

Superannuation Application Form

The Trustee will only accept this form if it is correctly and fully completed

The information in this document forms part of the Australian Expatriate Superannuation Fund [AESF] Product Disclosure Statement [PDS]. Prior to completing this application form please read and consider carefully the PDS. You should also read and consider the separate Member Guide, Investment Guide and Insurance Guide which form part of the PDS. To secure copies, refer to ivcm.com/aesf

A

Important Information

Before sending this Application form to AESF, please check that you have completed all the questions on the Application form by printing clearly in the spaces provided, and have signed the relevant sections.

When complete email and post this form:

australia@ivcm.com

AESF
Lvl2, Suite 210,
25 Solent Circuit
PO Box 7403
Norwest Business Park
Baulkham Hills NSW 2153

Proof of Identity

The Trustee is required to verify your identity before you can access your money. You may choose to provide your proof of identity with this application.

Should you choose to verify your identity now, please attach copies of relevant proof of identity documents as outlined on the Proof of Identity Form 9 which can be downloaded from aesf.com.au

Issued by:

The Trustee, Tidswell Financial Services Ltd
[ABN 55 010 810 607, RSE Licence L0000888,
AFSL 237628]

Tidswell Master Superannuation Plan - Australian Expatriate Superannuation Fund, Division
[ABN 34 300 938 877, RSE R1004953]

Section A Your Application details

1. Personal details

Mr Mrs Ms Miss Other

Date of birth [dd/mm/yy]

Name [first name, middle, surname]

2. Addresses

Residential address

[Your residential address cannot be a post office box]

Unit number

Street number

Street name

Suburb

State

Postcode

Postal address

[If different to your residential address. Your postal address cannot be your Financial Adviser's address]

Post Office Box number

Country

Suburb

State

Postcode

3. Email / Telephone

Email address 1

Email address 2

Mobile number

Home number

Work number

4. Tax File Number

If a valid TFN is not provided, contributions cannot be accepted. Please refer to the PDS for more information.

Section B

Your Investment details

B

Please note

You should consult with your external taxation specialist regarding your date of Australian residence for tax purposes. AESF does not provide taxation advice.

If you are over the age of 65 please complete AESF 'Form 11 - Work Test Declaration' available on ivcm.com/aesf

If any of your personal contributions are being made:

- from the sale of a small business which qualifies for CGT concessions; or
- due to certain circumstances involving personal injury,

you need to send us an election form for tax purposes before or at the time the contribution is made. The election forms and instructions can be found at ato.gov.au. Speak to your Financial Adviser for more information.

5. Rollovers

Will you be transferring any amounts from other Funds into this account? Yes Complete the details below

Show the source and amount of each rollover. Contributions that you split with your spouse are classified as a rollover.

| Scheme name | Policy number | Amount | Foreign* | Australia** | |
|-------------|---------------|--------|----------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | \$ | | | * Please tick 'Foreign' box if this represents a foreign transfer, such as UK Pension Fund money [QROPS]. ** Please indicate if you would like AESF to arrange consolidation of other Australian superannuation funds by ticking the box marked 'Australia'. |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |

If you are consolidating into AESF from other Australian Superannuation funds, please complete AESF 'Form 13 - ATO Rollover Initiation Request' on aesf.com.au

If you authorise AESF to conduct a search of the ATO Databases for ATO-held super and superannuation accounts held with other superannuation funds, please tick this box. By ticking the box, you are authorising AESF to provide your TFN to the ATO for the purposes of the search

Date [dd/mm/yy]

Date of Australian Tax Residence

Value [AUD]

Value of UK Pension Plan at this date \$

If you wish to elect for taxation on the growth of your UK Pension to be deducted from the AESF – please complete the ATO authorisation 'Form 3 - ATO Foreign Super Transfer' on ivcm.com/aesf

6. UK Residency Confirmation To be completed for all QROPS transfers

NI Number

I am no longer a UK Tax Resident with effect from [dd/mm/yy]

Section B
Your Investment details
Continued

B

Please note

Refer to the Investment Guide for more information on investments

7. Contributions

Are you making any initial or regular contributions to your account?

