APPLICATION FOR MEMBERSHIP **ACTIVE SUPER ACCUMULATION SCHEME**



We're glad you're considering joining Active Super. Use this form to join us if you're employed by NSW local government.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (√) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

1. YOUR DETAILS				
Date of birth (DD MM YY)	Title (e.g. Ms)			
Given name(s)				
Family name				
Email				
Phone (home)	Phone (work)			
Phone (mobile)				
Postal address				
No./Street				
Suburb/Town				
State/Territory	Postcode Postcode			
Residential addres	select if same as postal address above			
No./Street				
Suburb/Town				
State/Territory	Postcode			

We are authorised to collect your tax file number (TFN) under the **Superannuation Industry** (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another super fund when we're arranging a transfer of funds for you.

2. YOUR TAX FILE NUMBER

My TFN is:

It isn't an offence to withold your TFN, but providing it to us means:

- · We'll be able to accept all types of contributions to your account.
- Less tax will be payable when contributions are paid into your super, and when you start withdrawing your super.
- · It will be easier to trace different super accounts in your name so that you will receive all your super benefits when you retire.
- With your consent we can check with the ATO for any lost super or another super fund for super you may have and arrange for the super to be combined in your Active Super account.



3. YOUR EMPLOYMENT DETAILS

Yes	No
If yes, please indicate below.*	
Retirement Scheme	Defined Benefit Scheme
Member no.	
Will Superannuation Guarantee	G) contributions be paid into this account?
Yes	No
Employer name	
Date commenced employment	
4. YOUR CHOICE OI	INVESTMENT OPTION
4. YOUR CHOICE OI	
	INVESTMENT OPTION High Growth %
4. YOUR CHOICE OI	
4. YOUR CHOICE OI	High Growth %
4. YOUR CHOICE OI	High Growth % Balanced % Conservative %
4. YOUR CHOICE OI	High Growth % Balanced % Conservative Balanced %
4. YOUR CHOICE OI Pre-mixed options	High Growth % Balanced % Conservative Balanced % Conservative %
4. YOUR CHOICE OI Pre-mixed options	High Growth % Balanced % Conservative Balanced % Conservative % Managed Cash %

If you would like to invest in a combination of the Active **Super Lifestage Product** and one or more of the choice investment options, please call us on . 1300 547 873.

You can invest your super in one or a combination of investment options.

If you don't choose an investment option, or if you make an invalid election, your account will be invested in the Active Super Lifestage Product. You should refer to the PDS for full details of each investment option, including the Active Super Lifestage Product, before completing this form.

IMPORTANT

5. INSURANCE COVER

IMPORTANT

Active Super via its Insurer, TAL Life Ltd (ABN 70 050 109 450, AFSL 237 848), provides Basic insurance cover to eligible members which comprises Basic Death Cover and Basic Total and Permanent Disablement (TPD) Cover. Basic insurance cover is provided in a linked combination of units based on your age, without the need for a medical assessment. To be eligible for Basic insurance cover automatically, you must:

- Be at least 25 years of age; and
- Have a super account balance of at least \$6,000.

If you want to receive Basic insurance cover before you become eligible for it automatically, you can elect to opt-in to Basic insurance cover below.

- I elect to opt-in to receive Basic insurance cover and also elect to keep my insurance cover even if:
 - · I am under the age of 25;
 - My super account balance is under \$6,000; or
 - · My account becomes inactive in the event of not receiving any contribution or rollovers for 16 months



5. INSURANCE COVER (CONTINUED)

IMPORTANT

- · If you are under the age of 15, insurance is not available to you. You may elect to opt-in to receive insurance once you turn 15. Superannuation legislation requires us to cancel your insurance if your account becomes inactive (i.e. has not received contributions or rollovers for 16 months or more). You must mark the box above if you wish to keep your insurance cover even if your account becomes inactive.
- · Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you. If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:
 - o If you have experienced any new health issues you may not be covered for these under your new cover
 - A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover
 - You may also be subject to waiting periods before you can make a claim on the new cover

If you elect to reduce your Basic insurance cover in any way and you want to reinstate the original level of cover at a later date, your application will be required to be assessed by the Insurer. Please refer to activesuper.com.au/PDS for details.

