

1. Member details (continued)

Residential address (mandatory)

unit number	street number
<input type="text"/>	<input type="text"/>
street name	
<input type="text"/>	
suburb (if relevant) OR city	
<input type="text"/>	
state	postcode
<input type="text"/>	<input type="text"/>
country	
<input type="text"/>	
phone (business hours)	phone (after hours)
<input type="text"/>	<input type="text"/>
mobile	fax
<input type="text"/>	<input type="text"/>
email address	
<input type="text"/>	

By providing my email address, I agree to receive any information about my investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me when new information regarding my investment is available for viewing online, via hyperlink or via myPerpetual. I acknowledge you may still need to send me information by mail from time to time.

Postal address (if different to residential address)

c/- (if applicable)	<input type="text"/>	
po box	unit number	street number
<input type="text"/>	<input type="text"/>	<input type="text"/>
street name		
<input type="text"/>		
suburb (if relevant) OR city		
<input type="text"/>		
state	postcode	
<input type="text"/>	<input type="text"/>	
country		
<input type="text"/>		

2. Payment details (must be completed)

How will the initial contribution be made? NOTE: Cash is not accepted.

direct debit	<input type="checkbox"/>	we will debit your bank account nominated in section 8 as bank account 1. I acknowledge and accept the terms and conditions of direct debit as explained in the direct debit request service agreement which is available from www.perpetual.com.au/select-super-updates .
cheque	<input type="checkbox"/>	make cheque payable to PIML – Select Super – [insert name of applicant]
rollover	<input type="checkbox"/>	make sure you complete the 'Transfer authority' form

Source of funds being invested (select most relevant option)

retirement savings	<input type="checkbox"/>	employment income	<input type="checkbox"/>	business activities	<input type="checkbox"/>	sale of assets	<input type="checkbox"/>
inheritance/gift	<input type="checkbox"/>	financial investments	<input type="checkbox"/>	other	<input type="text"/>		

3. Contribution/rollover details

Please indicate below the amount of your contributions and/or rollover.

Contribution limits: Please refer to the 'Your Super Plan account' document for information about contribution limits. You should speak to your financial adviser about these limits when considering your situation. Contributions made in excess of the limits will attract additional tax.

Initial one-off contributions

Contribution type	Amount	Further details
personal contribution	\$	If you are eligible and intend to claim a tax deduction on these contributions you will also need to complete section 4.
spouse contribution	\$	
downsizer contribution	\$	You will also need to complete a 'Downsizer contribution into superannuation' form (available from the ATO).
CGT contribution	\$	You will also need to include a completed 'Capital gains tax cap election' form (available from the ATO).
personal injury payment	\$	You will also need to include a completed 'Contributions for personal injury election' form (available from the ATO).
Covid-19 re-contribution	\$	You will also need to include a completed 'Notice of re-contribution of COVID-19 early release amounts' form (available from the ATO).
Total	\$	

Rollovers

If you are transferring from another super fund please complete relevant details below. You will also need to complete the 'Transfer authority' form for each rollover being requested.

Name of previous superannuation provider	Policy/Account number	Approximate amount
		\$
		\$
		\$
		\$
		\$
	Total	\$

3. Contribution/rollover details (continued)

Savings plan

Only complete this section if you would like to establish a savings plan to make regular contributions from a nominated bank account. You will also need to nominate a bank account in section 7, from which contributions will be deducted under the savings plan.

Contribution type If you are eligible and intend to claim a tax deduction on any personal contributions you will need to complete the following section.	personal	<input type="checkbox"/>
	spouse	<input type="checkbox"/>
Amount (no minimum)	\$	<input type="text"/>
Frequency	monthly (default)	<input type="checkbox"/>
	quarterly	<input type="checkbox"/>

4. Tax deduction for personal contributions

Please refer to the 'Your Super Plan account' document for information about your eligibility to claim a tax deduction for your personal contributions.