Yes Complete the details below

| Contribution type | Initial Contribution | Regular Contribution | Per Month or Year? |
|----------------------------------------------------|----------------------|----------------------|--------------------|
| <input type="text" value="Personal contribution"/> | \$ | \$ | |
| <input type="text" value="Spouse contribution"/> | \$ | \$ | |

Employer contribution Yes

Note - all Employer Contributions must be paid via SuperStream. Refer to the Australian Tax Office website at ato.gov.au

8. Investment Instructions

I instruct and direct the Trustee to allocate 100% of my initial and future contributions and rollovers as specified in Table 1.

In giving this instruction I have considered the information disclosed in the Investment Guide and the current PDS and have determined that the investment option[s] I have chosen and detailed below are appropriate to me.

Initial investment - shows how you want your initial contributions and/or rollover[s] allocated.

Ongoing investment - shows how you want your regular and one-off contributions allocated in the future. If no ongoing investment strategy is nominated, contributions will be allocated in as per your initial investment strategy.

Please note

- when you make an investment, you receive units in the investment option(s) you have chosen. The unit price reflects the value of the underlying assets of that option less any liabilities, provisions for taxation and other related expenses.

Table 1. Investment Options

| Investment Options | Currency | Initial Investment | Ongoing Investment | [if different from your initial investment] |
|---------------------------------------------------------|----------|--------------------|--------------------|---------------------------------------------|
| Vanguard Conservative Index Fund | AUD | % | % | |
| Vanguard Balanced Index Fund | AUD | % | % | |
| Vanguard Growth Index Fund | AUD | % | % | |
| Vanguard High Growth Index Fund | AUD | % | % | |
| Vanguard Global Infrastructure Index Fund [unhedged] | AUD | % | % | |
| Russell Investments Balanced Fund | AUD | % | % | |
| Russell Investments Conservative Fund | AUD | % | % | |
| Russell Investments Diversified 50 Fund | AUD | % | % | |
| Russell Investments Growth Fund | AUD | % | % | |
| Russell Investments High Growth Fund | AUD | % | % | |
| Vanguard Australian Shares Index ETF | AUD | % | % | |
| Vanguard Australian Property Securities Index ETF | AUD | % | % | |
| Vanguard International Fixed Interest [hedged] ETF | AUD | % | % | |
| Vanguard Australian Fixed Interest Index ETF | AUD | % | % | |
| Vanguard Australian Government Bond Index ETF | AUD | % | % | |
| Vanguard All-World ex-U.S. Shares Index ETF | AUD | % | % | |
| Vanguard FTSE Asia ex Japan Shares Index ETF | AUD | % | % | |
| Vanguard MSCI Australian Small Companies Index ETF | AUD | % | % | |
| Vanguard MSCI Index International Shares ETF | AUD | % | % | |
| Vanguard U.S. Total Market Shares Index ETF | AUD | % | % | |
| Vanguard International Small Companies Index ETF | AUD | % | % | |
| Vanguard MSCI Index International Shares Hedged ETF | AUD | % | % | |
| Vanguard Australian Corporate Fixed Interest Index ETF | AUD | % | % | |
| BetaShares Australian High Interest Cash ETF | AUD | % | % | |
| Magellan Infrastructure Fund (Currency Hedge) | AUD | % | % | |
| ishares S&P500 | AUD | % | % | |
| ishares Emerging Markets | AUD | % | % | |
| Perth Mint Gold | AUD | % | % | |
| GBP Vanguard FTSE 100 UCITS | GBP | % | % | |
| GBP ishares UK Property UCITS | GBP | % | % | |
| GBP ishares Core £ Corporate Bond UCITS | GBP | % | % | |
| GBP iShares Global High Yield Corp Bond GBP Hedged | GBP | % | % | |
| GBP iShares S&P 500 GBP Hedged UCITS ETF | GBP | % | % | |
| GBP iShares MSCI World GBP Hedged UCITS ETF | GBP | % | % | |
| GBP iShares £ Index-Linked Gilts UCITS ETF | GBP | % | % | |
| USD ishares Core Conservative Allocation ETF | USD | % | % | |
| USD ishares Core Moderate Allocation ETF | USD | % | % | |
| USD ishares Core Growth Allocation ETF | USD | % | % | |
| USD ishares Core Aggressive Allocation ETF | USD | % | % | |
| USD Vanguard High Dividend Yield | USD | % | % | |
| Cash [Bank SA] | AUD | % | % | |
| Cash [Bank SA] | GBP | % | % | |
| Cash [Bank SA] | USD | % | % | |
| Total must equal 100% or this direction will be invalid | | 100 % | 100 % | |

Please indicate the currency in which AESF will receive the contribution:

GBP / USD / AUD

If the currency of receipt differs from the currency of investment AESF will convert on behalf of the member.

