



Australian Public Superannuation Fund

Application for Membership

Please complete in capital letters and in BLACK INK only

GOLD

This form is to be completed if you wish to join the Australian Public Superannuation Fund (APS).

Please note that you may also elect:

- an Investment Strategy by completing Section 3.
- to make personal contributions (via regular payroll deduction, or single payment) by completing Sections 4 and/or 5.
- Insurance in Section 6.

You should refer to the Product Disclosure Statement (PDS) before completing this form.

Privacy: The personal information to be collected on this form is required in order to establish and maintain your membership in the APS Fund which shall provide you with superannuation benefits. If you do not provide this information your membership details and your benefit entitlements may not be maintained accurately. Your personal information will be provided to other entities providing services to the Plan only in association with a contractual requirement that those entities abide by the Privacy Act 1988 (C'th) in the same manner as the Plan and apply the relevant aspects of the Plan's Privacy Policy. Your personal information may be accessed by or disclosed to other entities associated with the Plan so that they can provide information to you about pre-retirement, post-retirement or investment products. You can access your personal information by contacting the Plan (see contact details below).

1. Your details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						

2. Basis for application

I apply for Membership in the APS superannuation Fund as constituted by a Trust Deed dated 21st September 1994 (as amended) and I agree to be bound by the provisions of the said Trust Deed.

I confirm that I am eligible to join the fund on the basis that:

I am under age 75, and currently working at least 10 hours per week.

I am under age 65 and have worked at least 10 hours per week (within the last 2 years) date ending:

/ /

I am under age 65 and not working due to ill health (please attach a doctor's certificate).

I am under age 65 and on authorised leave from your employer (conditions apply)

I am applying for membership as an eligible spouse.

I am aware that the access to benefits is subject to the rules of preservation contained in the Superannuation Industry (Supervision) Act, 1993 as amended. These rules apply to the fund and are discussed in further detail in the Product Disclosure Statement.



3. Investment Strategy

PLEASE COMPLETE ONE OPTION ONLY

Option 1 – LifeCycle Objective Management Program

My anticipated retirement age is (If you do not specify a retirement age, it will be assumed to be age 65)

My date of birth (dd/mm/yyyy) is / /

(If you select Option 1 but do not include your date of birth, your benefits and contributions will be invested in the Balanced Strategy of the Managed Portfolio Program)

Option 2 – Managed Portfolio Program (Select only one strategy)

- | | |
|---|---|
| <input type="checkbox"/> High Growth Strategy | <input type="checkbox"/> Capital Guarded Strategy |
| <input type="checkbox"/> Diversified Strategy | <input type="checkbox"/> Cash Strategy |
| <input type="checkbox"/> Balanced Strategy | |

Option 3 – Member Choice Program

Insert % of benefits and ongoing contributions you choose to invest in the six investment pools totalling 100%

Australian Equities	<input type="text"/>	%	Australian Fixed Income	<input type="text"/>	%
International Equities	<input type="text"/>	%	International Fixed Income	<input type="text"/>	%
Listed Property	<input type="text"/>	%	Cash	<input type="text"/>	%
Total	1	0	0	0	%

Note: you may not invest more than 85% in any single investment pool, except for Cash.

I direct the Trustee of the Australian Public Superannuation Fund (APS) to invest all of my superannuation benefits held in APS Superannuation and ongoing contributions in the above investment strategy.

- a) I acknowledge that further information is available on request from the Trustee and in the current Product Disclosure Statement.
- b) I understand that the investment choice will be made in accordance with the Trust Deed governing the Fund.
- c) I understand that it is my responsibility to seek any necessary professional investment advice concerning my investment request.
- d) I acknowledge that the Trustee will not be liable for any loss arising from my chosen investment strategy.

Signature

Date / /

4. Contributions via payroll deduction

If you would like to make a one-off contribution or regular contributions, please give a copy of this form to your employer.

Complete this section nominating the amount and frequency of your payroll deductions.

I authorise my employer to remit contributions to the APS Fund as follows (please tick the appropriate option(s) and enter the contribution amount below):

OPTIONAL MEMBER CONTRIBUTIONS (POST-TAX)

Periodic fortnightly Monthly \$

One-off \$

OPTIONAL EMPLOYER CONTRIBUTIONS (PRE-TAX OR SALARY SACRIFICE)

Periodic fortnightly monthly \$

One-off \$

Date to take effect on (one-off) / /
or from (regular) (dd/mm/yyyy)

INDEMNITY IN RELATION TO OPTIONAL CONTRIBUTIONS (regular and one-off)

In consideration to my employer consenting to make such deductions and payment as above, I agree for myself, my executors, administrators and assigns, to hold my employer:

Employer name

and every employee thereof, harmless and indemnified against any claim arising out of any act or omission to act in pursuance of this authority or any failure to make deductions and remittances as authorised herein.

Signed

Date (dd/mm/yyyy) / /



5. Single Contribution

If you wish to make a single contribution, please complete this section. You must attach your cheque made payable to the "Australian Public Superannuation Fund" and forward the completed form and cheque to the Fund.

I wish to make a single payment of: \$

The above amount will be credited to your account on the date we receive your cheque.

6. Insurance details

Please refer to the "Insurance" section in the Product Disclosure Statement for details on insurance cover.

I would like to have the following insurance cover:

Death & Total and Permanent Disablement – only for members working 15 or more hours per week

1 unit (\$1.00 per week) 2 units (\$2.00 per week) 3 units (\$3.00 per week) 4 units (\$4.00 per week)

Death only

1 unit (\$0.50 per week) 2 units (\$1.00 per week) 3 units (\$1.50 per week) 4 units (\$2.00 per week)

Other (By agreement with Insurer. You will be contacted to arrange cover.)

