

# **AON MASTER TRUST PERSONAL SUPER**

**Member Kit**

# WHAT TO DO NEXT

**THIS MEMBER KIT HAS EVERYTHING YOU NEED TO APPLY FOR MEMBERSHIP IN AON MASTER TRUST PERSONAL SUPER. JUST FOLLOW THESE EASY STEPS AND RETURN THE COMPLETED FORMS TO THE TRUST. UNLESS OTHERWISE INDICATED, ALL FORMS AND DOCUMENTS ARE AVAILABLE FROM OUR WEBSITE OR BY CONTACTING US (SEE BACK COVER).**

## ❑ Apply for membership

Read the Product Disclosure Statement before applying for membership.

To apply for membership, complete and return the *Personal Super: Member application* form on the following page. The minimum amount required to open a Personal Super account is \$1,500.

## ❑ Make contributions and consider additional contributions

To start and maintain your membership you can make regular contributions by cheque or deductions from your bank account.

- ↳ If by cheque, complete and return a *Personal Super: Super contributions* form each time. Please make any cheque(s) payable to: Aon Master Trust.
- ↳ If via bank account, complete and return the *Direct debit request and agreement* form contained in this kit.
- ↳ Consider having your employer make SG contributions to your account. See the *It's your choice* form on the website for more information.

## ❑ Consider your investment option(s)

To choose investment option(s) complete the *Investment options* section in the *Personal Super: Member application* form. If you do not make an investment choice you will be invested in the Balanced – Index option.

## ❑ Consider your insurance option(s)

You must have a minimum balance of at least \$5,000 to retain the minimum level of cover or to apply for full or voluntary cover. Complete the *Insurance options* section in the *Personal Super: Member application* form. If applying for full or voluntary cover also complete and return a *Personal statement and declaration of health* or, if you are transferring your cover from another super fund, an *Individual insurance transfer* form. We will notify you if further health evidence is required.

## ❑ Consider keeping your super in one place

You can transfer (roll over) super benefits from previous fund(s) into the Aon Master Trust. Complete and return the *Request to transfer whole balance of superannuation benefits between funds* form contained in this kit and return it with a certified copy of your photo ID—see *Completed proof of identity* on page 2 of the form for more information. For additional forms, please see our website.

## ❑ Consider spouse membership

If your spouse would like to join the Aon Master Trust, they should obtain their own copy of the PDS, then complete and return the *Personal Super: Member application* form, including the *Spouse details* section.

## ❑ Consider making a death benefit nomination

Complete the *Binding death benefit nomination* form contained in this kit to make a binding nomination. To make a non-binding death benefit nomination for your super account, complete the *Death benefit nomination* section in the *Personal Super: Member application form*, or go online once you receive your username and you register for online services.

## ❑ Continue to advise us of any change to personal details and options

If your details or choices change, complete a *Change member details and options* form or log in online and make the changes at [aonmastertrust.com.au](http://aonmastertrust.com.au) once you receive your username and you register for online services.

## Making financial decisions?

If you do not have an adviser or you'd 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.

# Member application

Complete this form to become a member of Aon Master Trust Personal Super. You can choose the type and level of insurance that suits you, how you would like your account invested and by what method you intend to contribute and, if required, to appoint an adviser. **A minimum contribution or transfer of \$1,500 is required to open your account.**

If you have any questions, please call us on **1300 880 588** or email **contactaon@pillar.com.au**. For more information go to our website **aonmastertrust.com.au**.

## YOUR DETAILS

Please select the appropriate option below and fill in the member number if required.

New member  
 Aon Master Trust Corporate Super member transferring to Personal Super  
         Corporate Super member number (if known)

Title  Given names

Surname

Date of birth        
 Sex (M or F) 
 Telephone

Mobile        
 Email

Occupation

Occupation Rating: Please select one of the following that best reflects your occupation.