Section D

Your Insurance details

D

Please refer to the current AESF PDS, Member Guide and Insurance Guide for full details.

9. Insurance

When you first join AESF, if you are eligible, you can be provided the below automatic levels of cover:

Total and Permanent Disablement [TPD]: \$500,000

Income Protection [IP]: 75% of current annual salary [subject to a maximum of \$20,000 per month]

Before making any decision in relation to insurance, you should carefully read the details on insurance, including the terms of cover and eligibility criteria, in the PDS, Member Guide, and Insurance Guide.

You should also consider any other insurance cover you might have, including with other super accounts. For information on how to keep track of your super, you can visit the ATO website at <https://www.ato.gov.au/Individuals/Super/Growing-your-super/Keeping-track-of-your-super/>.

To ensure your cover continues to meet your needs, you may wish to speak to licensed financial adviser, and/or other professional as appropriate, and take the time to review your cover on a regular basis or if your circumstances change.

| | | |
|---------------|-----------------------------------------|----------------------------|
| TPD Insurance | I do not want the default TPD insurance | I accept the TPD insurance |
| IP Insurance | I do not want the default IP insurance | I accept the IP insurance |

Insurance Declaration

By indicating my acceptance of the above insurance cover, I confirm that:

- I've read and understood the information on the terms of my insurance cover contained in the PDS and Member Guide and have considered my insurance needs
- I understand that, in choosing to continue my insurance cover in my super account to pay for my insurance cover and this will reduce my super balance
- I understand that my super account will need to have sufficient funds to pay for my insurance premiums
- I'm choosing to continue my insurance cover in AESF even if:
 - a) my account hasn't received a contribution or rollover for a continuous period of 16 months or longer;
 - b) I am below the age of 25 years; and/or
 - c) My super account balance is less than \$6,000
- I understand that I can cancel or vary my insurance cover at any time

10. Insurance requirements

a] TPD insurance

If you have chosen to accept the above allocated insurance your cover will be \$500,000.

b] Income Protection insurance

If you have chosen to accept the above allocated insurance your cover will be 75% of your current salary payable monthly in arrears following a waiting period of 30 days up to a maximum of \$20,000 per month.

c] Additional information

If you accept the insurance offer, the following additional information is required.

Gender: Male Female

My current annual salary is: Currency:

Have you smoked in the last 12 months? No Yes

Occupation:

% of manual work %

Are you degree qualified? No Yes If yes, state qualification

11. Adviser Appointment

Do you want to nominate a Financial Adviser? No Yes

If 'Yes' please complete the details below and Section H 'Financial Adviser declaration'

What level of authority will this person have on your account?

My Financial Adviser is able to make enquiries only on my super account.

My Financial Adviser is able to make enquiries and switch investment options on my super account until I give written notice to the Trustee to terminate the authority.

Note: We may seek further verification from you or your Financial Adviser before acting on instructions from them.

Signature of applicant

Date [dd/mm/yy]

Signature of Financial Adviser

Date [dd/mm/yy]

Full name of Financial Adviser

Note

I acknowledge that the Advice fee is a fee I have negotiated with my financial adviser and that additional fees are payable in connection with my account as disclosed in the AESF PDS.

12. Adviser Remuneration

Have you negotiated an Advice fee? Yes Complete the details below

Until further written notice from me to the Trustee, I consent and authorise the Trustee to deduct an Adviser service fee as stated below from my account to pay my financial adviser [details in Section H on page 14] for the advice provided in relation to my account in the AESF.

