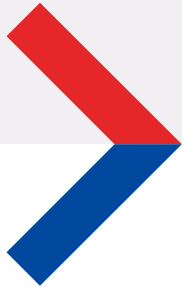


Personal Super

Application Forms



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Send your completed application form to:

Colonial First State, Reply Paid 27, Sydney NSW 2001 or via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser

Which forms should you complete?

How can you ...	Application Form (page A3)	Non-lapsing Death Benefit Nomination (page D1)	Consolidate my super (page D1)
Make a super contribution	●		
Transfer/Roll over super funds from another institution	●		●
Nominate who receives your benefit on death	●	●	

FirstChoice Wholesale Personal Super application form

To ensure that we are able to process your application quickly and efficiently, please check that you have completed the following steps:

Step 1 – Part A	Your details – Complete sections 1–4
Account details	Nominate to open a new account or link to an existing account.
Investor details	Provide your full name, date of birth and Tax File Number (refer to the PDS for further details).
Contact details	Provide your contact details, including residential address.
Online services	You are automatically provided with access to online services. Do not cross the box if you want online access.
Step 2 – Part B	Your investment – Complete sections 5–7
Contribution/Rollover details	<p>Provide details of your contribution and/or rollover. If you are making a personal contribution and intend to claim a personal tax deduction, you must provide us with a completed notice of intent to claim or vary a deduction for personal super contributions form, available in the forms library at cfs.com.au/forms or from the ATO.</p> <div style="border: 1px solid black; padding: 5px;"> <p>You must have already notified the trustee of your super fund and received an acknowledgement from the trustee before applying for a pension. You will not be able to lodge this request once you have commenced a pension.</p> </div> <p>Note: If you are making a Downsizer contribution, you will need to provide us with a Downsizer contribution into super form (available from the ATO). You must give your signed and dated election form to us either with the contribution or before it is made. It is not valid if the contribution is already made.</p> <p>Note: If you are making a CGT contribution, you will need to provide us with a CGT cap election form (available from the ATO) either with the contribution or before it is made. If you don't provide us with the form, we must treat the contribution as a non-concessional contribution and it will count towards your non-concessional contributions cap.</p> <p>Note: If you are making a personal injury payment, you will need to provide us with a contribution for personal injury election form (available from the ATO) either with the contribution or before it is made. If you don't provide us with this form, we must treat the contribution as a non-concessional contribution.</p> <p>Note: If you are making a re-contribution of COVID-19 early release of superannuation amounts, you will need to provide us with a Notice of re-contribution of COVID-19 early release amounts form (available from the ATO) either with the contribution or before it is made. If you don't provide us with this form, we must treat the contribution as a non-concessional contribution.</p> <p>We can receive Downsizer contributions, CGT contributions, personal injury contributions, and re-contributions of COVID-19 early release superannuation amounts in the form of a direct debit deduction from your bank account. We can't accept these payments via Electronically Funded Transfers or BPAY.</p> <p>Due to regulatory changes, we can only receive SMSF rollovers via the SuperStream electronic payment system. Please contact your SMSF Administrator or SMSF messaging provider to facilitate your rollover.</p> <p>Please contact Investor Services on 13 13 36 or speak with your adviser if you require further information.</p>
Payment details ¹	Indicate your method of payment. If investing by direct debit, please complete your bank details.
Investment allocation	<p>Complete your investment allocation details including:</p> <ul style="list-style-type: none"> the option(s) you wish to invest in the percentage to be attributed to each option for initial investments the percentage to be attributed to each option for your regular investment plan (if applicable). <p>Note: If no investment option is selected, your investment will be delayed.</p>
Step 3 – Parts C and D	Other information and declaration – Complete sections 8–12
Auto-rebalancing facility	This facility allows you to rebalance the percentage amounts across each of your investment options, back in line with your preferred investment strategy. Please refer to the Reference Guide – FirstChoice Wholesale Personal Super and Pension for further details of this facility.
Adviser service fee	You only need to complete this section if you have agreed with your financial adviser to have an ongoing and/or one-off adviser service fee deducted from your investment.
Portfolio rebate	Select the investment option to which any portfolio rebate that may be applicable is to be credited. Refer to the PDS to see if you are eligible and for further details on the portfolio rebate.
Declaration and signature	Sign the declaration. If you are signing under an authority provided under a legally binding authority, such as a Power of Attorney or a Guardianship, please see below.

¹ We require a separate direct debit request to be completed in all cases where the bank account details do not exactly match the investor details on this account. In this case, you will need to obtain a separate direct debit request form, available from cfs.com.au/forms.

You or your adviser may also like to complete the 'Identification and Verification Form' on page B1 so that we can establish your identity (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws) and assist us in processing any future withdrawal request efficiently.

Note: If you are signing under an authority provided under a legally binding authority, such as a Power of Attorney or a Guardianship, please comply with the following:

- Attach a certified copy of the document.
- Each page of the document must be certified by a Justice of the Peace, Notary Public or Solicitor.
- Should the document NOT contain a sample of the authority holder's signature, please also supply a certified copy of the identification documents for the authority holder, containing a sample of their signature, e.g. Driver's Licence, Passport, etc.
- The authority holder will also need to complete a 'Power of Attorney (POA) & Guardianship Order' form (to enable us to establish the identity of the authority holder) which can be obtained from our forms library at cfs.com.au or by phoning Investor Services on 13 13 36.

Default order for deduction of fees and portfolio rebates

Note: Where amounts are to be deducted from or credited to your investment; for example, insurance premiums, adviser service fees or portfolio rebates, and no option or an invalid option has been nominated by you, a default order exists. Generally, the default order draws from or credits to your more conservative option, as determined by us. Special rules may apply where you hold FirstRate Term Deposit options. Please call Investor Services on 13 13 36 should you require further information.

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.

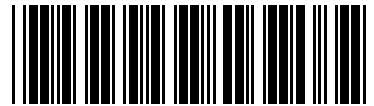
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

Please phone Investor Services on 13 13 36 with any enquiries or send an email to contactus@cfs.com.au.

FirstChoice Wholesale Personal Super Application Form



16 November 2024

SAVE FORM

PRINT FORM

Units in FirstChoice Wholesale Personal Super will only be issued on receipt of the completed application form and any documents required to be attached, issued together with the PDS dated 16 November 2024. You should read all parts of the current PDS before applying. Refer to the Application form checklist for instructions on how to complete this form. Please phone Investor Services on 13 13 36 with any enquiries.

Complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross . Start at the left of each answer space and leave a gap between words.

Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering laws.

The Target Market Determinations (TMD) for our financial products can be found at cfs.com.au/tmd and include a description of who the financial product is appropriate for.

PART A – YOUR DETAILS

1 ACCOUNT DETAILS

This is a new account

This is a new account to be linked to my account number

This is an additional investment into my account number

2 INVESTOR DETAILS

Title
Mr Mrs Miss Ms Other

Gender
Male Female

Full given name(s)*

Surname*

You are not obliged to disclose your Tax File Number (TFN), but there may be tax consequences. Refer to the PDS for information on the implications of not providing your TFN.