- Professional – Professionals, executives and senior management
- White collar – Occupations that are office based with no manual work
- Grey collar – Occupations that are primarily non-manual but may involve light manual duties only
- Blue collar – Occupations that involve a moderate degree of manual work, or recognised qualified trades
- Dark blue collar – Heavy manual occupations or those with a degree of additional risk of disability

Residential address

Suburb 
 State   
 Postcode

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

Postal address

Suburb 
 State   
 Postcode

## SPOUSE DETAILS

Complete this section if you wish to advise details of your spouse. Only complete if your spouse is an existing member of the Aon Master Trust. Please provide your spouse's:

Title	First name	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Date of birth	Membership number	Employer
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

## TAX FILE NUMBER (TFN) DECLARATION

I understand that I do not have to provide my TFN. I am choosing to provide my TFN to the trustee:

- so that the trustee can accept my non-concessional contributions to super and so that any subsequent contributions and benefit payments may be taxed at concessional rates
- to facilitate the administration of my superannuation account, and to facilitate any other actual or proposed uses authorised by superannuation or taxation legislation.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

<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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## SELF-EMPLOYED DECLARATION

If you are self-employed or substantially self-employed, you may be eligible to claim a tax deduction on personal contributions you make to the Trust. Please complete this section if you are self-employed and you intend to claim a tax deduction on your contributions.

Are you self-employed?  Yes  No

## INSURANCE OPTIONS

- New members: You will automatically receive minimum level insurance cover for death and TPD when you join Aon Master Trust Personal Super. To request and retain insurance cover you will be required to have at least \$5,000 in your account. For the first 24 months your minimum level insurance cover will be for new events only—see page 6 of your PDS for details.
- Members transferring from Aon Master Trust Corporate Super: Death and TPD Insurance cover from your Corporate Super membership will automatically be transferred when you transfer to Aon Master Trust Personal Super, subject to any existing terms and conditions. If you wish to transfer your Corporate Super Income Protection (IP) cover please complete the Income Protection section below.

Opt out of automatic insurance cover. (if you tick this box, you will not receive any insurance cover and any future application for insurance cover will require underwriting).

## Death and Total and Permanent Disablement (TPD) cover

You may apply for additional death and TPD cover known as voluntary cover, or transfer existing insurance cover held under an external insurance policy or apply for Full cover (new members only) by completing the details below:

<input type="checkbox"/> Death cover	\$ _____ (voluntary cover)	<input type="checkbox"/> Full cover*	<input type="checkbox"/> Transfer of external insurance cover**
<input type="checkbox"/> TPD cover	\$ _____ (voluntary cover)	<input type="checkbox"/> Full cover*	<input type="checkbox"/> Transfer of external insurance cover**

## Income protection cover

Income protection cover is only available if you are gainfully and permanently employed for a minimum of 15 hours per week. All insurance cover will not be in force until you have been accepted by the insurer and advised by us in writing.

Your taxable salary \$ \_\_\_\_\_

<input type="checkbox"/> Indemnity*	<input type="checkbox"/> Agreed value*
<input type="checkbox"/> Transfer of external insurance cover**	<input type="checkbox"/> Transfer from Aon Master Trust Corporate Super#

Maximum benefit period (select one box only)

<input type="checkbox"/> Up to 2 years	<input type="checkbox"/> Up to 5 years	<input type="checkbox"/> To age 65
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Waiting period (select one box only)

<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
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\* You must also complete and send a *Personal statement and declaration of health* form available on our website, or call us on **1300 880 588**.

\*\*Please ensure that you complete and return an *Individual insurance transfer* form (available on our website) to avoid delays in processing your insurance application.

# Please ensure that you complete and return a *Personal Super: Continuation of income protection insurance* form (available on our website) within 60 days of terminating employment.

## BINDING NOMINATION

If you wish to make a binding nomination, please complete and return the *Binding death benefit nomination* form.

## DEATH BENEFIT NOMINATION

If you wish to make a non-binding nomination, please list your beneficiaries below.

In the event of your death while you are a member of the Trust, the benefit provided under the rules of the Trust is usually payable by the trustee to one or more of your dependants or to your estate. Dependants are limited by law to eligible dependants which can be your spouse (same sex or opposite sex), child, a financial dependent, or a person in an interdependency relationship with you. Your nomination of preferred beneficiaries below will only be used as a guide by the trustee in deciding who should receive your death benefit.

If you do not have any dependants please cross this box.

If you do have dependants, we recommend that you list them as your preferred beneficiaries or your legal personal representative/executor for payment of your death benefit. However you are not required by law to do so. You may change this nomination at any time. Attach a letter if you wish to nominate more than four beneficiaries.

Your percentage nominations must amount to 100% of your benefit.

### Beneficiary 1

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Beneficiary 2

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Beneficiary 3

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Beneficiary 4

Name in full

Date of birth

Relationship

Percentage of benefit (%)

## ADVISER AUTHORITY

If you have appointed an adviser, please ensure that the adviser signs and dates the section below.