Death only \$ Death & TPD \$

No cover

I am a Smoker Non-Smoker

If I have requested insurance cover as a non-smoker, I declare that in the last twelve months, I have not smoked tobacco or any other substances nor have I ever been advised to give up smoking on medical grounds nor do I intend to start smoking in the future.

If I have requested Death and Total and Permanent Disablement, I declare that I am working 15 or more hours per week.

I understand any insurance cover is subject to the terms of the applicable insurance policy and I confirm (for insurance) that I am at work performing my normal duties as at the date of signing this application.

Signed Date (dd/mm/yyyy) / /

7. Applicant Declaration

I apply to become a member of the Australian Public Superannuation Fund (APS) on the terms and conditions specified in the Product Disclosure Statement (PDS).

I agree to be bound by the Trust Deed governing the Fund as these may be amended from time to time.

I acknowledge that neither the Trustee nor any other person guarantees the performance of the Fund, the repayment of capital or any particular rate of return.

I agree to indemnify each of the Trustee and the Administrator for any loss, damage or expense they may incur as a result of any incomplete, incorrect or misleading information supplied by me.

Signed Date (dd/mm/yyyy) / /



IMPORTANT NOTES FOR MEMBERS

Members should read their Product Disclosure Statement (PDS) before completing this application form.

LIFECYCLE OBJECTIVE MANAGEMENT PROGRAM

By choosing the LifeCycle Objective Management Program your contributions will be invested so that the mix of your investments is adjusted automatically according to your changing needs as you move towards retirement. This means that when you are younger you will have more "capital growth" investments such as shares. As you near retirement, the bulk of your money will progressively be invested in cash and fixed interest investments, such as government bonds, which usually offer steadier, less variable returns and higher income. At any time during your working life, you have the comfort and security of knowing that your investment program is automatically keeping pace with your changing needs. All you have to do is tell us your date of birth and the age at which you expect to retire. Unless you nominate another age (which cannot be less than 55), your retirement age is assumed to be 65. If you do not tell us your date of birth, your contributions will be invested as if you turned 40 on the last 30 June prior to receipt of your first application. Your superannuation contributions will be invested across six of the fund's underlying investment pools. See the Product Disclosure Statement (PDS) for more information.

MANAGED PORTFOLIO PROGRAM

The Fund offers you a choice of five investment strategies managed by professional investment managers. The strategies have been designed to suit members at different stages of their careers. Each strategy offers a different potential rate of return and degree of volatility and has strict guidelines that the investment managers are required to follow. You can select only one of these strategies at any given time.

The investment strategies available are:

- High Growth
- Diversified
- Balanced
- Capital Guarded
- Cash Plus

You may change your initial investment portfolio at any time, by switching between investment strategies.

MEMBER CHOICE PROGRAM

If you prefer a higher degree of personal control over the investment of your superannuation benefits you may wish to take advantage of the Member Choice Program.

This allows you to invest directly in the six individual investment pools and create a tailor-made mix of investments across them. The investment pools are:

- Australian Equities
- International Equities
- Listed Property
- Australian Fixed Income
- International Fixed Income
- Cash Plus

You may change your mix of investments at any time.

MEMBER PROTECTED ACCOUNTS

If your account balance is less than \$1,000 and you otherwise meet the member protection requirements, the Trustee must

Where to send this form/enquiries

APS Fund
PO Box N180
Grosvenor Place, NSW 1220
website: www.chifley.com

ensure that any fees and charges (insurance and taxes excluded) deducted from your account do not exceed the investment return on your account in any financial year (except where investment returns are poor or negative).

GIVING YOUR TAX FILE NUMBER

If you have not already given us your Tax File Number (TFN) you should consider doing so now.

To give us your TFN, complete the attached "Notification of Tax File Number" Form and send it to us with this form.

DEFAULT STRATEGY

Personal Members who have not chosen a specific investment strategy will be deemed to have chosen the Balanced Strategy of the Managed Portfolio Program.

For Employer Members, the Trustee will have determined a default investment program for your sub-plan, in consultation with your employer. This strategy will be set in your sub-plan rules. If you do not choose a specific investment program, this default investment program will apply to you until you do so.

Full details are contained in the Product Disclosure Statement.

INVESTMENT RETURNS ARE NOT GUARANTEED

Neither the Trustee, Chifley, nor any investment manager, administrator or other service providers or any of their associated companies, guarantee the performance of the Fund or any of its investments, the repayment of capital, or any particular rate of return.

INSURANCE

Generally, insurance cover is available to members of the Fund. The insurance is arranged by the Trustee under an insurance policy with PrefSure Life Limited. All cover is subject to acceptance by the Insurer and the terms of the insurance policy. You can obtain a copy of the policy by contacting Member Services. Certain employer sub-plans within the Fund may use other insurers where this is clearly notified in the sub-plan rules.

Generally, you can apply for any level of cover. If you are employed more than 15 hours per week, you can be covered for death, or death and total and permanent disability (TPD). Otherwise you can only be covered for death only.

If a member is not at work (ie fully performing all the duties of their usual occupation, or is on annual leave or long service leave except leave which is caused by sickness or injury) on becoming a member or when the member applies to vary cover, then the initial cover or varied cover will not commence until the Insurer agrees to provide the cover.

The cover applies world wide 7 days a week, 24 hours a day whether you are at work or not.

PROTECTING YOUR PRIVACY

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. The policies adopted by the Trustee in order to comply with these principles are set out in a Privacy Policies document available on request from Member Services or on the Fund's website at www.chifley.com.

