

Guaranteed Super Account – New Member Application

Privacy and your personal information

We're committed to making sure that the personal information you provide to us remains secure, is only used for the purposes for which it's collected and that you're aware of what information is held and your rights.

We collect your personal, and in some circumstances, your sensitive information, (eg your identity, contact details, age, gender and financial information), from you directly or from those authorised by you (eg family members, financial advisers, your employer, other insurers), as well as others we consider necessary including our partners, associates, government entities or service providers.

The information we collect is used to enable us to provide our products and services including to process and settle claims and complaints, verify your identity, make offers of products and services provided by us, and conduct market or customer research to determine those products or services that may suit you.

The types of information we collect will depend on your relationship with us and we'll only collect your personal information where we are required to or as authorised under various laws including privacy and data collection, financial services, superannuation, taxation and anti-money laundering and counter-terrorism financing laws.

We may disclose your personal and sensitive information to others with whom we have business arrangements for the purposes listed above and may include our trustee, insurers, reinsurers, service providers we engage to provide us with services, advisers, or where the disclosure is required to government, law enforcement, dispute resolution, statutory or regulatory bodies. Some of these third parties may be located

outside the country of collection such as India, Taiwan, United Kingdom, and the United States of America.

When you provide personal information about other individuals, we rely on you to have made them aware that you are providing the information to us, how they can access it and all other matters described in this privacy notice. We rely on you to have obtained their consent on these matters.

You can seek access to and correct your personal information by contacting us. You can't access or correct personal information of others unless you've been authorised by them or are authorised under law or they're your dependants.

If you don't agree with the above or provide us with your personal and sensitive information as required, we may not be able to provide you with our products or services.

For more information about our handling of personal and sensitive information, including further details about access, correction, and complaints please read our **privacy policy** by visiting resolutionlife.com.au/privacy, submitting an online enquiry at resolutionlife.com.au/enquiry or by calling Resolution Life on 133 731. For more information regarding the **privacy policy** of the trustee, Equity Trustees Superannuation Limited, please visit eqt.com.au/global/privacystatement.

Are you eligible to join?

To become a member of Guaranteed Super Account (GSA) which is part of the National Mutual Retirement Fund (NMRF) you must already hold an NMRF product.

To see if you are eligible visit resolutionlife.com.au/gsa

**Please keep this information sheet for your records —
don't return it with your completed form(s).**

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Before completing this form, you must read the Product Disclosure Statement and Fact Sheet for the Guaranteed Super Account (GSA) dated 30 September 2023. These documents are available at resolutionlife.com.au/gsa. If you have any queries, contact your financial adviser, submit an online enquiry at resolutionlife.com.au/enquiry or call Resolution Life on **133 731**.

If you would like to complete this form online, go to resolutionlife.com.au/gsa.

Please print in CAPITAL LETTERS and place a cross in any applicable box.

1. Personal Details

Title Date of birth

Surname

Given names

Gender Male Female

What is the policy number for the product you have with us?

Tax File Number

Please note that we cannot accept a member, employer, or spouse contribution if you do not quote your TFN. See information on the Tax file number (TFN) notification in the GSA PDS.

Residential address

Address

Suburb State Postcode

Is this your postal address: Yes No

Postal address (if required)

Suburb State Postcode

1. Personal Details continued

Phone number Mobile number

Country

Electronic correspondence – Cross if you want to receive electronic correspondence. Please note that we may be required to send certain communications by post.

I wish to receive all correspondence by Mail or Email

Email address

Occupation

Industry

Country of residence

Country of citizenship

This offer is available only to persons receiving (including electronically) the PDS within Australia. Applications from outside Australia are not accepted.

If you are not an Australian or New Zealand citizen, are you a permanent resident of Australia or holder of a retirement visa (subclass 405 or 410)?

Yes No

2. Employment details

If your employer will be contributing to your personal account complete this section.

Employer name

Employer address

Suburb

State

Postcode

Employer ABN

Contact name at employer

Phone number

Contact email address

3. Contribution details

Initial contribution and rollovers

Please choose one or more of the options below (rollover, member, spouse and/or employer):

Full or partial rollover from your NMRF super policy (choose one)

Full

Partial

Member contribution

(Amount you pay, including contributions if you are self-employed).

Please note that we cannot accept a member contribution if you do not quote your TFN.

Method of payment

BPAY®¹

Your BPAY CRN will be provided once the account is activated.