TFN

If you have (an) existing FirstChoice superannuation and/or pension account(s) with Avanteos Investments Limited (AIL), it is possible that you may have already provided us with your TFN. We are authorised under the *Superannuation Industry (Supervision) Act (Cth)* to collect your TFN for this application. We may also use your TFN to administer other superannuation and/or pension accounts you hold with us in the future. Where we use your TFN in this way, we will only use it for legal purposes, such as to calculate tax on your benefits, provide information to the Commissioner of Taxation or search for your other super accounts.

Yes, use my existing TFN information for this application

No, do not use my existing TFN information for this application

Date of birth*
 (dd/mm/yyyy)

Are you a permanent resident of Australia?*

Your main country of residence, if not Australia*

Occupation* (If retired, state RETIRED)

Go to cfs.com.au/occupationandindustry for a list of occupations

3 CONTACT DETAILS

Australian residential address (PO Box is NOT acceptable)*

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>				
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	Country	AUSTRALIA

Postal address (if different to above)

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Mobile phone number*

Work phone number

Home phone number

Email address*

Note: We require your mobile number and email address to help administer your account as outlined below.

We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices, education and market updates via email, your account online, SMS, mobile phone app or other electronic means. You are also consenting to receive marketing communications about our products and services.

Please note, you are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy.

4 ONLINE SERVICES

Please note that you will be automatically granted access to manage your investment through FirstNet. Online access is provided under the terms and conditions provided in the Reference Guide – FirstChoice Wholesale Personal Super and Pension.

Cross (X) this box if you **do not** wish to have online access to your investment.

PART B – YOUR INVESTMENT

5 CONTRIBUTION/ROLLOVER DETAILS

Please indicate below the amount of your contribution and/or rollover. If you have multiple contributions and/or rollovers and wish to invest in a FirstRate Term Deposit and only open one term deposit, cross (X) the box on page A15. We will then hold funds in FirstRate Saver until all application monies are received.

	Investment or contribution amount	Regular investment plan (Minimum \$100 per month)
(a) Personal contribution	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>

If you intend to claim a tax deduction for your personal contributions, you will need to provide us with a completed 'Notice of intent to claim or vary a deduction for personal super contributions' form, available on cfs.com.au or from the ATO. If you are aged 67 to 74 at the time of the contribution, you must also meet the ATO's work test or work test exemption to be eligible to claim a tax deduction for a personal contribution.

(b) Employer contribution	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
(c) Salary sacrifice	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
(d) Spouse contribution	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
(e) Rollover	\$ <input style="width: 150px; height: 20px;" type="text"/>	

If (e) is selected, provide the following information and ensure that your previous super funds have been instructed to roll over your funds. If you would like us to initiate this rollover on your behalf, complete the 'Consolidate my super' form.

Name of previous institution	Approximate amount
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>

(f) CGT contribution	\$ <input style="width: 150px; height: 20px;" type="text"/>
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Please provide a 'Capital gains tax cap election' form at the time you make the contribution (available from the ATO).

(g) Personal injury payment	\$ <input style="width: 150px; height: 20px;" type="text"/>
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Please provide a 'Contribution for personal injury election' form at the time you make the contribution (available from the ATO).

(h) Downsizer contribution	\$ <input style="width: 150px; height: 20px;" type="text"/>
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You must have reached age 55 to make a downsizer contribution. Please provide a 'Downsizer contribution into superannuation' form at the time you make the contribution (available from the ATO).

(i) Re-contribution of COVID-19 early release superannuation amounts	\$ <input style="width: 150px; height: 20px;" type="text"/>
--	---

Please provide a 'Notice of re-contribution of COVID-19 early release amounts' form at the time you make the contribution (available from the ATO).

TOTAL INVESTMENT	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
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6 PAYMENT DETAILS

How will this investment be made? **NOTE:** Cash is not accepted. We can only accept funds in Australian dollars.

WOULD YOU LIKE US TO DIRECT DEBIT THE FUNDS FROM YOUR BANK ACCOUNT?

Direct debit
(One-off
investment)

Complete your bank account details below so we can deduct the funds from your nominated account. Please ensure cleared funds are available.

Earliest date funds are to be direct debited (dd/mm/yyyy)
(leave blank if we can direct debit when your application is processed)

Direct debit
(Regular
investment plan)

Complete your bank account details below so we can deduct the funds from your nominated account. Also complete **section 7**.

You can only nominate a bank account that is held in the name on this application. If you wish to nominate a bank account that is held in a different name(s), please complete a separate 'Direct Debit Request' form, available from our forms library. By providing your bank account details in this section, you authorise Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) to use these details for all future transaction requests that you nominate. Refer to the 'Direct Debit Request Service Agreement' in the Application form checklist.

Provide your account details below if you have requested us to debit or credit your bank account.

Name of Australian financial institution

Branch name

Branch number (BSB)

 -

Account number

Name of account holder

OR WOULD YOU LIKE TO TRANSFER THE FUNDS TO YOUR FIRSTCHOICE ACCOUNT?

Electronic funds
transfer (EFT)

Go to cfs.com.au/paymentoptions for details on how to make an EFT payment to your account

BPAY

Go to cfs.com.au/paymentoptions or www.bpay.com.au for details on how to make a BPAY payment to your account

ARE THERE FUNDS COMING FROM ANOTHER SUPER ACCOUNT?

External rollover

Complete the 'Consolidate my super' form and **section 5** of this form

Internal rollover¹

If you are rolling funds from another AIL superannuation account, you do not need to complete the 'Consolidate my super' form. **Please provide details on page A5.**

¹ If you are transferring from FirstChoice Employer Super and your new employer will be contributing to this account, please ensure that you have supplied your new employer with a choice of fund nomination form. This will ensure they can continue to contribute to FirstChoice Wholesale Personal Super.

6 PAYMENT DETAILS (CONTINUED)

INTERNAL FIRSTCHOICE ROLLOVER – 1

I would like to transfer funds from my existing FirstChoice superannuation or pension account number

Cross (X) one box only

- I would like to transfer the entire balance. I understand that doing this will close my existing account.
- Transfer exactly \$ to open this new account.
- Transfer the balance leaving exactly \$ in my above mentioned existing account.

Leave the remaining funds invested in the following investment allocation:

If no investment allocation is indicated, we will leave the balance in your current weightings.

Transfer of insurance within FirstChoice superannuation accounts

Would you like to transfer your existing insurance cover (if applicable)? Yes No

Note: If a selection is not made, insurance cover cannot be transferred at a later date. A new insurance application form will be required. If you are requesting an increase to your cover, you will need to complete the insurance application form in our FirstChoice Wholesale Personal Super Insurance booklet. If you wish to transfer cover from an external superannuation fund (including Commonwealth Essential Super), you will need to complete the 'Transfer of insurance cover' form, available from our forms library at cfs.com.au/forms

INTERNAL FIRSTCHOICE ROLLOVER – 2

I would like to transfer funds from my existing FirstChoice superannuation or pension account number

Cross (X) one box only

- I would like to transfer the entire balance. I understand that doing this will close my existing account.
- Transfer exactly \$ to open this new account.
- Transfer the balance leaving exactly \$ in my above mentioned existing account.

