

4. Nomination for your death benefits (Please mark only one box)

I have completed my *Nomination of beneficiary form* **OR** I have not completed my *Nomination of beneficiary form* and acknowledge my death benefit will be paid to my estate or a person determined by the Trustee and permitted under superannuation law.

5. Investment choice

(You must complete all details in this section)

* Growth is the default option, if you do not make a selection for your future contributions or your current balance, it will be invested in this option.

| | Future contributions | | | Existing account balance | | | | |
|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|---|--------------|
| 1. Aggressive | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 2. Growth* | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 3. Moderate | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 4. Stable | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 5. Australian Shares | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 6. Overseas Shares | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 7. Property | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 8. Bonds | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| 9. Cash | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % | |
| Total | | | | 100 % | | | | 100 % |

6. Insurance

Death & Total Permanent Disablement insurance

Eligible SelectPlus members are automatically covered by AutoCover, as described in the Product Disclosure Statement and on our website. If AutoCover is insufficient for your needs, then you may apply for ChoiceCover by completing the *Insurance application form*, available to download from our website, www.recruitmentsuper.com.au, or request one to be posted by calling 1300 304 000. Evidence of good health may be required.

Income protection insurance

Eligible SelectPlus members may be automatically covered by income protection insurance. Please read your SelectPlus Product Disclosure Statement carefully to determine if this applies to you, and if cover is not automatically provided, you are able to apply for cover. If you wish to apply for or amend this cover, please complete an *Income protection application form*, available to download from our website, www.recruitmentsuper.com.au, or request one to be posted by calling 1300 304 000.

Duty of Disclosure

Before you enter into a contract of general or life insurance with an insurer you have a duty, under the INSURANCE CONTRACTS ACT 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose these matters to the insurer before you renew, extend, vary or reinstate this contract of general insurance. Your duty, however, does not require disclosure of any matter:

- that diminishes the insurer's risk.
- that is of common knowledge.
- that the insurer knows, or in the ordinary course of business, should know.
- As to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure in relation to contracts of general insurance

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

7. Privacy statement

The information requested on this form is required in order to administer your membership. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, RecruitmentSuper may not be able to administer your account. You may have access to the information RecruitmentSuper holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 304 000.

8. Declaration

I have read and understood the SelectPlus Product Disclosure Statement and agree to be bound by the terms and conditions contained in it. I have read and understood the Duty of Disclosure and if I have anything to declare it is set out on an attached piece of paper.

I declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

9. Please return this form to:

RecruitmentSuper
GPO Box 4839
Melbourne Vic 3001

For further information:

Phone: 1300 304 000
Fax: 1300 304 444
Email: info@recruitmentsuper.com.au
Website: www.recruitmentsuper.com.au

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation Fund (PASF) (ABN 78 984 178 687 RSE R1000429).
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