

Asgard Super Account

Account Amendment



Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.

Send the completed form to us via one of the following methods:

- ask your adviser to lodge it on your behalf on AdviserNET
- submit a copy via our secure Document Upload facility on Investor *Online* or AdviserNET (accessed from Forms > Document Upload menu)
- post to Asgard, PO Box 7490, Cloisters Square WA 6850
- email a copy to client.support@asgard.com.au
- fax to (08) 9481 4834

If you submit online, email or fax, you don't need to post us the original.

i This symbol indicates you need to give us more information.

Questions? Call our Customer Relations team on 1800 998 185 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email client.support@asgard.com.au

Note:

- Where there is a reference to a fee excluding GST, a net GST expense recovery amount (after reduced input tax credits) is payable and will be added to the amount deducted from your account.
- To change your contribution or monthly adviser fees, contact your financial adviser to complete a fee amendment.
- Privacy laws protect your privacy. Read our Privacy Policy for more information. A copy can be obtained from our website at www.asgard.com.au

1. Asgard account details – Mandatory section

Account number		Date of birth	
<input type="text"/>	<input type="text"/> D2 <input type="text"/>	<input type="text"/>	<input type="text"/>
Title		Surname	
<input type="text"/>	<input type="text"/>		
Given names			
<input type="text"/>			

2. Change of contact details

Please note: you can update your contact details quickly and easily on Investor *Online* (www.investoronline.info).

Change my contact details to:

Residential address (PO Box is NOT acceptable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Postal address (if different from residential address)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Phone (Business)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (Home)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone (Mobile)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Facsimile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email

<input type="text"/>

Please reset my PIN for Investor *Online*

3. Change of name

Change my name to:

Title Surname [boxes]

Given names

[boxes]

i Include an original certified 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)

[boxes]

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

Mail Investor Report to: Me OR Financial adviser

* 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
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

i If you wish to commence a regular deposit plan or change your financial institution account details, also complete and attach a direct debit request form available from your financial adviser or our Customer Relations team.

Refer to the next page for definitions of contributions.

Establish a regular deposit plan or amend my existing plan as follows:

My regular deposit will be (minimum \$100) \$ [boxes] X X commencing on [boxes]

Note: If no start date is specified in this section, the direct debit will start immediately.

Please allow up to 5 days from receipt of account amendment.

The frequency of deposits will be (tick one): monthly quarterly half-yearly annually

Date of final payment (optional) [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

* Contribution caps apply to each financial year's contributions. 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're generally unable to accept a one-off member contribution, including:
personal deducted contributions that is not covered by a valid tax deduction notice
a personal undeducted contribution, and
a spouse contribution

If
you have not supplied us with your TFN, or
it exceeds the fund cap (three times the amount of the non-concessional contributions cap if you are aged 64 and under on 1 July of the financial year in which the contribution is made or the non-concessional contributions cap if you are aged between 65 and 74 (inclusive)).

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

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

5. Regular deposit plan – Contribution (continued)

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

I wish to cancel my regular deposit plan.

Are you eligible to contribute?

Under superannuation law, you must be eligible to make a contribution to this account. The table below shows the circumstances under which you are eligible to make each type of contribution. Please tick the circumstances that apply to you.

Contribution types	Personal contributions (including those made by a self employed individual)	Mandated employer contributions (award and superannuation guarantee contributions)	Non-mandated employer contributions (including directed termination payments)	Eligible spouse contributions [#]
<input type="checkbox"/> You are under age 65	✓	✓	✓	✓
<input type="checkbox"/> You: <ul style="list-style-type: none"> are 65 years of age or over, but not age 70; and (other than for mandated employer contributions) have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made 	✓	✓	✓	✓
<input type="checkbox"/> You <ul style="list-style-type: none"> are 65 years of age or over, but not age 70; and (other than for mandated employer contributions) have met the following conditions to claim a work test exemption: <ul style="list-style-type: none"> 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 balance¹ below \$300,000 on 30 June of the previous financial year; and have not previously relied on the work test exemption 	✓	✓	✓	✓
<input type="checkbox"/> You: <ul style="list-style-type: none"> are 70 years of age or over, but not age 75; and (other than for mandated employer contributions) have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made <p>Other than for mandated employer contributions, the contribution must be received on or before the day that is 28 days after the end of the month in which you turn 75</p>	✓	✓	✓	X
<input type="checkbox"/> You: <ul style="list-style-type: none"> are 70 years of age or over, but not age 75; and (other than for mandated employer contributions) have met the following conditions to claim a work test exemption: <ul style="list-style-type: none"> 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 balance¹ below \$300,000 on 30 June of the previous financial year; and have not previously relied on the work test exemption 	✓	✓	✓	X
<input type="checkbox"/> You are 75 years of age or over	X	✓	X	X

[#] If a spouse contribution is made, you confirm the person making the contribution is either legally married to you, living with you on a genuine domestic basis as a couple or in a relationship that is registered under a prescribed State/Territory government relationship register and is not entitled to a tax deduction for the contribution.

