



Rollover Fund

Application for Membership

Please complete in capital letters and in BLACK INK only

This form is to be completed if you wish to join the APS Rollover Fund.

You should read 'Important Notes for Members' and refer to the Product Disclosure Statement before completing this form.

1. Your details

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)
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"/>			
Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/
	<input type="text"/>		<input type="text"/>	<input type="text"/>

2. Tax file number

It is not compulsory to provide your Tax File Number (TFN). If you choose not to disclose your TFN, your contributions may be subject to a surcharge tax. If you do provide your TFN, you are authorising the Fund to quote that number to the Australian Taxation Office when reporting details of your contributions.

I declare that my Tax File Number is:

3. Investment Details

My investment is sourced from the following

Personal contributions	\$	<input type="text"/>
Spouse Contributions (legal or defacto contributing on my behalf)	\$	<input type="text"/>
Superannuation Rollovers	\$	<input type="text"/>
Employer ETP Rollovers	\$	<input type="text"/>
Total Investment	\$	<input type="text"/>

Cheques should be made payable to the "APS Rollover Fund"



Please indicate your preference by investment strategy:

(If you don't indicate a strategy, your account will be invested in the Cash Plus Option)

High Growth

%

Diversified

%

Balanced

%

Capital Guarded

%

Cash Plus

%

OR indicate your preference in the Member Choice strategy

Aust. Equities

%

Int. Equities

%

Listed Property

%

Aust. Fixed Income

%

Int. Fixed Income

%

Cash

%

4. Declaration by applicant

I declare that:

- I understand the Product Disclosure Statement is a general guide and does not constitute investment advice.
- I understand that the Trustee is not responsible for my choice of investment strategy.
- The information provided on this application is correct to the best of my knowledge.

Signed

Date (dd/mm/yyyy)

 / /

IMPORTANT NOTES FOR MEMBERS

INVESTMENT OPTION

Unless a valid choice of investment strategy is made in Section 3, your account will be invested in the Cash Plus option. Contact Member Services for details.

FEES AND CHARGES

Are as set out in the Product Disclosure Statement (PDS).

PROTECTING YOUR PRIVACY

The personal information you are requested to provide is required in order to establish and maintain your membership in the APS Rollover Plan.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or on the Fund's website at www.chifley.com.

What to do next

Please ensure that:

- you have completed Section 3 "Investment Details";
- you have signed and dated Section 4 "Declaration by applicant";

Now please send this form to the Fund address below.

Where to send this form/enquiries

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

Phone: (02) 9273 0000 or 1800 800 002
(8.30 am – 5.00 pm Mon – Fri)
Fax (02) 9279 4130

