

AON MASTER TRUST CORPORATE SUPER

Employer Kit

WHAT TO DO NEXT

THE AON MASTER TRUST OFFERS EMPLOYERS A CHOICE OF SUPERANNUATION SOLUTIONS. THE STANDARD CORPORATE SUPER OPTIONS DESCRIBED IN THIS PDS ARE FOR ORGANISATIONS WITH FIVE EMPLOYEES OR OVER WHO ARE JOINING THE PLAN. ORGANISATIONS WITH LESS THAN FIVE EMPLOYEES WHO INTEND JOINING, CAN JOIN AON MASTER TRUST PERSONAL SUPER.

Super funds with over 500 members or total assets of over \$5,000,000 may often have special requirements, including defined benefit options, insurance tailoring and employer contribution matching arrangements. We can provide these services and will prepare a schedule to complement the enclosed *Employer: Application agreement*. Please ensure that you tick the *non-standard employer plan* box under *Employer details*. Contact us for more information.

Consider joining as an employer

If you choose to join Aon Master Trust Corporate Super, an authorised officer of your company will need to complete an *Employer: Application agreement* form. Please contact us if you require more information about the options shown.

Join your employees

You can:

- ↳ complete and send us the enclosed *New members advice & schedule*, or an export from your payroll system (we will enrol your employees in the Trust and send each new member a *Member Kit* including a *Change member details and options* form to complete and return to us)

OR

- ↳ **for successor fund transfers** if your employees are transferring from an existing super fund or another master trust, we can negotiate directly with the outgoing service provider to arrange a successor fund transfer if appropriate.

Making financial decisions?

If you or your employees would like advice on choosing investment options, deciding on insurance or comparing financial products, call us on **1300 880 588** for more information about financial planning services.

Employer: Application agreement

Use this form to apply to join Aon Master Trust Corporate Super as a participating employer. You need to have five or more employees who will be joining the Plan. If you have less than five employees, you should refer them to join Aon Master Trust Personal Super.

If you have any questions, call us on **1300 880 588**.

EMPLOYER DETAILS

Preferred plan name

Employer name

ABN

Street address

Suburb

State

Postcode

If your postal address is different from your registered address, please provide details below.

Postal address

Suburb

State

Postcode

Title

Contact name

Position

Email

Telephone

Facsimile

Plan commencement date

Please select one option below.

Standard employer plan (you must ensure you complete the appropriate benefits on pages 2–5)

Non-standard employer plan (please attach a customised schedule of required benefits)

CATEGORIES AND CONTRIBUTIONS

For standard plans you can specify up to five categories and contribution designs – eg senior managers, staff, casuals etc. Categories B, C, D and E are only required if contributions or benefits differ between categories. Please contact us if you require more than five categories.

Category A

Description/contributions

When are employees eligible to join this category?

Category B (optional)

Description/contributions

When are employees eligible to join this category?

Category C (optional)

Description/contributions

When are employees eligible to join this category?

Category D (optional)

Description/contributions

When are employees eligible to join this category?

Category E (optional)

Description/contributions

When are employees eligible to join this category?

INVESTMENTS

Each member may choose an investment strategy from the options described in the *Aon Master Trust Corporate Super – Employer Guide Product Disclosure Statement*. The default option is Balanced – Index. Please indicate your choice below if you wish to nominate another option.

Nominated default investment option:

RESIGNATION AND RETIREMENT BENEFITS

Equals total account balance.

DEATH-ONLY OR DEATH AND TOTAL PERMANENT DISABLEMENT (TPD) INSURANCE

Please complete applicable categories below indicating the basis of insured benefits (1A, 2C or 3E). If an option is not selected, the minimum level of death and TPD insurance will apply.

Regardless of the formula selected, if the formula results in a sum insured for your members which is less than the minimum level of death and TPD cover, then the minimum level of death and TPD cover will apply.

Basis of insured benefits

Select one option per category.