Please ONLY complete this section if you wish to make a single contribution. You must attach a cheque for the amount payable to LGSS Pty Limited.

Please complete this section by selecting ONLY ONE of the options and signing the declaration in section 8.

IMPORTANT

Make sure you do not exceed the contributions cap limits. Any contributions made above the limit may attract additional tax. Read more at ato.gov.au

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h	REDILLE LIK	L-ARL-FI	ZIIIK KASII.	INSLIKANLE	LIVER
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To reduce or cancel your Basic insurance cover:						
OR lelect to cancel all of my units of Basic insurance cover.						

¹ You must have at least one unit of Death Cover to have TPD cover. Your Death cover must be equal to or higher than your TPD cover unless you are under age 25. The under 25 age group cannot have more than a ten unit difference of TPD cover higher than a ten unit difference of the cover hiDeath cover.

7. ONE OFF CONTRIBUTION				
I wish	to make a single payment of \$	into my Accumulation Scheme account.		
Please	e tick ONE (1) of the following options.			
	I am under age 75 and do not intend to claim a tax deduction fo	or my contribution.		
	I intend to claim a tax deduction for my contribution. I am under	r age 67.		
	I intend to claim a tax deduction for my contribution. I meet the 74 and have been gainfully employed for at least 40 hours in a lays during this financial year.			
	I intend to claim a tax deduction for my contribution. I am claim and I can confirm that:	ing an exemption to the work test rule		
	• I am aged between 67 and 74;			

- · I met the work test last financial year and I do not meet the work test during this financial year;
- I had a total super balance of less than \$300,000 at the end of the financial year prior to the one for which I'm claiming an exemption; and
- · I have not previously claimed an exemption to the work test.



COMMUNICATION PREFERENCES

Active Super provides important documents and information about your account, such as Product Disclosure Statements, Member Statements and Significant Event Notices, via the website activesuper.com.au, or

If you've provided us with your email address, you'll receive an email each time a new document is available to view. If you have not provided an email address, your correspondence will be mailed via Australia Post.

If you want to opt out or change your preferences, you can log in to Member Online and update your communication preferences, contact Member Care on 1300 547 873 between 8.30am and 6.00pm, Monday to Friday or email admin@activesuper.com.au

Once you've received your member number make sure you sign up for Member Online.

This way you can manage your super like you'd manage your bank account online. It's quick and easy to register. Simply click 'Login' at activesuper.com.au and follow the 'Register Now' prompts.

8. YOUR DECLARATION

I declare that:

- I apply to be a member of Active Super.
- I acknowledge receiving the PDS which accompanied this application form, and that I have read and understood its contents.
- I understand that LGSS Pty Limited (ABN 68 078 003 497) (the "Trustee") can provide me with information but cannot give me investment advice and that the current PDS is a general guide and does not constitute financial advice.
- I understand that the Trustee is not liable for my choice of investment option(s) and that professional financial advice may assist me in making my decision.
- I understand that I may change my investment option(s) at any time at no additional cost as outlined in the PDS.
- · I understand that if I don't choose an investment option(s) my superannuation account will be automatically invested in the MySuper Product, the Active Super Lifestage Product, as set out in the current PDS.
- · I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.
- All information supplied by me in my application is accurate and complete.
- I understand that Active Super will be unable to accept any non-concessional (personal after-tax) contributions if I don't provide my TFN to Active Super.
- I understand that any concessional (employer) contributions will be taxed at the top marginal rate plus Medicare levy if I don't provide my TFN to Active Super.
- I understand that if a contribution, transfer or rollover is rejected or processing is delayed, the money will be held in a trust account until it is processed or refunded. The Fund will keep any interest earned on the trust account
- · I have read and understood the Insurance in your Super fact sheet which forms part of the PDS, including in particular, the terms and conditions of Basic insurance cover, such as the type of the benefit, when cover commences, when cover ceases and how cover may be cancelled.

Signed	Date (DD MM YY)	

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email admin@activesuper.com.au

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').