I am eligible and intend to claim a tax deduction for my personal contributions of:	\$	<input type="text"/>
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This is your notice to us, to be effective from the later of the date of this application or the date that you become a member of the Super Plan, of the amount you intend to claim as a tax deduction in relation to Section 290-170 of the Income Tax Assessment Act 1997. We will deduct 15% contributions tax from this amount. This notice will be applicable for the current financial year unless you notify us in writing of your intention to vary this notice. We will send you an acknowledgement of the amount you wish to claim as a tax deduction which you will need to retain for tax purposes for the current financial year.

5. Consumer Attributes for non-advised members

To be completed only by members that have not received personal advice in relation to this application

Please complete the following questions by ticking one box for each question. We are seeking this information in relation to our Design and Distribution Obligations (DDO) under the *Corporations Act 2001* (Cth).

We do not use the information you provide us in this application form to consider your individual objectives, financial situation or needs, however your responses to the questions below will assist us in determining whether you are likely to be in the target market for this product. If you are not in the target market for the product, your application may be rejected.

What is your primary investment objective?

Capital Growth (seeks to invest in a product designed to generate capital returns)

Capital Growth or Preservation (seeks to invest in a product designed to generate either capital growth or capital preservation)

Capital Preservation (seeks to invest in a product designed to reduce volatility and minimise loss)

What is the intended use of this product (% of investable assets)?

(Investable assets are those assets that the investor has available for investment, excluding the residential home.)

Solution / Standalone (up to 100%)

Major allocation (up to 75%)

Core component (up to 50%)

Minor allocation (up to 25%)

Satellite allocation (up to 10%)

What is your intended investment timeframe?

Short term (two years or less)

Medium term (more than 2 years but less than 5 years)

Medium to Long term (equal to 5 years or less than 7 years)

Long term (more than 7 years)

What is your risk and return profile?

(for this product only)

Low (seeks to minimise potential losses and comfortable with a low target return)

Medium (seeks to minimise potential losses and comfortable with a moderate target return)

High (can accept higher volatility and potential losses in order to target a higher target return)

Very high (can accept very high volatility and higher potential losses and seeks to maximise returns)

Extremely high (can accept significant volatility and losses to seek accelerated returns)

6. Features (must be completed)

Indicate which optional features you would like applied to your account.

BPAY (additional investments)	yes (default) <input type="checkbox"/>	no <input type="checkbox"/>
Auto-rebalancing	yes <input type="checkbox"/>	quarterly (default) <input type="checkbox"/> half-yearly <input type="checkbox"/> yearly <input type="checkbox"/>
Nomination of beneficiary If you would like to nominate a beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form.	yes <input type="checkbox"/>	no <input type="checkbox"/>
Investor myPerpetual online access	view & transact (default) <input type="checkbox"/>	view only <input type="checkbox"/>
Adviser myPerpetual online access Note: your financial adviser can access information about your account online (and may extend to their authorised delegates the same level of online access you have determined for your adviser)	view & transact (default) <input type="checkbox"/>	view only <input type="checkbox"/>
Investment information to be sent in the mail Note: most of your investment information is also available online through myPerpetual	online only (default) <input type="checkbox"/>	online and mail <input type="checkbox"/>
Annual report to be sent in the mail Note: the annual report is also available at on our website	no (default) <input type="checkbox"/>	yes <input type="checkbox"/>
Marketing material If you would like to receive investment education material and be informed about the Promoter's products, services and offers	yes (default) <input type="checkbox"/>	no <input type="checkbox"/>

- For each optional feature you have elected, please ensure you have read and understood the relevant section in the 'Your Super Plan account' document for that feature.
- If you have nominated an optional feature above, please ensure you fill out the relevant columns in the table in the following section.

7. Investment allocation (must be completed)

Investment options	short code	initial investment			investment strategy (additional investments & auto-rebalancing)	savings plan (if applicable and only where different to your investment strategy)
Conservative	SSCOST	\$	or	%	%	%
Diversified	SSDVST	\$	or	%	%	%
Balanced	SSBAST	\$	or	%	%	%
Growth	SSGRST	\$	or	%	%	%
High Growth	SSEQST	\$	or	%	%	%
Cash	SSCAST	\$	or	%	%	%
Australian Share	SSAEST	\$	or	%	%	%
International Share	SSINST	\$	or	%	%	%
Total		\$	or	100%	100%	100%

