TelstraSuper Personal Plus Application



Please complete this application form to open a TelstraSuper Personal Plus account.

RED SECTIONS FOR YOUR INFORMATION

GREY SECTIONS TO FILL OUT

Save time! Complete Online



Before you start

- Read the TelstraSuper Personal Plus Product Disclosure Statement and the Important Information section at the end of this form to help you complete your application.
- If you would prefer to join online go to telstrasuper.com.au/join
- If you're signing this form on behalf of another person, you will need to complete and attach an Authorised Third Party Representative Identification form available at telstrasuper.com.au/forms and include any certified documents as required.
- If you are a distributor, this product's target market, distribution conditions and reporting obligations are contained within the TelstraSuper Personal Plus Target Market Determination which is available at telstrasuper.com.au/pds
- You must provide your personal email address and mobile number. These cannot be the same as another TelstraSuper member.

How did you hear about us?

I'm family of a TelstraSuper member

I'm a friend of a TelstraSuper member

I'm a former employee of Telstra or an associated employer

I'm a current employee of Telstra or an associated employer

I'm already a TelstraSuper member and my member number is:

Other

KNOW

| 1. Your de | 1. Your details | | | | | | | |
|--|-----------------|-----|------|----|--------|--|--|--|
| Title | Mr | Mrs | Miss | Ms | Other | | | |
| Surname* | | | | | | | | |
| Given nam | e(s)* | | | | | | | |
| Residential address* (PO Box not acceptable) | | | | | | | | |
| Suburb* | | | | | State* | | | |
| Mobile/contact no.* Email* | | | | | | | | |
| Postal address (if different to residential address) | | | | | | | | |
| Suburb | | | | | State | | | |
| *Mandatory 1 | ields | | | | | | | |



Before you act

You may wish to consult an adviser before you make any decisions relating to your financial affairs. To speak with an adviser from TelstraSuper Financial Planning call 1300 033 166.





2. Provide your Tax File Number (TFN) and authorisation

We are required to provide you with details on the collection of TFNs before you provide your TFN. See the Important Information section for details.

TFN declaration

I acknowledge that I have read the TFN provision in the Important Information section and understand that TelstraSuper will not use my TFN for any unlawful purpose.

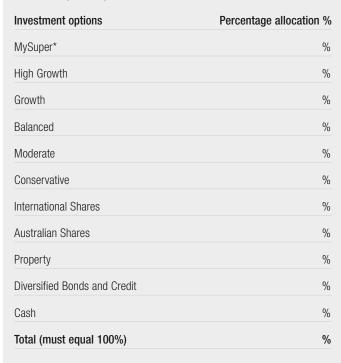
| My TFN is: | | | I | l | | |
|----------------|--|--|---|---|--|---|
| iviy ii iv io. | | | • | | | _ |

TFN

INVEST

3. Investment choice

How would you like your account invested?



Automatic Investment Re-weight

Do you want to add an Automatic Investment Re-weight facility using the investment allocation you've nominated in this table?

No Yes (complete details below)

Deviation tolerance percentage

Specify the tolerance you want to apply (between 1 - 10%). If no tolerance is specified, it will default to 5%.

%

Re-weight frequency

You must nominate the frequency of your automatic investment re-weight.

Quarterly (28 March, 28 June, 28 September and 28 December)

Half-yearly (28 June and 28 December)

Annually (28 June)



^{*} TelstraSuper's MySuper Lifecycle is the default investment strategy for accumulation members and consists of four investment stages: MySuper Growth for members aged under 50, MySuper Balanced for members aged 50 to under 65, MySuper Moderate for members aged 65 to under 70 and MySuper Conservative for members aged 70 and over. By selecting MySuper, your super will be invested in the relevant age-based investment stage listed above. As you age, your account balance invested in MySuper will automatically move to the relevant age-based investment stage without incurring a buy-sell cost. If you don't make an investment choice, your super will be invested in TelstraSuper's MySuper

4. Insurance declaration (you must complete this section)

You must select ONLY ONE option. Refer to the TelstraSuper Personal Plus Insurance Guide at telstrasuper.com.au/pds for full details.