The insured benefit in addition to total account balance, is calculated as:

- 1A = (Variable) x annual salary x future service (years and complete months) to age 65
2C = (Variable) x annual salary
3E = (Variable) (fixed dollar amount)

Category A

1. Please tick one option.

Death-only

Death and TPD

2. Choose basis of insured benefits (1A, 2C or 3E)

3. Variable \$ _____

Category B (optional)

1. Please tick one option.

Death-only

Death and TPD

2. Choose basis of insured benefits (1A, 2C or 3E)

3. Variable _____

Category C (optional)

1. Please tick one option.

Death-only

Death and TPD

2. Choose basis of insured benefits (1A, 2C or 3E)

3. Variable _____

Category D (optional)

1. Please tick one option.

Death-only

Death and TPD

2. Choose basis of insured benefits (1A, 2C or 3E)

3. Variable _____

Category E (optional)

1. Please tick one option.

Death-only

Death and TPD

2. Choose basis of insured benefits (1A, 2C or 3E)

3. Variable _____

INCOME PROTECTION INSURANCE

Income protection insurance of up to 75% of taxable salary payable up to selected benefit period, as selected below, is to apply to the following categories:

Category A	<input type="checkbox"/> yes	<input type="checkbox"/> no
Category B	<input type="checkbox"/> yes	<input type="checkbox"/> no
Category C	<input type="checkbox"/> yes	<input type="checkbox"/> no
Category D	<input type="checkbox"/> yes	<input type="checkbox"/> no
Category E	<input type="checkbox"/> yes	<input type="checkbox"/> no

The income protection waiting period can be one of the following: (please tick one)

<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
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The minimum benefit period can be one of the following: (please tick one)

<input type="checkbox"/> up to two years	<input type="checkbox"/> up to five years	<input type="checkbox"/> to age 65
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AUTOMATIC ACCEPTANCE LIMIT ELIGIBILITY

An Automatic Acceptance Limit (AAL) is only available where 75% or more of your eligible employees have insurance cover through the Aon Master Trust. (Select the box that applies to the number of eligible employees you have.)

Death and TPD

Number of employees

<input type="checkbox"/> 5-9	\$350,000
<input type="checkbox"/> 10-19	\$400,000
<input type="checkbox"/> 20-29	\$450,000
<input type="checkbox"/> 30-49	\$550,000
<input type="checkbox"/> 50-99	\$600,000
<input type="checkbox"/> 100-199	\$850,000
<input type="checkbox"/> 200-299	\$950,000
<input type="checkbox"/> 300-499	\$1,000,000
<input type="checkbox"/> 500+	\$1,100,000

Income protection

Number of employees

<input type="checkbox"/> 5-9	\$5,000
<input type="checkbox"/> 10-19	\$6,000
<input type="checkbox"/> 20-29	\$7,000
<input type="checkbox"/> 30-49	\$8,000
<input type="checkbox"/> 50-99	\$9,000
<input type="checkbox"/> 100-199	\$11,000
<input type="checkbox"/> 200-299	\$11,500
<input type="checkbox"/> 300-499	\$12,000
<input type="checkbox"/> 500+	\$12,500

FEES

Fees must be within the trustee's minimum and maximum prescribed amounts. Fees applying to the Plan are as follows:

Member fee	\$72.72 pa PLUS
Asset administration fee (0%–1.1%)	<input type="text"/> % pa
Includes asset based commission of (0%–0.6%)	<input type="text"/> % pa

Insurance brokerage rate (0%-30%) _____ % pa

Percentage of insurance brokerage as commission to adviser (0%-70%) _____ % pa

Death-only, death and TPD and income protection premiums that differ from the standard rates shown in this Product Disclosure Statement will be shown in an attached schedule.

COSTS

Will the employer pay administration and/or insurance costs in addition to the contributions listed on page 2?*

Member fee yes no

Asset administration fee yes no

Death-only and death and TPD insurance premium yes no

Income protection insurance premium yes no

* additional contributions paid by employers for the payment of fees and/or premiums will count towards members' contributions reported to the Australian Taxation Office.