* For more information on Total Superannuation Balance, refer to ato.gov.au.

Definitions of contributions

All contributions are preserved.

Additional employer contributions are contributions made by the employer which are more than the minimum Superannuation Guarantee contributions (see below).

Employer superannuation guarantee contributions are the minimum contributions payable by employers. For the latest superannuation guarantee rate, please refer to the www.ato.gov.au. Superannuation paid under an industrial award or agreement is also classified as this type of contribution.

Personal deducted contributions are contributions made by employees that **will be claimed as a tax deduction**. Most employees don't qualify to claim a tax deduction for their own contributions as they must get 90% of their income from self-employment.

Personal undeducted contributions are contributions made by employees, and **won't be claimed as a tax deduction** by the employee.

Salary sacrifice contributions are contributions made by the employer from an employee's pre-tax salary. The employee sacrifices part of their salary and their employer pays an equivalent amount as a superannuation contribution. Although this type of contribution is considered to be an employer contribution, it belongs to the employee.

Spouse undeducted contributions are contributions made by a person legally married to the member or living with the member on a genuine domestic basis as a couple or in a relationship that is registered under a prescribed State/Territory government relationship register. These contributions are **not eligible to be claimed as a tax deduction**. Some people may be eligible for a tax offset for this type of contribution.

6. Nominated beneficiaries

Please indicate the type of nomination you wish to make:

<input type="checkbox"/> Discretionary nomination Complete the below section	OR	<input type="checkbox"/> Binding nomination Complete and attach the 'Binding death benefit nomination' available from your financial adviser or our Customer Relations team.
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Discretionary nomination – Dependants

Estate/Dependant(s)	Allocation
<input type="checkbox"/> Estate	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
AND/OR	
<input type="checkbox"/> Dependant 1 Full name <input style="width: 100%; height: 20px;" type="text"/> Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> De-facto spouse <input type="checkbox"/> Child* <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
<input type="checkbox"/> Dependant 2 Full name <input style="width: 100%; height: 20px;" type="text"/> Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> De-facto spouse <input type="checkbox"/> Child* <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
<input type="checkbox"/> Dependant 3 Full name <input style="width: 100%; height: 20px;" type="text"/> Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> De-facto spouse <input type="checkbox"/> Child* <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
<input type="checkbox"/> Dependant 4 Full name <input style="width: 100%; height: 20px;" type="text"/> Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> De-facto spouse <input type="checkbox"/> Child* <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %
Your total allocation must total 100%	100%

* If one or more of your nominated dependants is a child under 18 years of age and you would like them to be paid a child pension, tick this box and complete a child pension nomination which must accompany this application. Your financial adviser can download this form from AdviserNET.

7. Insurance

Reduce my insurance cover to:

Life Protection	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Minimum \$50,000
Total & Permanent Disablement (TPD)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Minimum \$50,000
Salary Continuance	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	per month		Minimum \$1,000

i To increase your insurance cover amount(s), please complete the standard application and full personal statement or short form application available from your financial adviser or by calling us on 1800 998 185.

Cancel my insurance cover:

Indicate the insurance cover you wish to cancel by ticking the appropriate box below.

<input type="checkbox"/> Life Protection	<input type="checkbox"/> Life and TPD Protection
<input type="checkbox"/> TPD	<input type="checkbox"/> Salary Continuance

8. Converting to Asgard Employee Super Account

I have joined an employer who belongs to the Asgard Employee Super Account.

I have read and understood the current Asgard Employee Super Account Product Disclosure Statement including the disclaimer, acknowledgments, confirmations and agreements.

Please convert my Asgard superannuation account to the Asgard Employee Super Account.

My new employer details are:

Employer name

Asgard employer account no.
 - 09 - 01

Date joined

Occupation

Salary
 \$

9. Declaration to have restricted non-preserved funds made accessible

I resigned/retired from my employer on

My employer made superannuation contributions to my account on my behalf.

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

10. Change of financial adviser

I have changed my financial adviser. My new financial adviser is:

Adviser's company

Adviser's name

Adviser's phone

Adviser's code
 BA

11. Declarations

Member Declaration (Mandatory)

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 the relevant Asgard Account and a copy of the current* underlying disclosure document (except where not required) for each managed investment in my/our portfolio.
- 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