I do not require any insurance cover. I acknowledge I will therefore be ineligible for default Death & Total and Permanent Disablement (TPD) cover and if I wish to apply for cover in the future I may need to provide health and other personal information — go to **section 5**

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I require default Death only cover*

If so, are you suffering from symptoms of ill health or disability to that extent that:

- 1. You have been told by a doctor, or medical specialist, that you have less than 24 months to live?
- 2. You have been paid a Total and Permanent Disablement benefit from TelstraSuper, another superannuation fund or life insurance policy?

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I require default Death & TPD cover*

If so, at the date of this application:

- 1. Have you been told by a doctor, or medical specialist, that you have less than 24 months to live?
- 2. Regardless of the hours that you are working, do you have an illness or injury that stops you from performing all of your usual work activities at least 30 hours a week?
- 3. Due to an illness or injury have you been unable to work for more than 4 weeks in the last 12 months?
- 4. Has a life insurance company ever refused you cover or offered you cover subject to special terms such as an exclusion (for example not covering you for a back related condition) or an additional premium amount?
- 5. Have you ever made a claim, or do you plan to make a claim, for an illness or injury from:
 - Government benefits (such as sickness benefit or invalid pension)
 - · Motor accident scheme
 - TelstraSuper or another superannuation fund
 - Workers' compensation or Life insurance policy?

Note: If you answered 'yes' to any of the questions above, you are not eligible to apply for default Death only or default Death & TPD insurance cover using this form. However, you may still apply for cover online or over the phone with our Insurer MLC Limited (MLC Life Insurance). Simply complete an Insurance Telephone Application Request form available at telstrasuper.com.au/forms

Your duty to take reasonable care not to make a misrepresentation About this application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost. We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure
 of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

Where the Policy Owner and Life Insured are different persons

If the policy owner and life insured under the policy are different persons, a misrepresentation by the life insured has the effect as though it is a misrepresentation by the policy owner. If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the representations made to us by you or the Trustee.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions. If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met. For example we may:

- avoid the cover (treat it as if it never existed),
- vary the amount of the cover, or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances,
- what we would have done if the duty had been met for example, whether we would have offered cover, and if so, on what terms,
- whether the misrepresentation was fraudulent, and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.



Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

^{*} Insurance cover will not commence before the date the application is accepted by the fund. If you are not at work (as defined in the relevant insurance policy) on the cover start date, your cover will be limited cover until you are at work.

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5. Nominate your beneficiaries

Nominating a beneficiary helps us to determine who should receive your death benefit in the event of your death. Your nomination will apply to all your TelstraSuper accounts including if you transfer to another TelstraSuper account*. See the Important Information section in this form to understand the different types of nominations and who you can nominate.

Type of nomination (select one option only)

I wish to make a binding nomination – complete section A below

I wish to make a non-binding nomination – complete section B on the following page

I do not wish to make a nomination – go to section 6

NOTE: If you're completing this form as an attorney under a power of attorney, as a guardian under a guardianship order or as an administrator under an administration order, we will not consider an appointment under this section as a valid nomination unless the power of attorney or order (as applicable) expressly authorises you to make a binding or non-binding death benefit nomination, as applicable.

* An exception to this is where you have a TelstraSuper RetireAccess account and have appointed a reversionary beneficiary to receive the remainder of your income stream. In this situation, the remainder of your income stream will be payable to your nominated reversionary beneficiary.

SECTION

Section A - Make a binding nomination

Nominated percentages must total 100% or all nominations will be invalid

| Full name of beneficiary | Relationship to yo Select one option o | ou nly for each beneficiary | % of total benefit Whole numbers only |
|--|--|---|--|
| 1. | Spouse Child | Financial dependant Interdependency relationship | * |
| 2. | Spouse Child | Financial dependant Interdependency relationship | , + |
| 3. | Spouse Child | Financial dependant Interdependency relationship | * |
| 4. | Spouse Child | Financial dependant Interdependency relationship | * |
| 5. Legal personal representative (your estate) | To have part or all of | of your benefit paid to your estate | * |
| | | TOTAL must total 100% | - |

To nominate more beneficiaries please attach a separate sheet with their details. The sheet must be signed and dated by you and your witnesses on the same date as this form.

When making a binding nomination this section must be completed by the member and two witnesses and must be signed and dated on the same date, otherwise it will be invalid.