By appointing an adviser, you acknowledge that:

- all relevant information on your superannuation, investment accounts and insurance policy(s), or other financial information will be released to your adviser
- the servicing rights and responsibilities for any policy(s) held on your behalf with your institution are passed on to your adviser and for this to be noted on your account(s)/policy(s) immediately
- your adviser has access via the internet to your benefit quote information, contribution history and other online details (with the exception of tax file number data) and can make member enquiries on your behalf
- the adviser service fee shown below can be deducted from your account balance and paid to your adviser in accordance with the Aon Master Trust PDS
- your adviser can change or switch your investment options and update your contact details and address (when requested by you)
- Aon Master Trust will pay 21% of your insurance premium to your adviser.

You can cancel this authority at any time by giving written notice to the trustee at Aon Master Trust, PO Box 1949, Wollongong NSW 2500.

Adviser code

Adviser name

Adviser dealer group

Telephone

Postal address

Suburb

State

Postcode

Contribution fee (0% to 5%)

 %

Transfer fee (0% to 5%)

 %

Asset-based commission (0% to 0.8%)

 %

Adviser service fee (0% to 2% pa ongoing)

 %

**or**

Adviser service fee (\$0 to \$10,000 pa ongoing fixed dollar fee)

 \$

and/or

Adviser service fee (\$0 to \$10,000 one off payment)

 \$

Adviser's signature

Date

## INVESTMENT OPTIONS

Your decision is important and it may significantly affect the amount of benefit you receive. Please note:

- ↳ the options you choose must total 100%
- ↳ there is a minimum 5% investment in any one chosen option
- ↳ your initial contribution/rollover will be invested as indicated below and we will continue to invest your contributions in the selected investment options
- ↳ if you wish to change your investment strategy, you must complete a *Personal Super: Change member details and options* form or *Switching investments—current members* form available on our website [aonmastertrust.com.au](http://aonmastertrust.com.au) or log in to your account online.
- ↳ if you do not complete any of the boxes below, your opening account balance will be invested in the Balanced – Index option
- ↳ see the 'How we invest your money' section of your PDS for more information.

## Automatic rebalancing

- ↳ Automatic rebalancing is not available if you select different strategies for your current account balance and future cashflow.
- ↳ Automatic rebalancing will apply only in quarters where the actual allocation in one or more investment options is at least 5 percentage points higher or lower than your intended allocation.
- ↳ Subject to the above point, automatic rebalancing will occur on the following dates (or next working day if this falls on a weekend or public holiday):
  - > 10 December
  - > 10 March
  - > 10 June
  - > 10 September
- ↳ If you change your portfolio options or asset allocation, this will cancel the automatic rebalancing facility and you will need to apply for its reinstatement.

Yes, I wish to opt in to automatic rebalancing

I wish my opening account balance and future contributions to be invested in the following options (complete percentages):

**Pre-mixed**

High Growth – Index	<input type="text"/>	%
High Growth – Active	<input type="text"/>	%
Growth – Index	<input type="text"/>	%
Growth – Active	<input type="text"/>	%
Balanced – Index	<input type="text"/>	%
Balanced – Active	<input type="text"/>	%
Capital Stable – Index	<input type="text"/>	%
Capital Stable – Active	<input type="text"/>	%
Secure – Index	<input type="text"/>	%
Secure – Active	<input type="text"/>	%

**Sector**

Australian Shares – Index	<input type="text"/>	%
Australian Shares – Diversified	<input type="text"/>	%
Australian Shares – Core	<input type="text"/>	%
Australian Shares – Socially Responsible	<input type="text"/>	%
Australian Shares – Opportunities	<input type="text"/>	%
International Shares – Index	<input type="text"/>	%
International Shares – Index (\$A hedged)	<input type="text"/>	%
International Shares – Diversified	<input type="text"/>	%
International Shares – Core	<input type="text"/>	%
International Shares – Core (\$A hedged)	<input type="text"/>	%
International Shares – Emerging Markets	<input type="text"/>	%
International Shares – Opportunities	<input type="text"/>	%
Property – Australian Index	<input type="text"/>	%
Property – Diversified	<input type="text"/>	%
Property – Global Listed (\$A hedged)	<input type="text"/>	%
Alternative – Diversified	<input type="text"/>	%
Fixed Interest – Australian Index	<input type="text"/>	%
Fixed Interest – International Index (\$A hedged)	<input type="text"/>	%
Fixed Interest – Diversified	<input type="text"/>	%
Fixed Interest – Australian	<input type="text"/>	%
Fixed Interest – International (\$A hedged)	<input type="text"/>	%
Cash	<input type="text"/>	%
Diversified – Maple-Brown Abbott	<input type="text"/>	%
<b>Total of both columns</b>	<input type="text" value="100"/>	<b>%</b>

# PRIVACY

## Personal information

The personal information that the Aon Master Trust collects is used to process your application, administer your account, provide you with benefits and options, and to 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 select 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](http://aonmastertrust.com.au).