Leave the remaining funds invested in the following investment allocation:

If no investment allocation is indicated, we will leave the balance in your current weightings.

Transfer of insurance within FirstChoice superannuation accounts

Would you like to transfer your existing insurance cover (if applicable)? Yes No

Note: If a selection is not made, insurance cover cannot be transferred at a later date. A new insurance application form will be required. If you are requesting an increase to your cover, you will need to complete the insurance application form in our FirstChoice Wholesale Personal Super Insurance booklet. If you wish to transfer cover from an external superannuation fund (including Commonwealth Essential Super), you will need to complete the 'Transfer of insurance cover' form, available from our forms library at cfs.com.au/forms

7 INVESTMENT ALLOCATION

Please specify the percentage you wish to invest in each option. Total must equal 100%.

The minimum regular investment plan amount is \$100 per month. If no investment option, or an invalid option is selected, your investment will be delayed. Regular investment plans cannot be commenced until initial funds are received.

Cross (X) this box if you would like to increase your regular investment plan amount in line with inflation (CPI) each year (or 3%, whichever is the greater). **Note:** This is not available for employer or salary sacrifice contributions.

FIRSTCHOICE MANAGED ACCOUNTS AND MODEL PORTFOLIOS (ADVISER USE ONLY)

Invest all funds per the FirstChoice Managed Account or Model Portfolio
Managed Account or Model Portfolio Name:

Risk measure categories

The table below outlines the different risk measure categories of the investment options. Please refer to the Investment Options Menu for more information on risk measure categories.

Risk band	Risk label	Estimated number of negative annual returns over any 20-year period
1	Very low	Less than 0.5
2	Low	0.5 to less than 1
3	Low to medium	1 to less than 2
4	Medium	2 to less than 3
5	Medium to high	3 to less than 4
6	High	4 to less than 6
7	Very high	6 or greater

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
CFS OPTIONS					
CFS Defensive	001	At least 3 years	3	<input type="text"/> %	<input type="text"/> %
CFS Conservative	013	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
CFS Diversified	311	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Moderate	014	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Balanced	251	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS Real Return	632	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Growth	015	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS High Growth	032	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
CFS Geared Growth Plus ³	240	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Cash	614	No minimum	1	<input type="text"/> %	<input type="text"/> %
CFS Fixed Interest	012	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
CFS Australian Share	016	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Australian Small Companies ³	071	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Global Share	017	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Global Share – Hedged	101	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Emerging Markets ³	233	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Property Securities ⁴	018	At least 7 years	7	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1-6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
CFS Global Property Securities ⁴	204	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Global Infrastructure Securities ³	205	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Geared Australian Share (Multi-Manager) ³	206	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Geared Global Share ³	046	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Geared Share ³	045	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS ETF Exposure Series					
CFS ETF Exposure Series: US Treasury Bills	623	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS ETF Exposure Series: Physical Gold	397	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS ETF Exposure Series: All-World ex-US Shares	398	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS ETF Exposure Series: US Shares	396	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Lifestage					
CFS Lifestage 1945–49	605	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1950–54	604	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1955–59	603	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1960–64	602	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1965–69	601	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1970–74	600	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1975–79	599	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1980–84	598	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1985–89	597	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1990–94	596	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 1995–99	595	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 2000–04	594	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Lifestage 2005–09	593	At least 10 years	6	<input type="text"/> %	<input type="text"/> %
CFS Sustainability					
CFS Thrive+ Sustainable Growth	381	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Index Series					
CFS Enhanced Index Conservative	005	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Index Diversified	008	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Index Moderate	312	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Index Balanced	022	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Index Growth	099	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS Enhanced Index High Growth	034	At least 7 years	6	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1–6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
CFS Index Series					
CFS Index Conservative	353	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
CFS Index Diversified	354	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Index Moderate	356	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
CFS Index Balanced	357	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS Index Growth	355	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
CFS Index High Growth	358	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
CFS Index Australian Bond	086	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
CFS Index Global Bond	344	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
CFS Index Australian Share	028	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Index Global Share	041	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Index Global Share – Hedged	095	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Index Property Securities ⁴	087	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Index Global Property Securities ⁴	250	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Index Global Listed Infrastructure Securities ⁴	359	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Geared Index Australian Share ³	366	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS Geared Index Global Share ³	367	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
MULTI-SECTOR OPTIONS					
Alternative income					
Pendal Monthly Income Plus	094	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Conservative					
AZ Sestante Conservative	330	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Context Capital Short Term	607	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Perpetual Conservative Growth	006	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Moderate					
AZ Sestante Diversified	331	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Context Capital Medium Term	608	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Evidentia Medium Term	610	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Perpetual Diversified Growth	009	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Growth					
Pendal Sustainable Balanced	030	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
Perpetual Balanced Growth	031	At least 5 years	6	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1-6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
Diversified real return					
Drummond Dynamic Plus ¹	625	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
Perpetual Diversified Real Return	147	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
Schroder Real Return	303	At least 5 years	6	<input type="text"/> %	<input type="text"/> %
High growth					
AZ Sestante Growth	332	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
Context Capital Long Term	609	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
Evidentia Long Term	611	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
SINGLE MANAGER SINGLE-SECTOR					
Cash and deposits					
FirstRate Saver	800	No minimum	1	<input type="text"/> %	<input type="text"/> %
FirstRate Saver Non-Auto-rebalancing	805	No minimum	1	<input type="text"/> %	<input type="text"/> %
FirstRate Term Deposits⁵ – Refer to page A13 for the options available					
Enhanced cash					
First Sentier Strategic Cash	011	No minimum	1	<input type="text"/> %	<input type="text"/> %
Short duration fixed interest					
Daintree Core Income	047	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Franklin Australian Absolute Return Bond	368	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Janus Henderson Diversified Credit	078	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Kapstream Absolute Return Income	302	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Macquarie Income Opportunities	252	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Mutual Income	612	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Perpetual Diversified Income	103	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
PM Capital Enhanced Yield ¹	091	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Schroder Absolute Return Income	079	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Yarra Enhanced Income	624	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Diversified fixed interest					
Bentham Global Income	334	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
Brandywine Global Income Optimiser ¹	313	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
Colchester Global Government Bond	362	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
Colchester Emerging Market Bond	638	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
Fortlake Real Income ¹	637	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
Macquarie Dynamic Bond	002	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
MetLife Global Impact Bond	337	At least 3 years	5	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1-6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
PIMCO Diversified Fixed Interest	369	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
PIMCO Global Bond	276	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
T. Rowe Price Dynamic Global Bond	394	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
UBS Diversified Fixed Income	254	At least 3 years	5	<input type="text"/> %	<input type="text"/> %
Australian fixed interest					
Janus Henderson Tactical Income	606	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Macquarie Australian Fixed Interest	084	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Pendal Sustainable Australian Fixed Interest	129	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
PIMCO Australian Bond	003	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Western Asset Australian Bond	385	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Alternatives⁶					
Suggested to be no more than 20% of your portfolio					
Acadian Defensive Income	236	At least 3 years	4	<input type="text"/> %	<input type="text"/> %
Aspect Absolute Return ¹	333	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Aspect Diversified Futures ¹	261	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
BlackRock Global Liquid Alternatives ¹	304	At least 5 years	5	<input type="text"/> %	<input type="text"/> %
Lower volatility share					
AB Managed Volatility Equities	083	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Acadian Global Managed Volatility Equity	277	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Merlon Australian Share Income	234	At least 7 years	6	<input type="text"/> %	<input type="text"/> %
State Street Australian Equity	027	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Australian share					
Acadian Core Australian Equity	096	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Airlie Australian Share	037	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Alphinity Sustainable Share	324	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Antares Ex-20 Australian Equities	626	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Ausbil Active Sustainable Equity	025	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Ausbil Australian Active Equity	036	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Bennelong Ex-20 Australian Equities	314	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
DNR Capital Australian Equities High Conviction	393	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
DNR Capital Australian Equities Income	068	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Fidelity Australian Equities	050	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
First Sentier Concentrated Australian Share	088	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
First Sentier Imputation	024	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Infinity Core Australian Equity	618	At least 7 years	7	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1-6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
Investors Mutual Australian Share	074	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Lazard Select Australian Equity	069	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Martin Currie Australia Equity Income	232	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Pendal Australian Share	038	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Pendal Sustainable Australian Share	073	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Perennial Value Australian Share	075	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Perpetual Australian Share	111	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Perpetual Industrial Share	026	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Platypus Australian Equities	035	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
RQI Australian Value	241	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Schroder Australian Equity	039	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Solaris Core Australian Equity	072	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
WaveStone Australian Share	092	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Australian share – small companies⁶				Suggested to be no more than 30% of your portfolio	
Ausbil Australian Emerging Leaders	211	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Celeste Australian Small Companies	049	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Eiger Australian Small Companies	374	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
First Sentier Australian Small Companies	089	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Infinity SMID Australian Equity	619	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Investors Mutual Future Leaders	081	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Longwave Australian Small Companies	080	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
OC Premium Small Companies	318	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
RQI Australian Small Cap Value	242	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Global share					
Acadian Global Equity	048	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Antipodes Global ¹	259	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Baillie Gifford Sustainable Growth	365	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Baillie Gifford Long Term Global Growth	270	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Barrow Hanley Concentrated Global Share	043	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Barrow Hanley Global Share	064	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Capital Group New Perspective	197	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Capital Group New Perspective – Hedged	640	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Epoch Global Equity Shareholder Yield	238	At least 7 years	7	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1-6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
GQG Partners Global Equity	388	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
GQG Partners Global Equity – Hedged	627	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Hyperion Global Growth Companies	378	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Intermede Global Equities	390	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Magellan Global Share	267	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Magellan Global Share – Hedged	326	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
MFS Global Equity	063	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Nanuk New World	384	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Pendal Global Select	257	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Royal London Concentrated Global Share	076	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Royal London Core Global Share	628	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
RQI Global Value	243	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
RQI Global Value – Hedged	244	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Stewart Investors Worldwide Leaders Sustainability	029	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Talaria Global Equity	376	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
T. Rowe Price Global Equity	042	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
T. Rowe Price Global Equity – Hedged	377	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Global share – emerging markets⁶				Suggested to be no more than 30% of your portfolio	
Aikya Emerging Markets Opportunities	260	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Fidelity Asia	379	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Pendal Global Emerging Market Opportunities	336	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Platinum Asia ¹	258	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
RQI Emerging Markets Value	263	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Skerryvore Global Emerging Markets All-Cap	202	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Specialist share⁶				Suggested to be no more than 30% of your portfolio	
Acadian Australian Equity Long Short	097	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Acadian Global Equity Long Short	203	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Bell Global Emerging Companies	375	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS – Wellington Global Health & Biotechnology	060	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS – Wellington Global Small Companies	077	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
CFS – Wellington Global Technology & Communications	058	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Janus Henderson Global Natural Resources	040	At least 7 years	7	<input type="text"/> %	<input type="text"/> %