Member declaration

By signing this declaration, I acknowledge that:

- I have read the Important Information section and have nominated one or more of my dependants and/or legal personal representative
- Each dependant nominated must be my dependant at the date of my death
- 100% of my benefit must be allocated and the allocation must be clearly
- My beneficiary nomination can be changed or amended at any time
- My beneficiary nomination will take effect from the date the form is processed by TelstraSuper
- If I have made a binding nomination:
 - it will expire 3 years after the date it is signed
 - that is not valid or in effect at the date of my death, the Trustee must pay my benefit to one or more of my dependants or legal personal representative in the proportions it determines.
 - it will apply to all of my TelstraSuper accounts, including if I transfer to another TelstraSuper account
 - it will not affect the nomination of my reversionairy beneficiary in my RetireAccess account (if applicable)

| Signature | (electronic | cinnatura | ie not | accentable) |
|-----------|-------------|-----------|--------|-------------|

| 0 | , | 0 | / |
|-----------|---|---|---|
| | | | |
| X | | | |
| Full name | 9 | | |

Date

Witness declaration

By signing this form each witness makes the following declaration:

- I am over 18 years old
- I am not named as a beneficiary on this nomination
- I witnessed the member sign and date this nomination in my presence
- I understand that TelstraSuper may contact me to verify that I witnessed this

WITNESSES

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WITNESSES

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| 101111. | | | | | | |
|---|--------------------------|--|--|--|--|--|
| Signature of Witness 1 (electronic signature is not acceptable) | | | | | | |
| | | | | | | |
| X | | | | | | |
| Full name of Witness 1 | | | | | | |
| | | | | | | |
| Date | Contact number Witness 1 | | | | | |
| Date | Contact number withess 1 | | | | | |
| | | | | | | |
| Signature of Witness 2 (electronic signature is not acceptable) | | | | | | |
| | | | | | | |
| X | | | | | | |
| - | | | | | | |

Full name of Witness 2

Date Contact number Witness 2



| Nominated percentages must total 100% or all no | minations will be invalid | | | |
|---|---|---|--|----------------|
| Full name of beneficiary | Relationship to you Select one option only | for each beneficiary | % of total benefit Whole numbers only | |
| 1. | Spouse Child | Financial dependant Interdependency relationship | | + |
| 2. | Spouse Child | Financial dependant Interdependency relationship | | , + |
| 3. | Spouse Child | Financial dependant Interdependency relationship | | + |
| 4. | Spouse Child | Financial dependant Interdependency relationship | | + |
| Legal personal representative (your estate) | To have part or all of yo | our benefit paid to your estate | | + |
| | | TOTAL must total 100% | | _% = |

6. Your declaration and signature

By signing this form, I:

- declare that I have read and understood the TelstraSuper Personal Plus Product Disclosure Statement and the Important Information section of this form
- acknowledge that I have read the Privacy Policy and Privacy Collection Statement and I understand and consent to how TelstraSuper will use my personal information
- acknowledge that all the information I have provided on this form is true and correct
- acknowledge that I have nominated my insurance arrangements and that I have read and understand the duty to take reasonable care not to make a misrepresentation
- understand and agree that no insurance is effective until the Insurer accepts this application
- agree to be bound by the terms of the TelstraSuper Trust Deed from the date I become a member of the fund
- · declare that I am aged 15 years or over
- acknowledge that if I have more than one TelstraSuper account the beneficiary nomination on this form is effective across all my accounts, except a
 TelstraSuper RetireAccess income stream where I have nominated a reversionary beneficiary. If required, I confirm I have obtained and considered
 appropriate expert advice
- understand that the beneficiary(ies) nominated on this form must be my dependants at the date of my death.

By signing this form, I:

am consenting to TelstraSuper sending me disclosure documents, confirmation of transactions and other information relevant to my TelstraSuper
membership electronically (where possible), including via email, SMS or my online account (SuperOnline). I understand I can change my
communication preferences, including marketing subscriptions, at any time via my SuperOnline account or by calling TelstraSuper on 1300 033 166.