Advice fee [once-off] \$

Note: If no Advice fee is nominated, 0% / \$0.00 will apply to the initial contributions. The maximum upfront advise fee is 2% plus GST.

Please read

Carefully before signing this declaration.

If signed under the Power of Attorney:

Attorneys must attach a certified copy of their Power of Attorney documentation. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents cannot be accepted via facsimile.

13. Declaration

Member Acceptance

I have received and read the current AESF PDS, Additional Information and Investment Guide and apply to become a member of the AESF division of the Tidswell Master Superannuation Plan [Fund] and agree to be bound by the provisions of the Trust Deed. I understand this application will form the basis of my participation in the Fund. I confirm that I am eligible to contribute to the Fund or have contributions made on my behalf. I acknowledge that it is my responsibility to be fully informed about any investment I consider for inclusion in my portfolio at all times and agree to the Trustee providing me with a copy of the underlying investment manager PDS's by making them available on the AESF website for downloading located on ivcm.com/aesf I also confirm my understanding and consent to the Adviser service fees set out in Section E on page 6.

Understanding investment risk

I understand that my investment does not represent a deposit with or a liability of the Trustee, or its directors, officers or related parties. I acknowledge that an investment in AESF is subject to investment risk including possible delays in repayment and loss of income and capital invested.

Investment Strategy

I instruct the Trustee to allocate 100% of my initial and future contributions and rollovers to the investment option[s] specified in Section C on page 4. In giving this instruction I have considered the information disclosed in the current AESF PDS, Member Guide and Investment Guide with respect to investments and determined that the investment option[s] is/are appropriate to me including currency risk.

I further acknowledge that all reporting of my investments will be expressed in AUD using the exchange rate at or near the reporting date if my investment is held in GBP or USD.

Applicant declaration

As far as I am aware, everything I have provided in this Application form is true, and if there are any changes to this information in the future, I will notify the Trustee in writing as soon as possible.

Australian law

I understand that this application is made in Australia in accordance with Australian laws and my account will be regulated by these laws and all values reported will be expressed in AUD.

Cooling-off

I understand that if this investment does not suit me, I have 14 days after confirmation of my membership or 19 days of the Fund receiving my initial contribution or application to join to advise the Trustee to close my super account. For further details on cooling-off, please refer to the AESF PDS.

Notification of changes

I understand that I will not be given advance notice of any product changes that are not materially adverse. I am aware that any non-material changes will be notified on ivcm.com/aesf

Privacy

I acknowledge that I have access to the Trustee's privacy policy and agree the Trustee may collect, use, disclose and handle my personal information in a manner set out in the Trustee's privacy policy available on ivcm.com/aesf

Marketing consent

We are continually seeking to better understand and serve you. From time to time we may be able to inform you of special offers or services that may become available. In accordance with the Privacy Act 1988, the Trustee requires your confirmation that you are willing to receive such information. By signing this declaration you have indicated your approval to receive this information. You also consent to our disclosing your personal information to third party service providers, regulators and other persons associated with the Fund for purposes related to your superannuation account.

If you do not wish to receive special offers from AESF, please tick this box

Signature of Applicant or Attorney

| |
|-----------------|
| Date [dd/mm/yy] |
|-----------------|

Full name of authorised representative

14. UK Pension Transfer Request & Declaration

Scheme information for the Plan you want to Transfer:

Scheme
Name

Scheme
Address

Plan
Reference
Approximate
Value

This Declaration must be completed if you are making a UK Pension Transfer and provide authorisation for Australian Expatriate Superannuation Fund [AESF] to obtain information in relation to your existing plan in order to assist in the transfer of the existing plan into AESF.

I [full name]

Of
[address]

Date of birth

acknowledge and accept that:

1. Any withdrawals or transfers I make may result in a UK tax penalty of which I am solely liable for if the amount includes UK Pension Transfer Money transferred:
 - before 6 April 2017 and I have not been a UK tax non-resident for five clear and complete UK tax years [the UK tax year runs from 6 April to 5 April]; or
 - on or after 6 April 2017 and I have not been a UK tax non-resident for ten clear and complete UK tax years and the transfer amount has not been invested in a ROPS for five clear and complete UK tax years.