Refer to page A15 for footnotes 1-6.

7 INVESTMENT ALLOCATION (CONTINUED)

Option name	Option code	Minimum suggested timeframe	Risk band	Initial or additional investments	Regular investment plan (per month)
L1 Capital Catalyst	630	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Perpetual Share-Plus Long-Short ¹	613	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Platinum International ¹	070	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
PM Capital Global Companies ¹	100	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Sage Capital Equity Plus ¹	387	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Australian property and infrastructure securities⁶		Suggested to be no more than 50% of your portfolio			
First Sentier Property Securities	065	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Ironbark Property Securities	044	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Martin Currie Real Income	235	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Pendal Property Investment	066	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Global property and infrastructure securities⁶		Suggested to be no more than 50% of your portfolio			
ClearBridge RARE Infrastructure Value	226	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Cohen & Steers Global Listed Infrastructure	265	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
First Sentier Global Property Securities	093	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Macquarie Global Listed Real Estate	271	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Magellan Infrastructure	325	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Quay Global Real Estate – Unhedged	386	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Resolution Capital Global Property Securities	372	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Geared⁶		Suggested to be no more than 30% of your portfolio			
Acadian Geared Core Australian Equity	082	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Acadian Geared Global Equity	207	At least 7 years	7	<input type="text"/> %	<input type="text"/> %
Term deposits⁵					
<input type="checkbox"/> If you are rolling multiple funds into this account, cross (X) this box if you wish to consolidate your contributions before commencing your term deposit. Funds will be held in FirstRate Saver until all application monies are received.					
FirstRate Term Deposit – 3 month	810	No minimum	1	<input type="text"/> %	
FirstRate Term Deposit – 6 month	811	No minimum	1	<input type="text"/> %	
FirstRate Term Deposit – 9 month	812	No minimum	1	<input type="text"/> %	
FirstRate Term Deposit – 12 month	813	No minimum	1	<input type="text"/> %	
FirstRate Term Deposit – 2 Year Monthly	400	No minimum	1	<input type="text"/> %	
FirstRate Term Deposit – 2 Year Annual	403	No minimum	1	<input type="text"/> %	

1 This option has been identified as a 'complex' option. More information is provided in the Reference Guide – Complex Funds, available at cfs.com.au/complex or by calling 13 13 36.

2 The trustee suggests that no more than 20% of your portfolio is invested in these investment options. See the Investment Options Menu for more information on diversifying your portfolio.

3 The trustee suggests that no more than 30% of your portfolio is invested in these investment options. See the Investment Options Menu for more information on diversifying your portfolio.

4 The trustee suggests that no more than 50% of your portfolio is invested in these investment options. See the Investment Options Menu for more information on diversifying your portfolio.

5 Term Deposits cannot be used for ongoing transactions.

6 The trustee suggests that your portfolio holds no more of its value in these investment categories than the maximum limit shown. See the Investment Options Menu for more information on diversifying your portfolio.