Each person who signs this form on behalf of the applicant named in this form:

- represents and warrants that they are lawfully appointed as guardian, administrator or attorney (as applicable), and
- declares that they are acting in accordance with the terms of the relevant power of attorney, guardianship order or administration order, including that
 if more than one person must act under the appointing document, all nominated persons must include their name, signature and date on this form
 helow, and
- declares that their appointment remains valid and current as at the date of this form.

| State capacity (if applicable) | Guardian | Administrator | Attorney | |
|--------------------------------|----------|---------------|----------|------|
| Name | | | | |
| Signature | | | | Date |

Olg

SIGN

Office use only Member no.



Please return completed form to TelstraSuper:

PO Box 14309, MELBOURNE VIC 8001

Before sending this form to TelstraSuper, please check that you have:

read and completed the form in its entirety, including the Important Information section

provided your Tax File Number

photocopied your completed application form for your records.



Important Information - TelstraSuper Personal Plus Application (page 1 of 1)

Information about providing your TFN to TelstraSuper

Your TFN is confidential. Before you provide your TFN we are required to tell you the following:

- Under the Superannuation Industry (Supervision) Act 1993 (Cth), TelstraSuper is authorised to collect, use and disclose your TFN. If provided, your TFN will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.
- The Trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you ask us in writing not to disclose
 your TFN to any other superannuation provider.
- You do not have to supply your TFN, but if you don't:
 - pre-tax contributions will be taxed at the highest marginal tax rate and may be deducted from your TelstraSuper account
 - post-tax contributions cannot be accepted into TelstraSuper (or any other super fund).

These consequences may change in the future.

Nomination of beneficiary

- **Binding nomination** a valid binding death benefit nomination gives you certainty about who will receive your benefit when you die and means the trustee must pay your death benefit to the beneficiaries nominated in the proportion set out in the nomination. To be valid and in effect, all the following conditions must be met:
 - each person nominated must be a dependant or your legal personal representative
 - the allocation amongst the beneficiaries must be clearly set out
 - the total percentage of the benefit allocated to the beneficiaries nominated must equal 100%
 - the nomination form must be signed and dated by two witnesses who are both aged 18 or over and are not named as beneficiaries
 - must contain a declaration signed and dated by the witnesses stating that notice was signed and dated by the member in their presence.

A binding nomination remains in effect for 3 years after the date it was first signed, last confirmed or amended.

• Non-binding nomination - is not binding on TelstraSuper. TelstraSuper will take it into consideration when determining who to pay your death benefit to.

Your binding or non-binding nomination will be effective across all your TelstraSuper accounts except a TelstraSuper RetireAccess income stream where you have nominated a reversionary beneficiary.

If you have death insurance attached to your retirement income account, the insured component of your death benefit will be paid to your binding or non-binding beneficiaries nomination, as applicable.

Each dependant nominated must be a dependant at the date of your death. If your personal circumstances change (e.g. you marry, divorce, have a child or enter a de facto relationship), please ensure that you make a new binding nomination.

If your binding nomination is not valid or in effect at the date of your death, TelstraSuper must pay your benefit to one or more of your dependants or legal personal representative in any proportion determined by TelstraSuper.

Who can be nominated as a beneficiary?

You can nominate your eligible dependants or your legal personal representative(s) as your binding or non-binding beneficiaries.

Your dependants are

- spouse a person to whom you are legally married, a person whether of the same or a different sex with whom you are in a relationship that is registered under an Australian State or Territory law, or a person whether of the same or a different sex with whom you are not legally married but who lives with you on a genuine domestic basis as a couple.
- **child** your child (or your spouse's child) of any age, including an adopted child, a step-child or an ex-nuptial child, or a child within the meaning of the Family Law legislation.
- financial dependant any other person totally or partially financially dependent upon you at the time of your death.
- interdependency relationship any other person with whom you have an interdependency relationship. You will generally have an interdependency relationship with someone if:
 - you have a close personal relationship, and
 - you live together, and
 - one or both of you provide financial support for the other, and
 - one or both of you provide domestic support and personal care for the other.

You may also have an interdependency relationship with someone when you have a close personal relationship but do not satisfy the other criteria listed above by reason that one or both of you suffer from a physical, intellectual or psychiatric disability.

Your legal personal representative is the person

- nominated by you to be the executor of your Will
- appointed to distribute your assets according to the laws of the relevant State or Territory (if you do not have a Will).

Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709, is the trustee of the Telstra Superannuation Scheme ABN 85 502 108 833 (TelstraSuper). Telephone 1300 033 166 Website telstrasuper.com.au

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