I am aware that other requirements may be imposed by the HMRC or the United Kingdom time in the future which may affect my funds.

2. I acknowledge that I may be liable to pay a Post Overseas Transfer Charge if my circumstances change within five full UK tax years following receipt of the transfer amount from the UK Pension Fund. I confirm I indemnify the Manager from any such charge and further confirm that I will notify the Manager in writing within 60 days, if I change my country of residence within those five years. The amount of the charge may be up to 25% of my UK Pension Transfer Money. I acknowledge that the Manager may be required to deduct the charge from my investment in AESF and pay it to Her Majesty's Revenue and Customs [HMRC] on my behalf.
3. By transferring UK Pension Fund money into AESF I may be liable for tax in Australia.
4. I will forfeit all protection associated with any Protected Rights funds that are transferred.
5. I acknowledge that the Supervisor and the Manager take no responsibility for any foreign currency transactions.
6. I may be liable to pay an unauthorised payment charge to HMRC if I make any unauthorised withdrawals.
7. I understand that, following the application of the transfer value, neither I nor any dependents, will have any further entitlement or claim under the transferring plan.

The Manager has not provided me with tax advice or advice in respect of transferring UK Pension Transfer Money to AESF and I understand that the Manager and the Supervisor take no responsibility for any tax or other consequences of any action I may take in regard to this UK Pension Transfer.

NI Number

Member's
Signature

Date
[dd/mm/yy]

Section G

Beneficiary Nomination



15. Your beneficiary nomination

Select one of the following options and complete the table below.

Non-lapsing binding nomination

Complete the table below. Note that we can only accept your nomination as non-lapsing binding if two witnesses have signed and dated the witness declaration below on the same date.

Non-binding nomination

Complete the table below.

Reversionary Beneficiary

Complete the table below - you may only nominate one person as a Reversionary Beneficiary. Please consult with your financial or taxation adviser regarding the tax consequences of your selection.

Advise Reversionary Beneficiary gender: Male Female

| Name of beneficiary | Date of birth | Relationship to you | | Portion of total benefit |
|-------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------|------------------------------|--------------------------|
| Please print full name | dd/mm/yy | Only the following options can be accepted | | |
| | | Spouse | Financial dependant | % |
| | | Child | Interdependency relationship | |
| | | Spouse | Financial dependant | % |
| | | Child | Interdependency relationship | |
| | | Spouse | Financial dependant | % |
| | | Child | Interdependency relationship | |
| | | Spouse | Financial dependant | % |
| | | Child | Interdependency relationship | |
| Legal personal representative [your Estate] | Not applicable | If you want all or part of your benefit paid to your estate, please write the percentage here. | | % |
| Total must equal 100% or all nominations will be invalid. You can nominate a percentage[s] up to two decimal places. | | | Total | 100% |

16. Your Agreement and Declaration

I have read and understand the information provided on beneficiary nominations on page 10 of this form and I request the Trustee accept my beneficiary nomination. I understand I should review my nomination regularly, especially when my circumstances change [eg. marriage, having children or any other life changing event], to ensure my nomination is always up to date and further understand that:

- a Non-lapsing binding beneficiary nomination will be subject to the Trustee's consent;
- a Non-binding beneficiary nomination is not binding on the Trustee and only provides a guide to the Trustee as to how I would like my death benefit to be paid.
- a Reversionary Beneficiary nomination is binding and not subject to the Trustee's consent, but my remaining pension account balance will only be able to continue to be paid as a reversionary pension if the person nominated meets the eligibility criteria and accepted by the Trustee.

Signature of Member

Date [dd/mm/yy]

If signed under the Power of Attorney

Attorneys must attach a certified copy of the Power of Attorney. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Witness declaration [only required for Non-lapsing binding nomination]

I declare:

- I am over 18 years of age;
- I am not a nominated beneficiary of the applicant; and
- This form was signed and dated by the applicant in my presence.

Two [2] witnesses must sign on the same date as the applicant otherwise we cannot accept this as a Non-lapsing nomination.