12 DECLARATION AND SIGNATURE

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL, 'the Trustee') is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 and issuer of the FirstChoice range of super and pension products. Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) administers direct debit arrangements for AIL. Colonial First State (CFS) is Superannuation and Investments HoldCo Pty Limited ABN 64 644 660 882 and its subsidiaries which include AIL and CFSIL.

About your application

You acknowledge that if your application to become a member is accepted, your membership will be subject to the terms of the trust deed.

By applying for FirstChoice Wholesale Personal Super, you:

- confirm that you have received and read the FirstChoice Wholesale Personal Super Product Disclosure Statement and have been given access to all statements and information that are incorporated by reference (together referred to below as 'the PDS')
- confirm that you have accepted this offer in Australia
- confirm that you have received the PDS personally or electronically and it was included with or accompanied by this application form
- declare that your application is true and correct
- declare that you have legal power to invest
- agree that if you have not chosen an investment option or an investment option you have chosen is suspended, restricted or unavailable, AIL may reject your investment or your investment will be delayed
- agree that future investments will be made in line with the most recent transaction (excluding FirstRate Term Deposits, FirstRate Saver Non-Auto-rebalancing and/or regular investment plans) unless you tell us otherwise
- confirm that by investing (and remaining invested) with AIL, you give your consent to the collection, use and disclosure of personal information as set out in the PDS and CFS's Privacy Policy available at cfs.com.au/privacy
- understand that other than FirstRate products, which are deposit products of Commonwealth Bank of Australia (CBA), investments in FirstChoice Wholesale Personal Super options are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested
- agree that by providing your tax file number, you consent to its use and disclosure as set out in the PDS.

About your financial adviser

- You confirm that any adviser service fee agreed with your adviser is:
 - in accordance with the terms of an arrangement you've entered into
 - only for financial advice and advice services provided to you
 - only for financial advice in relation to your investment in FirstChoice Wholesale Personal Super, and
 - in your belief, a reasonable amount for the financial advice provided.
- You understand and agree that AIL may decline a request to pay this adviser service fee in order to comply with its obligations under superannuation law, and that it may be an offence including an illegal early release of super scheme if the above confirmation is not true and correct.
- You agree that your adviser will receive the payments specified in this application form via the sale of units from your investment, and you consent to AIL deducting and paying the adviser service fee to your adviser as specified in section 10 of the application form through their dealer group (licensee).
- You understand that by nominating an adviser on your account, they will have the ability to update your personal details on your behalf.

FirstChoice Managed Account Portfolios

- You understand once in a Managed Account service, your portfolio will be regularly reviewed and realigned to the Managed Account portfolio you have chosen.

Direct Debit Request Authorisation

- You authorise and request Colonial First State Investments Limited (User ID 619909) to arrange for funds to be debited from the bank account you nominated in this application form and in accordance with the Bulk Electronic Clearing System (BECS).
- You confirm you have read the 'Direct Debit Request Service Agreement' provided in the Application form checklist and you agree with its terms and conditions.
- You request this arrangement to remain in force in accordance with details set out in section 6 of this application form, and in compliance with the 'Direct Debit Request Service Agreement'.

Product suitability

- I declare that I understand that this product is subject to investment risk, meaning its value will fluctuate, and the repayment of capital of this product is not guaranteed.
- I acknowledge that I am unable to access my account balance until a condition of release is met (as set out in the PDS).

12 DECLARATION AND SIGNATURE (CONTINUED)

Conditions for authorising an adviser to transact on your behalf

By signing this authority you acknowledge:

- Any adviser you nominate (as your adviser, from time to time) will be authorised under this authority, (even if this adviser transfers to a new dealer group (with the current dealer's release) without notice to you.
- If the dealer group's Australian Financial Services Licence is suspended or cancelled by ASIC, we have the discretion to switch off the adviser authority.
- We can refuse to accept an authority, permit a person to transact or carry out a transaction.
- We will process transactions under this authority until we receive a signed notification, from you, amending or revoking this authority.
- This authority continues until the second business day after we receive written notice from you of cancellation of authority.
- You agree to release, discharge and indemnify us from and against any liability, cost or loss that is incurred by us or you as a result of our acting on this authority except if we have acted fraudulently or have wilfully defaulted in our obligations to you.
- Use of AIL's online facilities is subject to specific terms and conditions (including e-Post declarations and FirstNet Adviser terms and conditions). These are available on each respective internet site. At our complete discretion, we can refuse access or suspend access to AIL's online facilities.
- We can cancel or vary these conditions by giving you not less than seven (7) days prior written notice.

You acknowledge and agree that:

- In the event that your account balance is transferred, but the trustee does not change (for example a Successor Fund Transfer/Intra-Fund Transfer) and you have provided your adviser with authority to transact this may transfer to the new account.

Note:

- As the adviser may delegate this authority, you should carefully consider the implications of giving this authority.
- We will not accept or be on notice of any restrictions on their authority and therefore all instructions provided by your adviser and/or their delegate under this authority will be taken to be authorised by you. Depending on your arrangements with your adviser, it is possible your adviser may provide an instruction to us without notice to you.
- Investments and withdrawals can only be made to and from a bank account pre-nominated by you.

PLEASE NOTE THAT BY APPOINTING AN ADVISER TO TRANSACT ON YOUR BEHALF, YOU ARE GIVING THAT ADVISER, AND ANY PERSON ACTING ON BEHALF OF THE ADVISER, AUTHORITY TO TRANSACT AND MODIFY DETAILS ON YOUR ACCOUNT(S), UNTIL WE RECEIVE A VALID WRITTEN NOTIFICATION, SIGNED BY YOU, AMENDING OR REVOKING THIS AUTHORITY.

Acknowledgment of the risk and return characteristics for each selected investment option.

Please cross the box below to accept the declaration and proceed with the application.

I understand and accept the stated minimum investment timeframe, and risk characteristics of my selected investment allocations, as displayed in the investment allocation table on this form.

For more information on the risk and return characteristics of each individual investment option, refer to the Investment Options Menu available from cfs.com.au.

Original signature of member

Print name

Date signed

 (dd/mm/yyyy)

If this application is signed under an authority provided under a legally binding authority, such as a Power of Attorney or a Guardianship, the authority holder declares that he/she has not received notice of revocation of that power (a certified copy of the document should be submitted with this application unless we have already sighted it). The authority holder will also need to complete a 'Power of Attorney (POA) & Guardianship Order' form (to enable us to establish the identity of the authority holder) which can be obtained from our forms library at cfs.com.au/forms or by phoning Investor Services on 13 13 36.

Send the completed form to:
Colonial First State
Reply Paid 27, Sydney NSW 2001
or via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser

PART E – ADVISER DETAILS (ADVISER USE ONLY)

Adviser name

Dealer/Adviser stamp (if applicable)

Contact phone number

Dealer ID

Adviser ID

Mandatory: I confirm that I have provided personal financial advice to my client, and that the advice is current in relation to this transaction. **Note:** If you select No, you must take reasonable steps to ensure the customer is in the Target Market. If the attestation is not completed, this may lead to a delay in processing the application.

