your financial institution;
- there is sufficient money (cleared funds) in your account on the 20th day of the month;
- you tell us if your nominated account is transferred, closed or altered (such as the signatories change); and,
- you contact **max Super** if you wish to cancel the direct debit request.

If, for any reason, we can not withdraw the necessary amount or the withdrawal is dishonoured by your financial institution, we will write to you to let you know your contribution was not made for the month. Any dishonour fees will be charged to your **max Super** account.

Enquiries and Disputes

Your financial institution will ask you to contact **max Super** to resolve your enquiries or disputes before involving them. So please contact the **max Team** on **1300 883 629** with any questions you may have.

If you don't receive a satisfactory response from **max Super** within 14 days, contact your financial institution. Your financial institution is required to answer your claim within:

- 7 business days, if it relates to a dispute within the last 12 months;
- 30 business days, if it relates to a dispute from over 12 months ago.

If an amount has been incorrectly deducted from your account and **max Super** cannot substantiate the reason for the deduction, **max Super** will refund you the amount.

Personal information collected is dealt with as set out in our privacy statement (see www.maxsuper.com.au). The personal information is provided to our financial institution to initiate drawings from your nominated account and used in any other way authorised by you.

Read

By signing the Direct Debit Authorisation in the Member Application form or Voluntary Contribution form, you agree to be bound by the terms and conditions of the **max Super** Direct Debit Service Agreement above. If you wish to cancel this direct debit request, you must do so in writing to **max Super**.