## DECLARATION AND AGREEMENT

The full terms and conditions of the Aon Master Trust are set out in the trust deed. You can obtain a copy on request from the administrator on **1300 880 588**. (A \$50 fee applies.)

- ☒ I apply for membership of the Aon Master Trust. On being admitted to membership of the Aon Master Trust I will be bound by the trust deed and the rules thereunder. I acknowledge that I have received a Product Disclosure Statement that sets out my benefits and some important features of the Aon Master Trust.
- ☒ I understand that I can apply for a binding death benefit nomination which, if confirmed by the trustee and considered valid at assessment, will be legally binding on the trustee and will cancel any non-binding nomination I may have made.
- ☒ I understand that information contained in this form may be 'sensitive' under the *Privacy Act 1988* and I consent to this information being made available to the insurer, Trust's administrator, consultant, legal adviser(s) and any other relevant third party, including my adviser, in order to effect my application.
- ☒ If I am an Aon Master Trust Corporate Super member transferring to Personal Super, I authorise the transfer of my current benefits and any contributions received after benefits are transferred. I understand the Aon Master Trust may be required by law to deduct tax from the untaxed portion (if any) of the amount transferred.
- ☒ I understand that I will receive automatic death and TPD cover on joining and premiums will be deducted from my account unless I opt out.
- ☒ I understand that if I elect to stay in Aon Master Trust Personal Super and my benefit is less than (or falls below) \$1,000 that my benefit will not be member protected.

Before you sign this application form, the trustee or an adviser is obliged to give you a Product Disclosure Statement (which is a summary of important information relating to the Trust). The Product Disclosure Statement will help you to understand the product and decide if it is appropriate to your super needs.

Signature

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"/>
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# Completing the request to transfer whole balance of superannuation benefits between funds form

By completing this form, you will request the transfer of the **WHOLE** balance of your superannuation benefits between funds. This form can **NOT** be used to transfer part of the balance of your superannuation benefits. This form will **NOT** change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.

## BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

## WHEN COMPLETING THIS FORM

- Refer to these instructions where a question shows a message like this: 
- Print clearly in **BLOCK LETTERS**.

## AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your fund.

## IMPORTANT INFORMATION

 This transfer may close your account (you will need to check this with your **FROM** fund).

### This form can **NOT** be used to:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

## CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

## WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on **13 10 20**.

## THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

## WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed 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 trustee.

## TRANSFERS TO SELF MANAGED SUPERANNUATION FUNDS

You may use this form to transfer your benefits to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 and retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

## Completing proof of identity

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

### ACCEPTABLE DOCUMENTS

The following documents may be used.

#### EITHER

##### One of the following documents only:

- driver's licence issued under State or Territory law
- passport.

#### OR

##### One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

##### One of the following documents:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example:
  - Tax Office Notice of Assessment
  - Rates notice from local council.

### HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

## CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

### WHERE DO I SEND THE FORM?

You can send your completed and signed form with your certified proof of identity documents to either fund.

#### MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at [www.fido.asic.gov.au](http://www.fido.asic.gov.au), or
- Australian Taxation Office website at [www.ato.gov.au/super](http://www.ato.gov.au/super)

For more information about this form, phone the Australian Taxation Office on **13 10 20**.



# Request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993

## COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a ➡
- This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your **FROM** or **TO** fund.

### Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  /  /

Tax file number

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

➡ See 'What happens if I do not quote my tax file number?'

\*Gender Male  Female

\*Contact phone number

### Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

### Previous address

➡ If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Address

Suburb

State/territory  Postcode

### Fund details

#### FROM

\*Fund name

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

⚠ If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

#### TO

\*Fund name

\*Fund phone number

\*Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

⚠ You must check with your **TO** fund to ensure they can accept this transfer.