Tax deduction on member contributions

If you have made member contributions into your existing super do you wish to claim a tax deduction on these contributions in this form?

Yes No

Once the rollover to the GSA happens we cannot accept a request to claim a tax deduction on contributions you have made to your previous product.

Please complete and include a notice of intent to claim or vary a tax deduction for personal contributions form (found on the ATO website or Resolution Life website, resolutionlife.com.au). Alternatively, you can submit your form via our online enquiry at resolutionlife.com.au/enquiry.

If the policy number is different from your application type policy number, please fill in here:

Spouse contribution

(Amount your spouse pays).

Please note that we cannot accept a member contribution if you do not quote your TFN.

Method of payment

BPAY®¹

3. Contribution details continued

Employer contributions

SG and Award Employer Contribution

Note: If you are self-employed, complete the Member contribution section (see above).

Salary Sacrifice and Additional Employer Contribution

If you wish to nominate your employer to contribute to this account, please complete the employer details section of this form and provide both a Choice of super fund form and the GSA Letter of compliance to your employer which are available at resolutionlife.com.au/gsa.

4. Preferred (non-binding) beneficiary details

You can only nominate your legal personal representative/ estate or a person(s) who is a dependant to receive your death benefit.

A dependant includes:

- Your spouse (including de facto spouse)
- Your children (including an adopted child, a step child, or ex-nuptial child)
- Anyone who is financially dependent on you at the time of your death, or
- Anyone who has an interdependency relationship with you at the date of your death.

A person must be a dependant at the date of your death to be considered by the trustee to be a beneficiary of your death benefit. Please refer to the GSA Fact Sheet for further information.

I nominate the following to be paid the total death benefit from my GSA (you can nominate more than one):

Legal personal representative / estate Proportion of total benefit %

4. Preferred (non-binding) beneficiary details continued

And / or

I nominate the following beneficiaries to receive the specified proportion of the benefit payable at my death:

Full name beneficiary

Date of birth Proportion of total benefit %

Gender Male Female

Relationship to applicant (mark one box only)
 Spouse Child Financial dependant Interdependency relationship

Full name beneficiary

Date of birth Proportion of total benefit %

Gender Male Female

Relationship to applicant (mark one box only)
 Spouse Child Financial dependant Interdependency relationship

Full name beneficiary

Date of birth Proportion of total benefit %

Gender Male Female

Relationship to applicant (mark one box only)
 Spouse Child Financial dependant Interdependency relationship

Full name beneficiary

Date of birth Proportion of total benefit %

Gender Male Female

Relationship to applicant (mark one box only)
 Spouse Child Financial dependant Interdependency relationship

Total %

5. Applicant's agreement and declaration

I agree and declare that:

- I have been notified of where to access the Guaranteed Super Account (GSA) Product Disclosure Statement (PDS) dated 30 September 2023 (and any additional supplements). I have received, read/or have been given the opportunity to read the PDS and I agree to receiving it electronically.
- I apply to become a member of Guaranteed Super Account which is part of the National Mutual Retirement Fund (the Fund).
- To the best of my knowledge, information and belief, the information provided in all sections of this application is true and correct.
- I understand the risks and effects of my investment in GSA.
- I confirm that contributions and rollovers/transfers to my account will only be made by persons eligible to do so.
- I will notify the trustee in writing immediately if I am no longer eligible to contribute to my account.
- If my employer is contributing SG and Award Employer contributions (including employer contributions to comply with an industrial agreement), I confirm that they can be paid into the fund.
- I understand that the trustee:
 - will not verify that my employer has contributed to my account the amounts they have nominated to pay, and
 - does not chase my employer for contributions they may be required to make to my account.
- I agree to continue my membership of the fund until I advise the trustee my decision to withdraw.

Where I am making a death benefit nomination, I agree and declare that:

- I have read and understood the information provided on death benefits nominations in the GSA Fact Sheet.
- I request the trustee to accept my preferred (non-binding) death benefit nomination for my GSA.

Applicant's signature

Signature of applicant

X

Date

DDMMYYYY

6. Financial adviser details

Financial adviser details

Name

Adviser number

Phone number

Email

Please return completed form to:

Resolution Life
GPO Box 5441
SYDNEY NSW 2001

Or use

Resolution Life
Reply Paid 90618
(GPO Box 5441)
Sydney NSW 2001

or

You can submit your form via our online enquiry at [resolutionlife.com.au/enquiry](https://www.resolutionlife.com.au/enquiry).

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