9. Authorised representative

Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the 'Your Super Plan account' document

no please go to section 9

yes please complete the details below.

myPerpetual online access for my authorised representative

view and transact (default) or view only

authorised representative details:

first name(s)

last name

po box unit number street number

street name

suburb (if relevant) **OR** city

state postcode country

signature of authorised representative

date / /

10. Insurance cover

Would you like insurance cover? Refer to the 'Insurance in your super' document available on our website.

no please go to section 11

yes please complete the following short personal statement if you are under age 55 and applying for:

- death only cover up to \$1 million, or
- TPD only cover up to \$1 million, or
- death and TPD cover up to \$1 million, or
- indemnity salary continuance cover up to \$8,000 per month, and
- can answer 'no' to questions 3 to 8.

If you do not satisfy the above conditions you will need to complete the 'Insurance application' form in the 'Insurance in your super' document.

Type of insurance (for an increase in cover, the amount nominated will be added to any existing cover)

Type(s) of cover		New	Increase
death only or	<input type="checkbox"/> amount	\$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
TPD only or	<input type="checkbox"/> amount	\$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
death and TPD	<input type="checkbox"/> death amount	\$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
	<input type="checkbox"/> TPD amount	\$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
and/or salary continuance	<input type="checkbox"/> amount	\$ <input type="text"/> per month (min. \$500 per month)	\$ <input type="text"/> per month

(The amount of salary continuance cover cannot be greater than 85% of your monthly income, which includes a maximum 10% allowance for super contributions. That is your cover amount cannot be greater than 75% of your monthly income plus an optional 10% of your monthly income representing a super contribution component. For example if you have a monthly salary of \$4,000 the maximum monthly cover amount you can have is 75% x \$4,000 plus 10% x \$4,000.)

What percentage of your cover amount indicated above represents a super contribution component?

(This is optional and is a maximum of 10% of your monthly income.)

If this is left blank nil will be assumed.

Please apply indexing to my sum insured:

yes (default) no

Salary continuance only (indemnity)

benefit period (to age 65 if earlier) 2 years 5 years to age 65
 waiting period 30 days 60 days 90 days

Please pay my insurance fees

from my investment option with the highest balance (default) - including where the balance in a nominated investment option is insufficient to pay an insurance fee

proportionally across my investment options

from my investment option

Election to maintain cover (optional)

I wish to opt-in to maintain my insurance cover in the event that my account becomes inactive for a continuous period of 16 months (where my insurance cover would otherwise be required to be cancelled). I understand and acknowledge that the ongoing insurance fees being charged to my account will likely reduce my account balance.

10. Insurance cover (continued)

Personal questionnaire:

1. Are you:

(a) an Australian citizen or holder of an Australian permanent resident visa? no yes

(b) a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely? no yes

2. annual salary number of hours worked per week height (cm) weight (kg)

occupation

industry

daily duties
(including % time spent performing each duty)

3. Have you smoked tobacco or any other substance in the last 12 months? no yes

If yes, please state forms and quantities:

4. Do you drink more than 20 standard drinks of alcohol per week? no yes

If yes, please provide forms and quantities:

5. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? no yes

6. Have you ever experienced symptoms of, or had, or been told you have or received any advice or treatment for:

- high blood pressure, high cholesterol, heart complaint, chest pain or stroke; no yes
- mental or nervous disorder including stress, anxiety, depression or neurological condition; no yes
- cancer or a tumour of any type; no yes
- back/joint disorder, arthritis, loss of limb or paralysis; no yes
- loss of sight of any eye(s) or blindness; no yes
- kidney, bladder, bowel or stomach disorder and/or disease; no yes
- diabetes or liver disease (including hepatitis)? no yes

7. (a) Have you ever used any illicit drugs not prescribed by a medical practitioner? no yes

(b) In the last 5 years have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples include chlamydia, gonorrhoea, syphilis)? no yes

10. Insurance cover (continued)

8. Unless you are applying for death only cover, at the date of this application, are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed)?
- no yes
9. Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)? If yes, please provide the policy details below.
- no yes

Commencement date	Insurer	Type of cover	Amount of cover	To be replaced	
				no <input type="checkbox"/>	yes <input type="checkbox"/>
				no <input type="checkbox"/>	yes <input type="checkbox"/>

If you answered 'Yes' to any of questions 3 to 8 above, please complete the 'Insurance application' form in the 'Insurance in your super' document.