### \*Proof of identity ➡ See 'Completing proof of identity'

I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (<1 year old) with name and address

### 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.
- If the **TO** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

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.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date  /  /

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

**This page has been left blank intentionally.**

# Super contributions

Use this form to make a non-concessional (after tax) lump sum contribution direct to Aon Master Trust Personal Super. If you would like your employer to make contributions on your behalf, complete the *It's your choice—super choice* form available on our website and submit this to your employer.

If you have any questions, please call us on **1300 880 588** or email [contactaon@pillar.com.au](mailto:contactaon@pillar.com.au). For more information go to our website [aonmastertrust.com.au](http://aonmastertrust.com.au).

## YOUR DETAILS

Member number (if known)











Title

Given names

Surname

Date of birth









Sex (M or F)

Telephone











Mobile











Email

Occupation

## YOUR CONTRIBUTION

- Non-concessional contribution caps apply to members. See our fact sheet Contributions on our website at [aonmastertrust.com.au](http://aonmastertrust.com.au).
- Make your cheque out to Aon Master Trust and mail to Aon Master Trust, PO Box 1949, Wollongong NSW 2500.

Cheque number

















\$ \_\_\_\_\_ (complete amount)

## TAX FILE NUMBER (TFN) DECLARATION

I understand that I do not have to provide my TFN. I am choosing to provide my TFN to the trustee:

- so that the trustee can accept my non-concessional contributions to super and so that any subsequent contributions and benefit payments may be taxed at concessional rates
- to facilitate the administration of my superannuation account, and to facilitate any other actual or proposed uses authorised by superannuation or taxation legislation.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

## DECLARATION AND AUTHORISATION

I declare that:

- ☒ As a member of the Aon Master Trust I understand I will be bound by the trust deed and the rules thereunder.
- ☒ I received a copy of the Product Disclosure Statement when I joined the Aon Master Trust. I acknowledge that some terms and conditions (as set out in that Product Disclosure Statement) may have changed over time.
- ☒ I have read this fully and declare that the information given in this form is true and accurate.
- ☒ I understand that my personal information will be safeguarded by privacy laws.
- ☒ I authorise the deduction of any applicable fees or taxes from my contributions by Aon Superannuation Pty Limited as trustee of the Aon Master Trust.
- ☒ I confirm that I have not exceeded my non-concessional or concessional contribution cap for the current financial year.
- ☒ If I am between 65 and 75 years of age and making non-concessional contributions to super, that I have been gainfully employed on at least a part-time basis for 40 hours in 30 consecutive days in the current financial year.
- ☒ I understand that the trustee must hold my TFN to accept non-concessional contributions on my behalf.
- ☒ I understand that if I do not provide my TFN, my concessional contributions may be taxed at the highest marginal tax rate.

Signature

Date

## IMPORTANT INFORMATION

### Making contributions

- ☒ One-off or regular contributions by cheque can be made at any time by using this form.
- ☒ Regular contributions can be made by direct debit from a bank account by you by completing a *Direct debit request and agreement* form.
- ☒ To split your super with your spouse use the relevant form below:
  - > *Spouse contributions splitting – from the Aon Master Trust, or*
  - > *Spouse contributions splitting – into the Aon Master Trust.*

See the factsheet *Contributions* on our website for more information. All forms are available on our website [aonmastertrust.com.au](http://aonmastertrust.com.au) or by calling us on **1300 880 588**.

### Non-concessional (after-tax) contributions (ie personal undeducted and spouse contributions)

You may make any type of non-concessional contributions to super if you are under age 65. You may also make any type of non-concessional contributions between the age of 65 and 75 as long as you meet a work test for the financial year in which you make the contribution(s) – you must have been gainfully employed for at least 40 hours in 30 consecutive days in the financial year. For spouse contributions, if the receiving spouse is between 65 and 70 he/she must also meet the same work test to receive spouse contributions to the account.

If we do not hold a Tax File Number (TFN) for you we cannot accept non-concessional contributions on your behalf. For spouse contributions we require the TFN of the receiving spouse to accept spouse super contributions or splits to the account.

### Non-concessional contribution caps

You can make up to \$150,000 a year in non-concessional contributions up to age 75 (conditions apply) or up to \$450,000 averaged over three years by bringing forward future annual limits (if you are under age 65 in the financial year).

### Concessional (before-tax) contributions (ie salary sacrifice, Super Guarantee, additional employer, self-employed deductible)

You may elect to make salary sacrifice contributions from your pre-tax wages, if your employer agrees to making these contributions.