First name

First name

Family name

Family name

Signature of witness

Signature of witness

Date [dd/mm/yy]

Date [dd/mm/yy]

Types of nominations

1. Non-lapsing binding nomination

If you provide us with a non-lapsing binding nomination that satisfies all legal requirements subject to our accepting the nomination, we must pay your death benefit to the beneficiary[ies] you have nominated and in such proportions as you have specified, provided:

- each nominated beneficiary is a dependant or your legal personal representative at the time of your death; and
- your binding nomination is in writing and two persons over 18 years of age who are not nominated beneficiaries have witnessed you signing your nomination on the same day.

Note: the binding nomination is non-lapsing, i.e. it will remain in place until it is amended or revoked.

2. Non-binding nomination

If you provide us with a non-binding nomination, your nomination is not binding on the Trustee and only provides a guide as to how you would like your death benefit to be paid, provided:

- each nominated beneficiary is a dependant or your legal personal representative at the time of your death;
- you have not married, entered a de facto or like relationship with a person of either sex or permanently separated from your spouse or partner since making your nomination; and
- your non-binding nomination has not been revoked and is not defective for any reason.

It is important to note that a non-binding nomination will not override a previous, valid binding nomination made by you.

If you have already made a binding nomination you must revoke it first and then make a non-binding nomination.

3. Reversionary Beneficiaries

- If you nominate a Reversionary Beneficiary and you die during the lifetime of your payments, your remaining account balance immediately reverts to your Reversionary Beneficiary as a pension benefit.
- You may only nominate one individual as your Reversionary Beneficiary.
- Your Reversionary Beneficiary can be any individual who can be nominated under superannuation law as described under 'Who can you nominate'.
- You can only nominate a child if the child is less than 18 years of age or if the child is between 18-25 years of age and financially dependent on you or the child suffers from a permanent disability.

4. No nomination

The Trustee will decide in its absolute discretion who receives your account balance [including any applicable insurance proceeds] from amongst one or more of your dependants and your legal personal representative [estate].

Section G

Beneficiary Nomination

Continued



Who can you nominate?

Under superannuation law, you can nominate:

Individuals

- your spouse or de-facto spouse, including same sex partner
- children [including step and adopted children, children of your spouse and other children within the meaning of the Family Law Act 1975]
- individuals who are financially dependent on you at the time of your death
- someone in an interdependency relationship with you at the time of your death.

Legal representative [your estate]

Your legal representative - ie the executor under your will or a person granted letters of administration for your estate if you die without having left a valid will.

Why can't you nominate other family members or friends?

The law only allows you to nominate individuals who are your spouse, your children, who are otherwise financially dependent on you or who have an interdependency relationship with you at the time of your death. However, you can choose to nominate to have all or part of your benefit paid to your estate and then via your will your friends and/or other family members can become entitled to receive these superannuation funds.

What is a financial dependant?

Someone who is financially dependent upon you at the time of your death. The definition of a dependant under superannuation legislation may be different to the definition which is used for tax purposes regarding how much tax the recipient of the benefit will be required to pay. For more information on estate planning we recommend you speak with your financial or legal adviser.

What is an interdependency relationship?

This is a close personal relationship between two people who live together, where one or both of them provide for the financial and domestic support and personal care of the other. This type of relationship may exist if there is a close personal relationship but the other requirements are not satisfied because of some physical, intellectual or psychiatric disability.

Where can you check your beneficiary nomination?

Your beneficiary nomination details will be confirmed each year in your Annual Statement and can be viewed online at any time on [aesf.com.au](https://www.aesf.com.au)

Financial Adviser

to complete this section.

17. Financial Adviser declaration

Adviser's Name
[first name, middle name, surname]

Adviser's Business Name

Full name of the Australian
Financial Services Licence holder
under which the adviser operates

AFS Representative No.
[if applicable]

Email address 1

Email address 2

Mobile number

Work number

I declare that I have advised the applicant in regard to their membership in the AESF Division of the Fund and their choice of investments within the Fund. I further declare that I have met all necessary obligations under the Corporations Act of Australia and those set down by the Australian Financial Service Licensee under whose licence I have provided the advice, where applicable.

Signature of Financial Adviser

Full name of Financial Adviser

Date [dd/mm/yy]

Notes

Source of funds

From which source did the funds to be invested originate?