Yes No

By providing your (adviser) details, you:

- have read and understood the requirements outlined in this application
- agree to be bound by the Licensee Terms, which govern our relationship with you
- certify that you are appropriately authorised to provide financial services in relation to the AIL account being established.

ADVISER SERVICE FEE

Where fees are deducted from a member's accounts and are paid to you or your dealer group, you:

- agree that where services are not provided, AIL reserves the right to clawback fees, including an amount for member compensation where applicable
- confirm that the fee arrangements are consistent with the information in any applicable opt-in renewal notice or fee disclosure statement given to the member
- confirm that where any adviser service fees are paid from a member's Colonial First State Wholesale Personal Superannuation account to you, these fees are:
 - agreed with the member in accordance with the terms of an arrangement they've entered into
 - only for financial product advice and advice services provided to the member
 - only for financial product advice in relation to the member's superannuation account that the fee is deducted from
 - are an appropriate and reasonable amount for the services provided
- acknowledge that it may be an offence including an illegal early release of super if the above confirmation is not true and correct

and you acknowledge that:

- to your knowledge, no part of the adviser service fee has been calculated on or by reference to any money borrowed after 1 July 2013, used or to be used by the member to invest in this product or any other financial product
- AIL has complete discretion to decline a request to pay adviser service fees, including in order to comply with its obligations under any applicable law.

If the adviser service fee is a large percentage of the application proceeds or of an unusually high amount, please provide reasons:

Additional comments/instructions

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Identification and Verification Form – individuals

Full name of investor

All clients applying for a new FirstChoice Wholesale Pension account **must** complete the identification procedures (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws). This form is to assist with those procedures for individuals. FirstChoice Wholesale Personal Super investors may also like to complete this form so that we can establish your identity and assist us in processing any future request efficiently.

Financial advisers undertake identification and verification procedures by completing sections 1 to 2 of this form or by using other industry standard forms.

If you do not have a financial adviser, you are required to complete section 1 of this form and provide certified copies of the ID documents (do not send original documents).

The list of the parties who can certify copies of the documents is set out below. To be correctly certified, we need the ID documents to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents¹ (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

SECTION 1: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1 Acceptable primary photographic ID documents

Cross Select ONE valid option from this section only

Australian State/Territory driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding two years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Foreign passport or similar travel document containing a photograph and the signature of the person²

Continued over the page...

¹ There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at www.cfs.com.au
² Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Part 2 Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Services Australia

Cross AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A Notice of Assessment issued by the ATO within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document*
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3 Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section only

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth¹
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued¹

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID documents

SECTION 2: RECORD OF VERIFICATION PROCEDURE

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Issue date	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)
Expiry date	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)
Document number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

IDENTIFICATION AND VERIFICATION CONDUCTED BY:

By completing and signing this Record of Verification Procedure, I declare that I have verified the identity of the Customer as required by AML/CTF Rules, in the capacity of an AFSL holder or an authorised representative of an AFSL holder.

AFS Licensee name	AFSL number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	
Representative/Employee name	Phone number
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	
Signature	Date verification completed
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)

1 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Frequently asked questions about non-lapsing death benefit nominations

What is a non-lapsing death benefit nomination?

A non-lapsing death benefit nomination is a request by you to the trustee of FirstChoice Wholesale to pay your death benefit to the person or persons nominated on your **Non-lapsing death benefit nomination** form. The trustee may consent to your nomination if your nomination satisfies the requirements described in the following paragraphs.

We are required to follow your nomination if, prior to your death, you complete and we receive your valid non-lapsing death benefit nomination, and we consent to that nomination.

The nomination remains valid until you revoke or make a new nomination. This can provide you with greater certainty on who will receive your death benefit when you die.

Who can I nominate?

A valid non-lapsing death benefit nomination can only nominate your legal personal representative and/or your dependants. Your legal personal representative is the person appointed on your death as the executor or administrator of your estate.

If you hold a pension account that has an existing reversionary beneficiary, you are not able to make a nomination until the existing reversionary beneficiary has been revoked.

Your dependants are:

- **your current spouse**

This includes the person at your death to whom you are married, in a relationship registered under certain state or territory laws, or living with on a genuine domestic basis in a relationship as a couple.

- **your child**

This includes any person who at your death is your natural, step, adopted, ex-nuptial or current spouse's child, including a child who was born through artificial conception procedures or under surrogacy arrangements with your current or then spouse.

- **any person financially dependent on you**

This includes any person who at your death is wholly or partially financially dependent on you. Generally, this is the case if the person receives financial assistance or maintenance from you on a regular basis that the person relies on or is dependent on you to maintain their standard of living at the time of your death.

- **any person with whom you have an interdependency relationship**

This includes any person where at your death:

- you have a close personal relationship with this person
- you live together with this person
- you or this person provides the other with financial support, and
- you or this person provides the other with domestic support and personal care.

An interdependency relationship is not required to meet the last three conditions, if the reason these requirements cannot be met is because you or the other person is suffering from a disability.

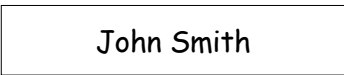





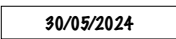
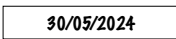
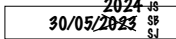
In establishing whether such an interdependency relationship exists, all of the circumstances of the relationship are taken into account, including (where relevant):

- the duration of the relationship
- whether or not a sexual relationship exists
- the ownership, use and acquisition of property
- the degree of mutual commitment to a shared life
- the care and support of children
- the reputation and public aspects of the relationship (such as whether the relationship is publicly acknowledged)
- the degree of emotional support
- the extent to which the relationship is one of mere convenience, and
- any evidence suggesting that the parties intended the relationship to be permanent.

If you are considering relying on this category of dependency to nominate a person, you should consider completing a statutory declaration addressing these points as evidence of whether such a relationship exists. You should talk to your financial adviser for more information.

How do I make an alteration to my completed form?

Example:

Original signature of member	Original signature of witness 1	Original signature of witness 2
		
Print name	Print name	Print name
		
Note: The dates below must match the date of your two witnesses.		
Date signed: Member	Date signed: Witness 1	Date signed: Witness 2
 (dd/mm/yyyy)	 (dd/mm/yyyy)	 (dd/mm/yyyy)

- Any alterations to the completed form must be initialled by you and both witnesses.
- Both witnesses must sign this form on the same date as the member.

How do I nominate more beneficiaries?

If you wish to nominate more beneficiaries, you can attach their nomination details to this form. The attachment must be headed 'Attachment to Non-lapsing Death Benefit Nomination Form'.

The attachment must include your full name and account number, the full names of the beneficiaries, their date of birth, their relationship to you and the percentage of the benefit to be paid to each person. The attachment must also be signed and dated by you. The same two witnesses who sign section 5 of this form must also sign and date the attachment and include in the attachment the declaration "I declare that I am over the age of 18 and this non-lapsing death benefit nomination was signed and dated by the member in my presence".