Your employer can also make Super Guarantee (SG) or additional employer payments to your account, if Aon Master Trust Personal Super is your fund of choice. If you are self-employed, you can make self-employed deductible contributions to your super account on your behalf.

Concessional contributions are taxed at 15% on entry to the Trust. If we do not hold a TFN for you, we may be required to deduct additional tax from your concessional contributions.

### Concessional contribution caps

Concessional contributions to superannuation will be limited to \$25,000 per person per year\*.

Members who are 50 or above and for those members turning 50 before 1 July 2012, the cap on concessional contributions will be \$50,000 from the financial year the member turns 50 until 30 June 2012. From 1 July 2012 members aged 50 years and over with superannuation balances below \$500,000 will be able to make up to \$50,000 in annual concessional super contributions.

\* This cap is indexed in line with movements in AWOTE in increments of \$5,000 (rounded down). For more information contact the Australian Taxation Office on 13 10 20 or visit [www.ato.gov.au](http://www.ato.gov.au).

# Direct debit request and agreement

Use this form to arrange for contributions to be made directly from your bank account to the Aon Master Trust by direct debit—see the current Product Disclosure Statement for information on contributions.

If you have any questions, please call us on **1300 880 588** or email **contactaon@pillar.com.au**. For more information go to our website **aonmastertrust.com.au**.

I/We authorise Aon Superannuation Pty Limited ABN 83 057 982 822 (User Id No: 216484), as trustee for the Aon Master Trust to arrange for funds to be debited from my/our account at the financial institution identified below through BECS (Bulk Electronic Clearing System—CS2). *Direct debiting may not be available from all accounts. If you have any doubt, please check with your financial institution.*

## YOUR DETAILS

Member number (if known)









Title

Given name

Surname

Date of birth









Sex (M or F)

Telephone











Mobile











Email

Postal address

Suburb

State




Postcode





## DETAILS OF ACCOUNT TO BE DEBITED

*Please attach a copy of a bank statement for your nominated account to confirm your bank details and account information (ie bank name, BSB, account name and number).*

Name of account holder

Name of financial institution

Address of financial institution

Suburb

State




Postcode





BSB number







Account number

## AGE 65 OR OVER — WORK STATUS DECLARATION FOR NON-CONCESSIONAL CONTRIBUTIONS

If you are age 65–74, you must be gainfully employed at least on a part-time basis to make non-concessional contributions to super. Members aged 75 or older cannot make non-concessional contributions to super.

I am age 65 or over but under age 75 and I have worked/I am working (delete whichever does not apply) at least 40 hours in 30 consecutive days during this financial year.

### CONTRIBUTION DETAILS PER MONTH

*Direct debits may commence in the month following your nominated date, depending on when we receive this form.*

#### Non-concessional

Personal (after-tax) \$ \_\_\_\_\_ (complete amount)

Spouse contributions \$ \_\_\_\_\_ (complete amount)

**Total** \$ \_\_\_\_\_ (complete amount)

Please debit monthly amounts shown above from the account named on page 1 of this form. Monthly debits are to commence on:

Date

(complete month and year)

### YOUR DECLARATION AND AUTHORISATION

By signing this section, you acknowledge that you have read and accepted the terms of the *Direct debit request service agreement* and that all details on this form have been checked by you and are correct.

I understand that if I exceed my non-concessional contribution cap, I may be subject to excess non-concessional tax.

*If debiting from a joint account we require both signatures. Ensure you have attached a copy of a bank statement for your nominated account.*

Signature

\_\_\_\_\_

Date

Signature

\_\_\_\_\_

Date

# DIRECT DEBIT REQUEST SERVICE AGREEMENT

## 1. Interpretation

- 1.1 References to 'we', 'us' and 'our' in this agreement means Aon Superannuation Pty Limited, as trustee for the Aon Master Trust, Aon Consulting Pty Limited and any third parties duly appointed to act as a representative or agent for or on behalf of either entity.
- 1.2 References to 'business day' means any day on which the banks are normally open for business in New South Wales and excludes weekends and public holidays.
- 1.3 References to the 'drawing date' means the fifteenth (15th) day of each month.
- 1.4 References to 'you' means the person(s) who has signed the Direct debit request form.
- 1.5 References to 'your account' means the account nominated by you in the Direct debit request form.

## 2. Aon operating account

Your direct debit will be administered through an operating account held on behalf of the Aon Master Trust.

