

SUPER APPLICATION FORM

Please read before completing

Please complete this application if you wish to open a superannuation account

- Use blue or black pen only.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Where to send completed application:

Post: PO Box H151 Australia Square NSW 1215

1. INVESTOR DETAILS

| Title | Given name(s) | Middle name | Surname or family name |
|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Residential address | State | Postcode |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Date of Birth | Home number | Work number |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Email address | Mobile number |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Are you a member of Australian Military Bank?

☐ Yes, please provide member number:

☐ No

Rank (if applicable)

Are you a Tax Resident in a jurisdiction other than Australia?

☐ Yes ☐ No

If yes, please specify the country and provide your Tax Identification Number (TIN)

| Country 1 | Tax Identification Number (TIN) |
|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> |

| Country 2 | Tax Identification Number (TIN) |
|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> |

| Country 3 | Tax Identification Number (TIN) |
|----------------------|---------------------------------|
| <input type="text"/> | <input type="text"/> |

Note: a TIN is the tax reference number issued to you by the tax office in the country where you are a resident for tax purposes. Where a country does not issue a TIN, complete an equivalent number, for example a social security, national insurance, personal identification or a resident.

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

A Politically Exposed Person (PEP) is an individual who holds a prominent public position or function in a government body or an international organisation. It also includes their family members and close associates. For example:

- A high ranking member of the armed forces (top three senior levels of each service)
- Heads of state, government and cabinet ministers
- Senior government officials
- Senior executive of state-owned organisation

A PEP is also the immediate family member of a person referred to above, including a spouse, defacto partner or child.

2. TAX FILE NUMBER

Tax File Number

Please note: If we do not hold your TFN, by law we will be unable to accept contributions from.

TFN declaration

Under the Superannuation Industry (Supervision) Act 1993, the fund is authorised to collect your TFN, which we will only use for lawful purposes in the administration of your superannuation benefit. These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other superannuation provider. We may also disclose your TFN to our administrator and the Commissioner of Taxation in order to provide all of the services required in the administration of your account. We may also use your TFN to identify multiple accounts within the fund and consolidate them when permitted under law. It is not an offence not to advise us of your TFN, however, there are advantages in doing so:

- the fund will be able to accept all types of contributions to your account including superannuation guarantee contributions, other before-tax contributions, and after-tax contributions
- the tax on contributions to your account will not be increased as a consequence of not providing your TFN
- no additional tax (that is, beyond that which ordinarily may apply) will be deducted when you start drawing down on your superannuation benefits
- it will make it easier to trace different superannuation accounts in your name and match your accounts in the fund so you receive all of your superannuation benefits when you retire.

3. INITIAL CONTRIBUTION

Rollover Amount \$ Please complete section 4 rollover details
Personal Contribution \$ This amount will be treated as an after-tax Contribution
Spouse Contribution \$
Total \$

If you're between 67 and 74 years old, we can only accept personal contribution if you've worked at least 40 hours within 30 days in current financial year.

☐ Please tick the box to confirm you meet this requirement

4. INVESTMENT DETAILS

INVESTMENT OPTIONS

Please indicate how you would like your investment to be allocated.

| Investment Split | Dollar Amount (\$) |
|----------------------------|-----------------------|
| Variable Interest rate | |
| Fixed Term Interest rate * | |
| Total | |
| | Total must equal 100% |

Select your term: (Fixed Term only)

☐ 12 months ☐ 24 months ☐ 36 months

*The actual interest rate applied to the fixed term will be the rate current at the time of investment and not the date we received your request. *Minimum investment per fixed term is \$20,000

*A minimum of \$180 is required to be maintained in variable interest option

CONTRIBUTING TO YOUR CAPITAL GUARANTEED SUPER

To commence your account, please complete a Lump Sum Contribution Form and post it along with this application form. Ongoing contributions can be made via Electronic Funds Transfer (EFT) or BPAY.

Payment instructions are included on the Lump Sum Contribution Form.