11. Authority to release medical information

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

Consent to Disclose – I consent to AIA Australia and to the Trustee on behalf of AIA Australia, to collect and use my health information to assess my application for cover, to assess and manage my claim, or to confirm the information I gave when I applied for cover or made a claim. AIA Australia will respect your privacy by only asking for the information AIA Australia reasonably need, and will tell you each time your consent is used.

Even if AIA Australia collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell AIA Australia every matter (including about your health) that is relevant to AIA Australia decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1	
<p>Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:</p> <ul style="list-style-type: none"> • preparing a general report and/or a report about a specific condition; • accessing and releasing your records in SafeScript; • releasing your hospital patient notes; • releasing the results of any investigations they have done; and/or • releasing correspondence with other health providers. <p>Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice</p> <p>With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage.</p> <p>I agree to all the following:</p> <ul style="list-style-type: none"> • My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers. • AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles. • This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover. • A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally. <p>name <input type="text"/></p> <p>signature <input type="text"/></p> <p>date <input type="text"/> / <input type="text"/> / <input type="text"/></p>	

Authority 2	
<p>Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:</p> <ul style="list-style-type: none"> • they will be unable to, or did not, provide the report within 4 weeks; or • the report provided is incomplete, or contains inconsistencies or inaccuracies. <p>Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.</p> <p>Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances</p> <p>I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia, or to third parties they engage, only if AIA Australia has asked them for a report on my health and either:</p> <ul style="list-style-type: none"> • the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or • the report is incomplete, or contains inconsistencies or inaccuracies. <p>I agree to all the following:</p> <ul style="list-style-type: none"> • AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles. • This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover. • A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally. <p>name <input type="text"/></p> <p>signature <input type="text"/></p> <p>date <input type="text"/> / <input type="text"/> / <input type="text"/></p>	

I authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my health and medical history.

12. Financial adviser use only

Financial adviser details

financial adviser name																															
phone																															
mobile											fax																				
postal address																															
email																															
AFSL licensee name																															
AFSL number																															
adviser number																															
or dealer group																															
dealer branch																															
financial adviser signature																date			/			/									
IL GN			/			/			(Group)																						
IL AN			/			/			(Adviser)																						
IL CN			/			/			(Client)																						



13. Declaration and signature (must be completed)

I declare and agree that:

- I have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for Perpetual Select Super Plan and confirm I accept this offer in Australia
- all of the information provided in my application is true and correct
- I have read, understood and agree to be bound by, any additional restrictions in the PDS and any incorporated material and I agree to be bound by the provisions of the Trust Deed (as amended from time to time)
- I have read and understood the privacy disclosure as detailed in the 'Your Super Plan account' document. I consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I consent to the Trustee disclosing this information to my financial adviser (named in this form) in relation to the investments described in this form. Where the financial adviser named in this form no longer acts on my behalf, I will notify the Trustee of the change
- if I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by or attached to this application form
- if applicable, in the case of contributions, that I have read and understood the contribution eligibility rules in the 'Your Super Plan account' document and that I am eligible to make or have contributions made for my benefit and will notify the Trustee if I am no longer eligible
- if I am claiming a personal tax deduction in relation to my contributions, I have:
 - not yet lodged my income tax return for the current year of income
 - not yet commenced a superannuation income stream based in whole, or part, on the contribution.
- I have provided my financial adviser with acceptable identification documentation as described in the following section OR I am not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation as described in the following section.

I acknowledge and agree that:

- the information contained in the PDS is not investment advice or a recommendation that the Super Plan and/or any investment option is suitable having regard to my investment objectives, financial situation or particular needs
- the Trustee is required to provide information, including my TFN, to the Australian Taxation Office (ATO) and will obtain information from the ATO in relation to my superannuation account
- the Trustee may be required to pass on my personal information or information about my investment to the relevant regulatory authorities, including for compliance with income tax law and the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries
- the Trustee may contact me where required by using the email address provided on the application form. I will notify the Trustee of any change to my email address. I understand that failure to advise such a change may result in me not receiving correspondence relating to my investment
- neither the Trustee, PTCO, nor any of their related entities guarantees the repayment of capital or the performance of the Super Plan or any investment option.