How do I make a valid non-lapsing death benefit nomination?

To make a valid non-lapsing death benefit nomination:

- you must be at least 18 years of age
- you must complete the *Non-lapsing death benefit nomination* form available in the most up-to-date Product Disclosure Statement (PDS), on cfs.com.au or by calling Investor Services on 13 13 16
- you must only nominate your legal personal representative and/or a person(s) who is your dependant
- you must provide the full name, date of birth and the relationship which exists between you and each of the nominated beneficiaries
- you must ensure that the proportion payable to each person nominated is stated and you have allocated 100% of your death benefit
- your nomination must not be ambiguous in any other way
- you must sign the *Non-lapsing death benefit nomination* form in the presence of two witnesses who are both at least age 18 and are not nominated by you as a beneficiary on the form.

For your validly completed non-lapsing death benefit nomination to be effective you must send and we must receive and consent to your validly completed non-lapsing death benefit nomination prior to your death.

You may seek to revoke your nomination or make a new non-lapsing death benefit nomination at any time by completing a new non-lapsing death benefit nomination form in writing, available in the most up-to-date PDS or on our website or by calling us.

Is my nomination effective?

It is important to be aware before completing a non-lapsing death benefit nomination that **if your non-lapsing death benefit nomination is valid and the trustee consents to that nomination, the trustee must follow the nomination and it cannot be overruled by the trustee.**

However, if you nominate a person who is not your legal personal representative or a dependant when you die, then your nomination will not be valid to the extent that it relates to that person despite any consent granted by the trustee.

! It is important to review your nomination regularly to ensure it is still appropriate to your personal circumstances and reflects your wishes. If, after making a non-lapsing death benefit nomination, you marry, separate or divorce, enter a de facto relationship (including same-sex), have a child, or if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you, then you should review your non-lapsing death benefit nomination or consider making a new nomination.

If you nominate your legal personal representative, your death benefit will be paid to your estate and distributed in accordance with your Will or the laws of intestacy. This means that the distribution may be challenged if someone disputes your Will or the distribution of your estate.

If you nominate one or more of your dependants, your death benefit will be paid directly to them.

If a person nominated on your *Non-lapsing death benefit nomination* form is no longer a dependant at the date of your death, then the proportion of your death benefit which would have been payable to that person will be paid to your legal personal representative.

Tax may be withheld from your death benefit when paid to your dependants or distributed from your estate. There are differing tax treatments of death benefits depending on how old you are, how old your nominated beneficiaries are and who you nominate and whether it is paid as a pension or lump sum. You should read the PDS for more information or talk to your financial adviser.

How is my death benefit paid?

At the time of your death, we will contact the people you have nominated in your non-lapsing death benefit nomination to ensure that they are still a dependant.

We are also generally required to establish the identity of this person before paying out your death benefit.

If you have nominated one or more of your dependants, they will be provided the choice of taking their proportion of the death benefit as a lump sum cash payment or, if available, a pension from FirstChoice Wholesale Pension. If you have nominated a child, the death benefit must be paid to them as a lump sum cash payment unless the child:

- is under age 18
- is under age 25 and is financially dependent on you, or
- has a certain type of disability.

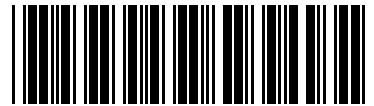
If your child is eligible to receive, and commences to receive, a pension, it must be converted to a tax free lump sum by no later than age 25, unless they continue to have a certain type of disability. A PDS describing the features of a pension from FirstChoice Wholesale Pension is available on cfs.com.au or by calling Investor Services on 13 13 16.

What if I don't have a valid non-lapsing death benefit nomination?

Your death benefit will be paid to your legal personal representative if:

- at the time of your death, you have not completed or we have not received and consented to a valid non-lapsing death benefit nomination
- you have revoked your last non-lapsing death benefit nomination and you have not made a new non-lapsing death benefit nomination
- the person or persons you have nominated cannot be identified or are not your dependant or legal personal representative at the time of your death, or
- the trustee determines that the whole of your non-lapsing death benefit nomination is otherwise invalid.

This is general information only and does not take into account your personal circumstances. Please talk to your financial adviser for more information on non-lapsing death benefit nominations and your personal estate planning needs.



Non-lapsing Death Benefit Nomination Form

Refer to 'Frequently asked questions about non-lapsing death benefit nominations' for guidance on how to complete this form. Complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please cross appropriate answer boxes.

SAVE FORM

PRINT FORM

Changes you make to the form must be initialled by you and both witnesses or it will be invalid.

1 PERSONAL DETAILS

Account number (if known)

Mr Mrs Miss Ms Other Date of birth (dd/mm/yyyy)

Given name(s) Surname

2 ACCOUNT DETAILS

If you have more than one FirstChoice superannuation account with Avanteos Investments Limited (AIL), you can apply this nomination to all of your accounts by ticking the first box below. If you would like this nomination to be applied to only certain accounts, please tick the second box and specify the account numbers in the spaces provided below. If you do not tick any boxes, your nomination will only apply to the account nominated above, or the account opened from the application to which this form is attached.

This nomination is to apply to all existing accounts OR This nomination applies only to the accounts listed below and the account being established from this application

3 NOMINATION DETAILS

To make a new nomination or update an existing nomination, please complete all necessary fields in the table below and then proceed to section 5.

Name of beneficiary (including middle names)	Their date of birth (dd/mm/yyyy)	Relationship to you				Percentage Make sure the total adds up to 100%
		Spouse/defacto	Child	Financial dependant	Interdependant	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
7 Legal Personal Representative (Your Estate)	N/A	N/A				<input type="text"/> %

TOTAL: %

4 REVOKE (REMOVE) ALL EXISTING BENEFICIARIES

REVOKE (REMOVE) ALL EXISTING NON-LAPSING DEATH BENEFIT NOMINATIONS

REVOKE (REMOVE) EXISTING REVERSIONARY BENEFICIARY NOMINATION (applicable only to pension products, with the exception of Term Allocated Pension accounts)

5 MEMBER DECLARATION

Avanteos Investments Limited ABN 20 096 259 979 AFSL 245531 (AIL).

I understand/declare that:

- if this nomination is consented to by AIL, any existing death benefit nomination (for example a non-lapsing death benefit nomination) or any existing reversionary death benefit nomination (if applicable) will be revoked and replaced
- any beneficiary nominated by me, other than my legal personal representative, must be a dependant within the meaning of the *Superannuation Industry (Supervision) Act 1993* (SIS Act). A dependant includes my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship
- at the time of making this nomination, the beneficiary or beneficiaries nominated by me are dependants within the meaning of the SIS Act
- if my nomination is invalid in whole or in part, or cannot be followed for any reason or because a beneficiary/beneficiaries is no longer a dependant at the date of my death, then that proportion of my benefit will be paid to my legal personal representative
- my beneficiary/beneficiaries and I will be bound by the provisions of the trust deed relating to non-lapsing death benefit nominations
- my attorney can only nominate themselves as a beneficiary if my Power of Attorney document specifically states that they can be nominated as a beneficiary of my death benefit
- I may at any time revoke or replace a non-lapsing death benefit nomination in accordance with FirstChoice's procedures and with the consent of AIL
- this declaration must be signed and dated by me in the presence of two witnesses (who are not nominated by me as a beneficiary of my death benefit), both of whom are over the age of 18
- this nomination applies to the account number(s) identified on this form. This nomination may be transferred with the identified account(s) to another superannuation or pension account within the same superannuation trust
- I have read the PDS and agree to be bound by the provisions of the trust deed governing the fund (as amended)
- I am over the age of 18.