5. ROLLOVER DETAILS

FUND DETAILS

ROLLOVER 1

Fund Name

Fund Phone Number

Fund USI

Member or Account no

Fund ABN

Fund Postal Address

Suburb/Town

State

Postcode

Electronic service address (ESA) – SMSF only

☐ Full Balance or ☐ Partial amount of \$

ROLLOVER 2

Fund Name

Fund Phone Number

Fund USI

Member or Account no

Fund ABN

Fund Postal Address

Suburb/Town

State

Postcode

Electronic service address (ESA) – SMSF only

☐ Full Balance or ☐ Partial amount of \$

TO

Australian Military Bank
Capital Guaranteed Super
PO Box H151
Australia Square NSW 1215
Phone: 1300 13 23 28

ABN: 48 087 649 741
SPIN: Not applicable
USI: 48 087 649 741 001

TO

Australian Military Bank
Capital Guaranteed Super
PO Box H151
Australia Square NSW 1215
Phone: 1300 13 23 28

ABN: 48 087 649 741
SPIN: Not applicable
USI: 48 087 649 741 001

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 do not require any further information.
- I discharge the superannuation provider of my old fund of all further liability in respect of the benefits paid and transferred to Australian Military Bank Capital Guaranteed Super.
- 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.
- I authorise all relevant information on my/our investments, superannuation, account based pension and any other financial information be released at their request, to representatives of Australian Military Bank Ltd.

Full name: _____

Signature

Date

6. PRIVACY STATEMENT

Please read this Privacy Statement to see how Australian Military Bank uses your personal information:

Australian Military Bank (ABN 48 087 649 741) of (PO Box H151 Australia Square NSW 1215), collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you and sometimes from third parties. We will only share your PI where necessary to perform our activities with our, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to www.australianmilitarybank.com.au or call us on 1300 132 328.

7. DECLARATION

DECLARATION AND ACKNOWLEDGMENT

I acknowledge and agree that:

- I have read and understood the Australian Military Bank Capital Guaranteed Super account PDS dated 2 September 2019 and that all details given in the application are true and correct;
- I am applying for a Capital Guaranteed Super account and agree to be bound by the terms and conditions in the PDS as varied from time to time;
- I am aware that my provision and your receipt of my tax file number are authorised under the Retirement Savings Accounts Act 1997;
- Australian Military Bank will deduct any applicable taxes, government charges and duties from my Capital Guaranteed Super account;
- That the interest rate applying to a Capital Guarantee Super account will vary from time to time;
- My preserved benefits are preserved and cannot be released to me until I am entitled to them under superannuation and retirement savings account law;
- I have read the Privacy section in the PDS and consent to my personal information being collected, disclosed and used as described in that section; and
- I understand that Superannuation products are complex and that different taxation and social security implications may apply to my Superannuation account depending on my personal circumstances. I acknowledge that Australian Military Bank can provide General Product advice and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.

VERIFYING YOUR IDENTITY

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* requires us to collect information about you and establish your identity before paying benefits. If we do not hold the required identification documents you will be required to provide these.

We may therefore require you to provide proof of identify prior to being able to access your benefits in cash (lump sum or pension payments) or purchase a superannuation pension. You will be notified of any requirements when applicable. If you do not comply with these requirements there may be consequences for you, for example, a delay in the payment of your benefits.

WHAT TO DO WITH THIS FORM

Please send us your request to the following address:
Australian Military Bank
PO Box H151
Australia Square NSW 1215
Enquires can be directed to:
Ph: 1300 13 23 28

Full name: _____

Signature

Date / /

AUSTRALIAN MILITARY BANK INTERNAL USE ONLY

Member Number:

I confirm that:

- the member has been given an Australian Military Bank Capital Guaranteed Super Product Disclosure Statement;
- tax file number has been provided;
- the member has signed both the transfer authority and declaration;
- that no personal financial product advice was provided to the member at the time of opening an account.

Name of authorised Australian Military Bank employee:

Signature

Date

PO Box H151, Australia Square NSW 1215 | Ph: 1300 13 23 28 | Email: super@australianmilitarybank.com.au
www.australianmilitarybank.com.au | The Australian Military Bank Capital Guaranteed Super Account is issued by
Australian Military Bank Ltd ABN 48 087 649 741 | AFSL and Australian Credit Licence Number 237 988.

Please read before completing

Please complete this form if you wish to nominate a beneficiary for your Capital Guaranteed Super and/or Pension account.