13. Declaration and signature (continued)

Insurance cover

The following declaration is applicable if you are applying for insurance cover.

- The Trustee is the issuer of the insurance benefits provided to members of Select Super Plan ABN 84 008 416 831. To help meet its obligations in connection for these insurance benefits, the Trustee holds life insurance policies issued by AIA Australia Limited (the insurer) ABN 79 004 837 861 AFSL 230043.
- **Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief and where applicable:
 - all of the answers to questions on this application form are true and accurate and I have not deliberately withheld any information material to the proposed insurance
 - if I am transferring my existing insurance cover from another provider and this information is being provided directly to the insurer, this information is true and accurate at the time of transfer and I have not deliberately withheld any information material to the insurance cover that is being transferred and
 - all information I have provided to the insurer directly is true and accurate and I have not deliberately withheld any information material to the proposed insurance cover.
- **Changes to Contract** – I understand that I must advise the Trustee and 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 the application** – I note that this application is subject to acceptance by the insurer and that the insurance cover does not commence until I have been advised by the trustee about acceptance of my application.
- **Duty to take reasonable care** – I acknowledge that I have read and understood the 'Duty to take reasonable care' in accordance with the Insurance Contracts Act 1984 as detailed in the 'Insurance in your super' document.
- **Consent to provide personal health information to my adviser** – I consent to allow the Trustee to provide my financial adviser with any personal health information to assist the trustee and insurer in assessing my application for insurance.

I do not authorise my financial adviser to be provided with any personal health information submitted in relation to my application for insurance.

Before you sign this application form, the Trustee or your financial adviser is obliged to give you a PDS (which is a summary of important information relating to the Super Plan). The PDS will help you understand the product and decide if it is appropriate to your needs.

signature of member

print name

date

Important notes:

- If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to us, if not previously provided.
- The Trustee has the absolute discretion to accept or reject any application.
- Members should retain a copy of the PDS and relevant incorporated material.
- A business day is a working day in Sydney.

Final checklist

Have you

Completed all sections of your application form?

Signed your application form?

Provided your financial adviser with your customer identification documents requested in this application form?

OR if you don't have a financial adviser have you enclosed your certified customer identification documents?

Please send your completed application form to:

**Reply Paid 4171
Perpetual Select Super Plan
GPO Box 4171
Sydney NSW 2001**

14. Identification verification (must be completed)

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your application without this information.**

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are applying directly with us** - You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** - You may provide a certified copy with your application OR have your financial adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents

Provide ONE of the following:

- current Australian State/Territory driver's licence containing your photograph
- Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I

Provide ONE of the following:

- Australian birth certificate
- Australian citizenship certificate
- concession card such as a pension, health care or seniors health card issued by Services Australia (excludes Medicare cards)

AND provide ONE valid document from the following:

- a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided

- foreign driver's licence that contains a photograph of you and your date of birth
- national ID card issued by a foreign government containing your photograph and your signature

Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018 (Cth).

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents **OR**
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1		Document 2	
verified from	<input type="checkbox"/> original	<input type="checkbox"/> certified copy	<input type="checkbox"/> original	<input type="checkbox"/> certified copy
document name/type	<input type="text"/>		<input type="text"/>	
document issuer	<input type="text"/>		<input type="text"/>	
issue date	<input type="text"/>		<input type="text"/>	
expiry date	<input type="text"/>		<input type="text"/>	
document number	<input type="text"/>		<input type="text"/>	
accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>

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Nomination of beneficiary

You are able to nominate a beneficiary to receive your superannuation benefit in the event of your death. By completing this form, you are instructing or recommending to the Trustee who should receive your benefit if you die whilst still a member of Perpetual Select Super Plan.

