

3. Change of name

Change my name to:

Title Surname [input boxes]

Given names [input boxes]

Include a certified original copy of your marriage certificate or Deed Poll as evidence of your change of name.

4. Reports and information

Select one of the following - Online or By mail:

Online - I choose to access all correspondence online only.* Email address (required - must be your own so we can notify you when important information is available on Investor Online) [input boxes]

By mail - I choose to receive the following correspondence by mail. Tick one preference below.

Mail Investor Report to: [] Me OR [] Financial adviser

Notes:

* If you select online:

- you acknowledge and agree that you have read and accept the terms and conditions for eStatements and online communications set out in the PDS and the Additional Information Booklet. A copy of the Asgard Employee Super Account PDS and the Additional Information Booklet can be obtained from asgard.com.au.
you'll still get some reports and letters by mail as we're progressively moving to eStatements.

Further information

I would like to receive information, special offers and exclusive opportunities about other products or services.

5. Regular deposit plan - Contributions

Establish a regular deposit plan via direct debit or amend my existing plan as follows.

The regular deposit will be (minimum \$100) \$ [input boxes] X X commencing on [input boxes] and the frequency will be: [] monthly (default) [] quarterly [] half-yearly [] annually

Please note: If no start date is specified in this section, the direct debit will start immediately after this application has been processed.

Date of final payment (optional) [input boxes]

My contributions* will be made up of:

Table with 7 columns: Employer superannuation guarantee (SG) contribution^, Personal deducted contribution†^, Personal undeducted contribution†#, Salary sacrifice contribution^, Additional employer contribution^, Spouse contribution†#, Total. Rows for dollar amounts.

* The Government has set caps on the amount of money you can add to superannuation each year on a concessional and non-concessional taxed basis. Contributions above these caps may be subject to additional tax, which is determined by the ATO after the end of the financial year. It is your and your financial adviser's responsibility to monitor your contribution caps. We will not be responsible for ensuring that you do not exceed your contribution caps.

† We're generally unable to accept any member contributions unless you have supplied us with your TFN. These include:

- personal deducted contributions;
personal undeducted contributions; and
spouse contributions.

If you have not supplied us with your TFN.

This type of contribution is counted towards your non-concessional contributions cap.

^ This type of contribution is counted towards your concessional contributions cap.

Complete a TFN notification form if you haven't provided your TFN.

For new regular contributions, please also complete the Direct debit request form.

You need to complete the below section if you are 67 or over, but not yet 75 and want to make a contribution (other than mandatory employer contributions) into your account.

I declare that I am 67 or over but not yet 75 and have been gainfully employed for at least 40 hours in 30 consecutive days in the current financial year.

I declare that I am 67 years of age or over, but not yet age 75; and (other than for mandated employer contributions) have met the following conditions to claim a work test exemption:

- do not meet the conditions of the work test in the current financial year; and
met the conditions of the work test in the previous financial year; and
had a total superannuation balance below \$300,000 on 30 June of the previous financial year; and
have not previously relied on the work test exemption.

I wish to cancel my regular deposit plan.



10. Change of employer

I have left my employer, but would like to keep my funds within the Asgard Employee Super Account.

OR

I have changed my employer, but would like to keep my funds within the Asgard Employee Super Account.

(Please note: Your new employer must be an existing employer member of the Asgard Employee Super Account. If you do not know the Employer Account number, please contact your employer as this is required.)

My new employer details are:

Employer name

Asgard employer account number

Address

State Postcode

Salary

\$.

Occupation

Date joined new employer

/ /

11. Declaration to have Restricted Non-Preserved Funds made accessible

I resigned/retired from my employer on: My employer made contributions to my account on my behalf.

/ /

i Attach a copy of your letter of resignation provided to your employer.

12. Change of financial adviser

Change my financial adviser's details to:

Adviser's company

Adviser's name

Adviser's phone

Adviser's email address

Asgard adviser's code

- BA -



! 13. Member Declaration – Mandatory section

By signing this form, I agree to the following:

- The details I have provided on this form are true and correct.
- I have received a copy of the current* product disclosure statement for Asgard Employee Super Account and a copy of the current* underlying disclosure document (except where not required) for each managed investment in my/our portfolio.
- If I opened my account prior to 31 March 2004, I consent to clause 10.1A, instead of the other provisions of clause 10, of the Asgard Independence Plan trust deed applying to my account (if I have not already done so in writing). Clause 10.1A allows the trustee more flexibility than the other provisions of clause 10 in the fee arrangements it can put in place, including by introducing new fees or increasing fees. This, among other things, allows the trustee to deduct and pay the adviser fees specified in this form to my financial adviser. Clause 10.1A, unlike the other provisions of clause 10, does not impose any limits on the fees that the trustee may charge. I understand that unless I consent to the application of clause 10.1A of the trust deed, the Trustee will not be able to complete my fee amendment request.
- Where there has been a change in adviser, I authorise the Trustee to:
 - change my financial adviser on my account as indicated,
 - provide my account information to my new adviser, and
 - unless otherwise indicated and subject to law, continue the current adviser remuneration by payment to my new adviser.

Please speak to your financial adviser or our Customer Relations team on 1800 998 185 if you need further information on the above declarations.

* As confirmed by my financial adviser.

Member signature

Date

Trustee: BT Funds Management Limited ABN 63 002 916 458 RSE L0001090 AFSL 233724
 Custodian and Administrator: Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695
 Asgard Independence Plan – Division 2 ABN 90 194 410 365
 Asgard Rollover Service ABN 47 948 096 909
 Customer Relations 1800 998 185
 PO Box 7490, Cloisters Square, WA 6850