## 3. Whole of agreement

The Direct debit request form and this Direct debit request service agreement form the whole of the agreement between you and us and authorises us to arrange for funds to be debited from your account as nominated in the Direct debit request form (or as nominated in any subsequent Direct debit request form received from you in accordance with Clause 4.2).

## 4. Our commitment to you

- 4.1 We will begin drawing on your account on the next available drawing date following the receipt of your completed Direct debit request form.
- 4.2 We will provide you with fourteen (14) days written notice (sent by ordinary post to the last address you notified us) if there are to be any changes to your Direct debit request service agreement.
- 4.3 Where the drawing date falls upon a day which is not a normal business day your account will be debited on the next business day.
- 4.4 We reserve the right to cancel the drawing arrangements if three (3) consecutive drawings are returned unpaid (dishonoured) by your nominated financial institution. A dishonour fee will be charged to your Aon Master Trust account.
- 4.5 Your direct debit records and account details will be kept confidential, except where the disclosure of certain information to your financial institution or a third party is necessary to enable us to act in accordance with your drawing arrangements.

## 5. Your rights

- 5.1 You may cancel, alter, or suspend your drawing arrangements at any time by providing us with written notice addressed to Aon Master Trust PO Box 1949, Wollongong NSW 2500. Such notice must be received by us at least three (3) business days prior to the fifteenth of the month in order for us to give effect to your instructions before the drawing date.
- 5.2 You may change the drawing amount and/or type of your contribution by completing a new Direct debit request form and providing it to the Aon Master Trust at least three (3) business days prior the fifteenth of the month in order for us to give effect to your instructions before the drawing date.
- 5.3 If you consider that your account has been incorrectly debited you should first contact the Aon Master Trust on 1300 880 588 and confirm the details in writing so that we may resolve your query as quickly as possible.

- 5.4 We are committed to resolving any issue or dispute that may arise to your satisfaction. If you feel that your query or issue has not been adequately dealt with you may lodge a formal written complaint with either us or with your own financial institution. We are obliged to provide you with a written response by the close of business on the seventh (7th) day after your complaint was received by us. If we fail to provide you with such a response you will be entitled to a full refund of the disputed amount. If we decline your claim and you are dissatisfied with our reason(s) for this decision, you may lodge a further written complaint with your financial institution which will attempt to conciliate a resolution. If this cannot be achieved within 21 business days, the dispute will be referred to the Management Committee of the Australian Payments Clearing Association Limited for a final ruling.

## 6. Your responsibilities

It is your responsibility to:

- 6.1 Ensure that your nominated account can accept direct debit requests and that all account holders have agreed to the debiting arrangements.
- 6.2 Check that the account details for the account you have nominated in the Direct debit request form are correct. We reserve the right to charge you an additional fee to cover our costs in rectifying incorrect information or where you have provided account information for an account that you do not own or that you do not have the authority to operate.
  - 6.2.1 Ensure that there are sufficient funds available in your nominated account to meet a drawing on its due date.
- 6.3 Check your account statement to verify that the amount debited from your account is correct.
- 6.4 Advise us if your nominated account is transferred, closed or the details are altered in any way.
- 6.5 Arrange an alternative suitable payment method if your drawing arrangements are cancelled for any reason.
- 6.6 If we are liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay to us an amount equal to the GST included in the consideration for the supply.
- 6.7 If you have any queries regarding this agreement please contact the Aon Master Trust on 1300 880 588.

## 7. Privacy

We are committed to ensuring the confidentiality and security of your personal information. We will only use this information for the purpose of processing and administering direct debits from your nominated bank account. We are bound by the *Privacy Act 1988* and the National Privacy Principles, as regulated by the Federal Privacy Commissioner, to protect such information from misuse and loss, unauthorised access, modification and disclosure. We will only disclose this information to a third party where it is necessary to facilitate the processing of your direct debit and to comply with applicable laws and regulations. You can request a copy of the Aon Master Trust privacy policy from the Customer Contact Centre on 1300 880 588 or online at [aonmastertrust.com.au](http://aonmastertrust.com.au).

## 8. Access to personal information

You are entitled to request access to your personal information held by us and to ask us to correct this information where you believe it is incorrect or out of date. If you have any questions about the personal information that is being held by us, or you have an issue or wish to lodge a complaint regarding the handling of your personal information, or you require a copy of the full privacy policy, please contact:

Privacy Officer  
Aon Superannuation Pty Limited  
GPO Box 534  
Sydney NSW 2001

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1 July 2011

To whom it may concern

**AON MASTER TRUST PERSONAL SUPER  
COMPLIANCE ADVICE**

This letter confirms that **Aon Master Trust Personal Super** is part of the Aon Master Trust ('the Trust') (ABN 68 964 712 340). It is a registered, 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.