POLICY COMMITTEE

Is a policy committee to be established? yes no

If yes, please provide representatives' names if known (equal numbers of employer and member representatives are required on a policy committee).

Employer representatives

Member representatives

PRIVACY

Personal information

The personal information that the Aon Master Trust collects is used to process your application, administer your accounts and provide you with services and options and conduct research about how to improve Aon Master Trust services and products.

Unless required or authorised by law, we will only provide your personal information to authorised service providers and other Aon companies who use the information to administer your account and provide services to you.

Marketing material

The Aon Master Trust may send marketing material to members and participating employers about exclusive offers and promotions.

If you do not want to receive this material please cross this box.

For more information about privacy, including a copy of the Aon Master Trust privacy policy, call us on **1300 880 588** or visit **aonmastertrust.com.au**.

DECLARATION AND AGREEMENT

To Aon Superannuation Pty Limited, trustee of the Aon Master Trust:

- ☒ the employer applies to participate in the Trust
- ☒ the employer intends to join five or more employees as members of the Aon Master Trust
- ☒ the employer acknowledges that it has received and understood the *Aon Master Trust Corporate Super – Employer Guide Product Disclosure Statement* dated 1 July 2011
- ☒ in consideration of being admitted to participate in the Trust the employer agrees with the trustee and with each of the members to observe and perform each of the relevant provisions of the trust deed and this agreement
- ☒ the employer agrees to pay the fee invoices from the Aon Master Trust within 30 days of issue, if it elected to pay any fees or premiums on behalf of its employees
- ☒ the employer consents to the fee outlined to be paid to the nominated adviser, if any.

For use when the employer is a company

The common seal of the employer was affixed in the presence of:

Director/secretary 1 signature

Director/secretary 2 signature

Common seal

Date

For use when the employer is a sole trader/partnership

Signed by

Date

Print name

Signature of witness

Date

Name of witness

ADVISER DETAILS – ADVISER TO COMPLETE (OPTIONAL)

If you have appointed a financial adviser who has negotiated with the product issuer on your behalf, to obtain Plan information and receive remuneration your adviser must complete this section.

Adviser code

Adviser name

Adviser dealer group

Telephone

Postal address

Suburb

State

Postcode

Adviser's signature

Date

AUTHORISED SIGNATORY

Completed by

Signature

Position

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* Use Benefit categories/classes supplied for your Plan. Leave blank if not applicable.
^ Show if employee is full time (FT) or part time (PT). If part time also show hours worked per week, eg. PT/30.

1 July 2011

To whom it may concern

**AON MASTER TRUST CORPORATE SUPER
COMPLIANCE ADVICE**

This letter confirms that **Aon Master Trust Corporate Super** is part of the Aon Master Trust ('the Trust') (ABN 68 964 712 340). It is a resident regulated superannuation fund as defined under Section 10(1) of the Superannuation Industry (Supervision) Act 1993. The trustee of the Aon Master Trust is Aon Superannuation Pty Limited (ABN 83 057 982 822, AFSL 237465).

The **Aon Master Trust** was established by a trust deed dated 25 June 1990 and is able to accept contributions on your behalf from your employer and rollovers/transfers from other complying funds.

In the event that the Trust's complying status is revoked the trustee would receive notice to that effect under section 63 of the Superannuation Industry (Supervision) Act 1993. The trustee confirms that it has not received nor does it expect to receive any such notice.

Yours sincerely



Jennifer Dean
Fund Secretary

For and on behalf of the trustee of the Aon Master Trust, Aon Superannuation Pty Limited

Please note that this letter can be provided to the fund you are transferring from or to your employer to confirm that the Trust is a complying superannuation fund. Superannuation Fund Numbers (SFNs) are no longer used and the relevant identifiers are given below.

ABN: 68 964 712 340
SPIN: AON0201AU

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Administrator

Aon Consulting Pty Limited trading as Aon Hewitt
Aon Master Trust

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AON Hewitt