You are able to choose to make a non-binding or binding nomination. Please ensure you read 'Important notice for beneficiary nominations' on page 3 of this form. If you are making a binding nomination, ensure you also read 'Binding nomination rules' on page 3.

Please send your completed form to: **Perpetual Select Super Plan, GPO Box 4171, Sydney, NSW 2001**

1. Member details

client number	<input type="text"/>	account number	<input type="text"/> A <input type="text"/> C <input type="text"/>
first name(s)	<input type="text"/>		
last name	<input type="text"/>		
phone (business hours)	<input type="text"/>	phone (after hours)	<input type="text"/>

2. Beneficiary details

Please read the 'Important notice for beneficiary nominations' on page 3 before you complete this section.

Nomination type (only choose one): binding (witness signatures required) non-binding

IMPORTANT – before you complete the table below:

- If this is a **binding nomination** please post this form as we need an **original form – please do not send via email**.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D below (Share of death benefit) must total 100%**.
- You can nominate your legal representative and/or one or more of your dependants as defined under Superannuation Law.

If you have insufficient room to list all beneficiaries, please complete an additional Nomination of Beneficiary form and attach to this form.

A) Nominated beneficiary (full name)	B) Relationship to you	C) Date of birth	D) Share of death benefit
Legal Personal Representative (your estate) If you have nominated 100% of the benefit allocation to your Legal Personal Representative do not complete any further nominations.	N/A	N/A	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> financial dependant		
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> financial dependant		
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> financial dependant		

3. Declaration by member (must be completed)

By making the nomination in this form:

- I understand that I must send this form to the Trustee, and this nomination form supersedes and revokes any previous nomination of beneficiary.
- Where I have made a **Binding** nomination: I direct the Trustee to distribute the benefit payable in the event of my death in accordance with this form and binding nomination rules. I understand this nomination will be binding on the Trustee only if validly completed.
- Where I have made a **Non-binding** nomination: I recommend the Trustee exercise discretion to distribute the benefit payable in the event of my death by considering the beneficiaries named in this form. I understand this nomination is not binding on the Trustee.

Member signature	
<input type="text"/>	
full name	declaration date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

4. Declaration by witnesses (Binding nomination only)

NOTE: A binding nomination will be **INVALID** if the member and witnesses sign on different dates.

I declare that:

- I am 18 years or older
- this form was signed and dated by the person detailed in section 1 in my presence on the date indicated above as the declaration date.

Witness 1

first name(s)	<input type="text"/>				
last name	<input type="text"/>				
postal address	<input type="text"/>				
suburb	<input type="text"/>	state	<input type="text"/>	postcode	<input type="text"/>
signature	<input type="text"/>	date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Witness 2

first name(s)	<input type="text"/>				
last name	<input type="text"/>				
postal address	<input type="text"/>				
suburb	<input type="text"/>	state	<input type="text"/>	postcode	<input type="text"/>
signature	<input type="text"/>	date	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Important notice for beneficiary nominations

- For Perpetual Select Super Plan you are only able to make either a binding or non-binding nomination.
- For the purpose of paying a death benefit, a dependant is:
 - a person who is financially dependent upon you at the date of death or
 - a child, adopted child, step-child, ex-nuptial child or
 - a spouse (including a de facto spouse) or
 - a person with whom you have a close personal relationship and share a residence with and one or each of you provides the other with financial support, domestic support and personal care or
 - a person with whom you have a close personal relationship, but the other requirements detailed above aren't satisfied because either or both of you suffer from a physical, intellectual or psychiatric disability.

Binding nomination rules

- In order to be effective, a binding nomination must be signed by two witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.
- Only your dependants or legal personal representative are eligible to receive your death benefit. Eligibility of a nominated person is determined at the date of your death.
- A binding nomination is effective for three years after the day it was first signed, or last confirmed or amended by the member. If you wish to confirm your nomination for another three years, you may do so by providing a signed notice to that effect to the Trustee.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- If a dependant nominated to receive a benefit predeceases the member or if a person nominated is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or current legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the Trustee's discretion.
- You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the Trustee provide for the following:
 - If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
 - If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.