- Use blue or black pen only.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Please send us your completed form to:

Australian Military Bank

Email: super@australianmilitarybank.com.au

Post: PO BOX H151, Australia Square, NSW 1215

1. NOMINATION TYPE

Please select your nomination type:

☐ Binding Nomination ☐ Non-Binding Nomination

2. MEMBER DETAILS

| | | | |
|----------------------|----------------------|------------------------|----------------------|
| Title | Given name(s) | Surname or family name | Date of birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential address | | | |
| <input type="text"/> | | | |
| Suburb/Town | | State | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Email address | | Contact number | |
| <input type="text"/> | | <input type="text"/> | |

3. NOMINATION DETAILS

Please make a selection:

☐ Make a Nomination ☐ No Nomination

NOMINEE 1

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|----------------------|
| Title | Given name(s) | Surname or family name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential address | | | |
| <input type="text"/> | | | |
| Suburb/Town | | State | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Date of Birth | Contact Number | | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % of benefit | |
| Relationship to you (tick one option only) | | | |
| <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship | | | |

3. NOMINATION DETAILS (CONTINUED)

NOMINEE 2

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|
| Title | Given name(s) | Surname or family name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential address | | |
| <input type="text"/> | | |
| Suburb/Town | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Contact Number | <input type="text"/> <input type="text"/> <input type="text"/> % of benefit |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | |
| Relationship to you (tick one option only) | | |
| <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship | | |

NOMINEE 3

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|
| Title | Given name(s) | Surname or family name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential address | | |
| <input type="text"/> | | |
| Suburb/Town | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Contact Number | <input type="text"/> <input type="text"/> <input type="text"/> % of benefit |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | |
| Relationship to you (tick one option only) | | |
| <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial Dependant <input type="checkbox"/> Interdependency Relationship | | |
| <input type="checkbox"/> Legal Representative <input type="text"/> <input type="text"/> <input type="text"/> % of benefit | | |
| Total of your beneficiary nominations (must be 100%) | | |
| <input type="text"/> <input type="text"/> <input type="text"/> % of benefit | | |

Please note: If you wish to nominate more beneficiaries, please complete a separate form.

5. DECLARATION

A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialed by yourself and both witnesses.

Member declaration:

I understand/declare that:

By making this nomination, I revoke and replace any existing binding death nomination.

My nomination must be my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship or a legal personal representative of my estate at the time of my death.

My beneficiary(ies) and I will be bound by the terms and conditions in the PDS relating to binding death benefit nominations.

This binding nomination is only valid for three years from the date I sign it or any confirmation or amendment of it.

I may at any time revoke or change a binding nomination notice in accordance with Australian Military Bank's procedures.

If a notice is invalid or has not been sent to Australian Military Bank when I die, the death benefit will be paid to my legal personal representative.

This declaration must be signed by me in the presence of two witnesses (who are not nominated), both of whom are over the age of 18.

This nomination only applies to the account identified on this form within the Capital Guaranteed Super.

I have read the PDS and agree to be bound by the terms and conditions in the PDS governing the fund (as amended).

I am over 18.

Australian Military Bank will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where Australian Military Bank refuses to process a transaction or ceases to provide me with a product or service.

5. DECLARATION (CONTINUED)

FOR BINDING NOMINATIONS:

I have read and understood the declarations provided above.

Full Name: _____

Signature

Date

| | |
|-------------------------|-------------------------|
| Witness 1 Signature: | Witness 2 Signature: |
| Full Name | Full Name |
| Residential address: | Residential address: |
| Date | Date |

PLEASE ENSURE THAT THE DATE EACH OF THE WITNESSES SIGNS THIS FORM IS THE SAME AS THE DATE THE MEMBER SIGNS OTHERWISE THIS NOMINATION WILL NOT BE VALID.

FOR NON-BINDING NOMINATIONS:

I have read and understood the declarations provided above.

Full Name: _____

Residential Address

Signature

Date

When you have completed this form, please return to:

Australian Military Bank Capital Guaranteed Super PO Box H151 Australia Square NSW 1215 OR email: super@australianmilitarybank.com.au