! A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialled by yourself and both witnesses or it will be invalid. A nomination will not be effective until we have consented to it.

■ You should regularly review your nomination to ensure that the nominated beneficiary/beneficiaries remain eligible to receive the portion of your death benefit specified in this nomination and that this nomination accurately reflects your wishes. If you wish to revoke or replace an existing death benefit nomination, you must complete and lodge with us a new 'Non-lapsing death benefit nomination' form. Your existing death benefit nomination will be revoked and replaced on consent being granted by AIL to the new non-lapsing death benefit nomination. If you have any questions, please contact your adviser or Investor Services on 13 13 36.

Your non-lapsing death benefit nomination will be invalid unless:

- you and two adult witnesses (aged over 18) have signed
- neither of your witnesses are named as beneficiaries
- your witnesses have dated the form the same date as you
- all alterations on this form have been initialled by three parties.

All nominations will be invalid unless:

- all required sections on this form are completed
- total percentage of nominations equal 100%.

Witness declaration

I declare that I am over the age of 18 and this non-lapsing death benefit nomination was signed and dated by the member in my presence.

Original signature of member

Print name

Original signature of witness 1

Print name

Original signature of witness 2

Print name

Note: Date of signature must be the same date for both applicant and witnesses.

Date signed: Member

(dd/mm/yyyy)

Date signed: Witness 1

(dd/mm/yyyy)

Date signed: Witness 2

(dd/mm/yyyy)

Mail the completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001
or submit via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser

Consolidating your super

By completing this form, you will initiate a rollover or request to transfer your super benefits between funds.

This form will **not** change the fund to which your employer pays your contribution. The 'Superannuation Standard choice' form must be used by you to change funds.

Before completing this form, please read the important information below.

Important information

This transfer may close your account (you will need to check this with your fund). This form CANNOT be used to:

- transfer benefits if you don't know where your superannuation is
- change the fund to which your employer pays contributions on your behalf (known as choice), or
- open a superannuation account, or transfer benefits under certain conditions or circumstances; for example, if there is an interest split or payment flag in operation under the *Family Law Act 1975*.

What happens to your future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits from.

Things you need to consider when transferring your superannuation

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you. Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any fees they charge. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Insurance** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. AIL may not offer you insurance or may require you to pass a medical examination before we cover you. You may wish to check the costs and amount of any cover offered by AIL.
- **Tax deductions** – if you are planning to claim a tax deduction for super contributions made to your **FROM** fund, you should submit your Notice of Intent, and receive acknowledgment from that fund, before you request a transfer of your super. If you transfer your super first, you will lose the ability to claim a tax deduction.
- **Spouse contribution splitting** – if you are planning to split contributions made to your **FROM** fund, to your spouse's superannuation, complete the spouse contribution splitting process before you request to transfer your remaining super.

Checklist

- Check** that you have completed all sections and fields marked with an asterisk
- Sign** and date the authorisation in section 4
- Send** the form (no stamp required) to:
CONSOLIDATE MY SUPER
REPLY PAID 27
SYDNEY NSW 2001

Transfers from Self-Managed Super Funds (SMSFs)

We can only accept transfers from SMSFs via SuperStream due to regulatory requirements. This means your SMSF will need:

- an Australian Business Number (ABN)
- an Electronic Service Address (ESA) alias.

Please contact your ESA provider to facilitate your rollover and ensure the SMSF details held by the ATO are up-to-date including bank account information.

To whom it may concern

FirstChoice Wholesale Personal Super and FirstChoice Wholesale Pension compliance advice

FirstChoice Wholesale Personal Super and FirstChoice Wholesale Pension are both parts of the Colonial First State FirstChoice Superannuation Trust ('the Fund'). The Fund is a complying, resident, regulated superannuation fund and is constituted under a trust deed dated 29 April 1998. The trustee of the Fund is Avanteos Investments Limited ('the trustee').

In the event that the Fund's complying status was revoked the trustee would receive notice to that effect under section 63 of the Superannuation Industry (Supervision) Act. The trustee confirms that it has not received nor does it expect to receive any such notice.

Yours faithfully



Yolande Rozanic

Executive Director, Customer Operations

For and on behalf of the trustee, Avanteos Investments Limited

Consolidate my super

SAVE FORM

PRINT FORM

Rollover initiation request to transfer superannuation benefits between funds

This form will NOT change the fund to which your employer pays your contributions.

You should contact your other super fund to find out if there are any fees, charges or other consequences for transferring your super out of that fund, such as loss of insurance cover, if requesting a full balance transfer.

USE BLACK OR BLUE PEN AND CAPITAL LETTERS.

*These fields are mandatory.

WARNING: If you are transferring insurance from your other fund, please do not return this form to us until you have been notified by us that we have accepted the insurance transfer.

1 YOUR PERSONAL DETAILS

*Name

*Gender

M F

*Date of birth

 (dd/mm/yyyy)

Tax File Number

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences. Refer to the product disclosure statement for more information.

2 DETAILS OF YOUR COLONIAL FIRST STATE FUND - 'TO' FUND

*Fund/product name

FIRSTCHOICE WHOLESALE PERSONAL SUPER

*Account/member number

Unique Superannuation Identifier (USI)

⚠ Refer to your last statement for account information, or call us on 13 13 36.

3A DETAILS OF YOUR OTHER SUPER FUNDS - 'FROM' FUNDS

These are the funds you are moving out of. You can use this form to transfer up to five super funds to your Colonial First State fund. If you have more than five super funds to transfer, please complete a separate form.

If you are transferring insurance from your other fund, please do not return this form to us until you have been notified by us that we have accepted the insurance transfer.

*Your other super fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

*Your other super fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

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*Your other super fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

3A DETAILS OF YOUR OTHER SUPER FUNDS – ‘FROM’ FUNDS (CONTINUED)

*Your other super fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

*Your other super fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

3B DETAILS OF YOUR SELF-MANAGED SUPER FUND (SMSF) – ‘FROM’ FUND

*Your SMSF name

Account/member number

*Australian Business Number (ABN)

*Electronic Service Address (ESA) alias

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

4 AUTHORISATION

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 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 I have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I 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.
- If I have applied to transfer my insurance cover, I request that my super only be consolidated once the insurer has made a decision in relation to that application.
- Where my other fund is an SMSF, I confirm that I am a member.

Original signature of member

Print name

Date signed

 (dd/mm/yyyy)