Perpetual Select Super Plan

Product Disclosure Statement issue number 12 dated 1 March 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Complying fund statement

Level 18, Angel Place
123 Pitt Street
GPO Box 4171
Sydney NSW 2001
Australia

www.perpetual.com.au

Client Services

Phone 1800 011 022

To Whom It May Concern,

Perpetual's Select Superannuation Fund

Australian Business Number (ABN): 51 068 260 563

RSE Registration No. R1057034

Unique Superannuation Identifier (USI): PER0138AU (Perpetual Select Super Plan)

Complying fund statement

Perpetual's Select Superannuation Fund (the Fund) is a complying superannuation fund and a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993. The Trustee of the Fund has not received a written notice directing the Trustee not to accept any contributions made to the Fund by an employer-sponsor.

Contribution acceptance section

The Fund accepts all contribution types into the Super Plan, including superannuation guarantee contributions from any employer on your behalf.

Yours faithfully

**As Trustee for Perpetual Select Superannuation Fund
Equity Trustees Superannuation Limited**

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee of the Perpetual Select Superannuation Fund ('the Fund') (ABN 51 068 260 563, RSE Registration R1057034).



Transfer authority

1. Applicant details

You must complete a separate transfer authority for each fund you are transferring from.

title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	other	<input type="text"/>	date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
first name(s)	<input type="text"/>																
last name	<input type="text"/>																
tax file number (TFN) ¹	<input type="text"/>																
1 You are not obliged by law to disclose your TFN, but there may be tax consequences if you do not provide it.																	
gender	male	<input type="checkbox"/>	female	<input type="checkbox"/>													
phone (business hours)	<input type="text"/>																
phone (after hours)	<input type="text"/>																
phone (mobile)	<input type="text"/>																
residential address	<input type="text"/>																
suburb (if relevant) or city	<input type="text"/>																
state	<input type="text"/>			postcode	<input type="text"/>												
country	<input type="text"/>																
If the address held by your 'FROM' fund is different to your current address, please give details below.																	
previous address	<input type="text"/>																
suburb (if relevant) or city	<input type="text"/>																
state	<input type="text"/>			postcode	<input type="text"/>												
country	<input type="text"/>																

2. Fund details

FROM (old fund)	TO (new fund)
fund name	fund name Perpetual's Select
fund postal address	Superannuation Fund
fund phone number	fund phone number 1 8 0 0 0 1 1 0 2 2
membership or account number	client number (if known)
Australian business number (ABN)	account number (if known)
Unique superannuation identifier	Australian business number (ABN) 5 1 0 6 8 2 6 0 5 6 3
	Unique superannuation identifier P E R 0 1 3 8 A U

Transfer amount

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of the total value or partial value

of my benefit in the above superannuation fund or policy to:

Equity Trustees Superannuation Limited , Perpetual Select Super Plan, GPO Box 4171, Sydney NSW 2001.

3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- am aware I may ask my superannuation provider 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
- consent to my TFN being disclosed for the purposes of consolidating my superannuation benefits
- discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my 'TO' fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

first name(s)	<input type="text"/>
last name	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>



Perpetual Select Super Plan

Product Disclosure Statement issue number 12 dated 1 March 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

Compliance letter

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual Select Super Plan is part of a complying fund.

To Whom It May Concern,

Level 18, Angel Place
123 Pitt Street
GPO Box 4171
Sydney NSW 2001
Australia

www.perpetual.com.au

Client Services

Phone 1800 011 022

Perpetual's Select Superannuation Fund

Australian Business Number (ABN): 51 068 260 563

RSE Registration No. R1057034

Unique Superannuation Identifier (USI): PER0138AU (Perpetual Select Super Plan)

Perpetual's Select Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 1 March 1989 (as amended) (Trust Deed). The Trustee of the Fund is Equity Trustees Superannuation Limited.

The Trust Deed of the Fund complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 (Cth) and Regulations.

Yours faithfully

As Trustee for Perpetual Select Superannuation Fund
Equity Trustees Superannuation Limited

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE L0001458, AFSL 229757) as Trustee of the Perpetual Select Superannuation Fund ('the Fund') (ABN 51 068 260 563 RSE Registration R1057034).