In the event that the Trust's registered 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 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: AON0202AU

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## YOUR BINDING NOMINATION

For this binding death benefit nomination to be considered valid and binding on the trustee:

- ⊘ it must have been completed in the prescribed form and received and acknowledged by the trustee
- ⊘ it must not have expired/lapsed or been superseded by a new binding death benefit nomination
- ⊘ the nominated beneficiary or beneficiaries must be in one or more of the categories below **at the time of nomination and at the time of death benefit assessment:**
  - > a spouse (legal, same-sex or opposite-sex de facto)
  - > child (including an adopted step or ex-nuptial child or a child of your spouse)
  - > wholly or partially financially dependent on you
  - > in an interdependency relationship with you
  - > legal personal representative(s) (LPRs)
- ⊘ your signature must be witnessed and signed appropriately by two persons over the age of 18 who are not beneficiaries nominated by you
- ⊘ your instructions regarding the distribution of your benefit must be clear
- ⊘ the percentage of benefits you allocate to your beneficiaries must add up to 100%
- ⊘ you must be a member of the Aon Master Trust at the time of death.

Please read the Important information on the first page and the factsheet Binding death benefit nomination on our website [aonmastertrust.com.au](http://aonmastertrust.com.au) before completing this form.

Please complete details of your beneficiaries below including the percentage of your benefit allocated and ensure you show their relationship to you.

### Beneficiary 1

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse  Child  Financial dependant  Interdependant  LPR

### Beneficiary 2

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse  Child  Financial dependant  Interdependant  LPR

### Beneficiary 3

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse  Child  Financial dependant  Interdependant  LPR

## Beneficiary 4

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse     Child     Financial dependant     Interdependant     LPR

## Beneficiary 5

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse     Child     Financial dependant     Interdependant     LPR

## Beneficiary 6

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse     Child     Financial dependant     Interdependant     LPR

## YOUR DECLARATION AND AUTHORISATION

I declare that:

- ☒ this nomination will apply to my nominated account within the Aon Master Trust
- ☒ this nomination will supersede any previous binding or non-binding/discretionary nomination I may have made while a member of the Aon Master Trust
- ☒ my nomination will be valid for three years from the day after the date of signature
- ☒ for my nomination to be considered binding on the trustee:
  - > the nomination must have been received and acknowledged by the trustee
  - > any beneficiaries nominated by me must be considered dependants under Superannuation Law or be my legal personal representative at the time of nomination and at the time of a death benefit assessment
  - > my instructions must be clear and the proportions of the benefit assigned to each beneficiary must add up to 100% of my benefit
  - > the form must be witnessed and signed appropriately by two people who are not listed as my beneficiaries and who are over the age of 18
  - > no court orders should apply to my account at the time of death benefit assessment
  - > the nomination must remain current, and
  - > I must be a member of the Aon Master Trust at the time of death
- ☒ I may renew my nomination at any time by a further three years as long as my nomination remains current by sending a letter to the trustee, or by completing and sending in a renewal notice
- ☒ in the event of my death, if any family members, next of kin or legal personal representative should contest the terms of my nomination or if any legal proceedings should arise from my nomination, then the trustee will recoup the cost of resolving the dispute, including litigation, from the benefit payable to me by the Trust
- ☒ if this nomination is deemed invalid or incomplete, it expires or if it not be received and acknowledged by the trustee, then the trustee retains the discretion to pay my death benefits according to the terms of the Aon Master Trust trust deed.

Signature

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"/>
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## WITNESS DECLARATION

Your signature must be witnessed by two persons over the age of 18 who are not your nominated beneficiaries.

I declare that:

- ☒ I am over the age of 18
- ☒ the member signed and dated this document in my presence.

### Witness 1

Name in full

Signature

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"/>
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### Witness 2

Name in full

Signature

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"/>
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**Administrator**

Aon Consulting Pty Limited trading as Aon Hewitt  
Aon Master Trust

PO Box 1949  
Wollongong NSW 2500

phone 1300 880 588  
fax 1300 267 582  
contactaon@pillar.com.au

**aonmastertrust.com.au**

**AON** Hewitt