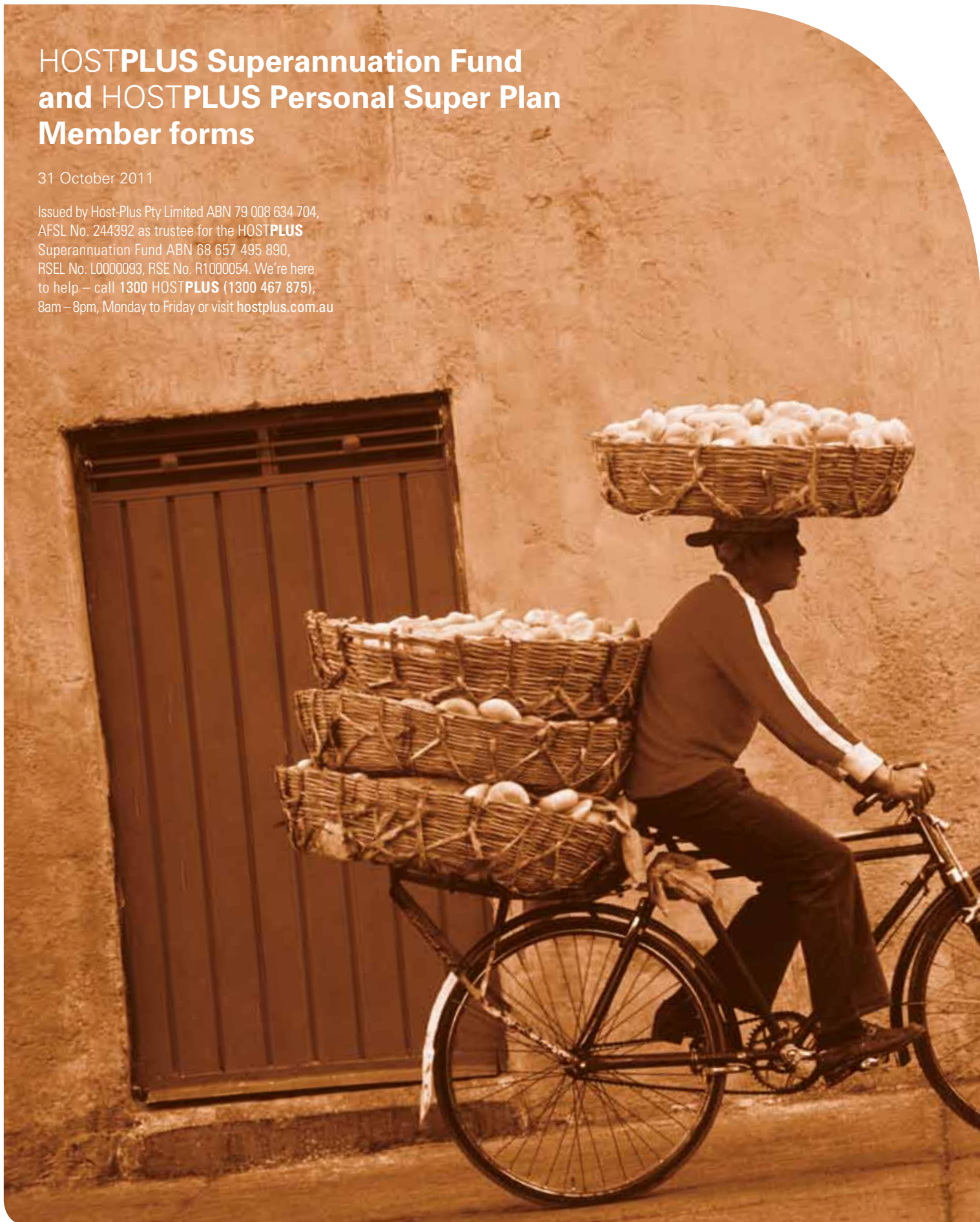


HOSTPLUS Superannuation Fund and HOSTPLUS Personal Super Plan Member forms

31 October 2011

Issued by Host-Plus Pty Limited ABN 79 008 634 704,
AFSL No. 244392 as trustee for the **HOSTPLUS**
Superannuation Fund ABN 68 657 495 890,
RSEL No. L0000093, RSE No. R1000054. We're here
to help – call **1300 HOSTPLUS (1300 467 875)**,
8am – 8pm, Monday to Friday or visit hostplus.com.au



Which forms do I need?

If you are joining HOSTPLUS through your employer, use the *Membership form*.

If you are NOT joining through your employer (i.e. you are self-employed, not employed or are exercising choice of fund) you will be joining the Personal Super Plan and should use the *Personal Super Plan membership form*.

Still unsure? Check with your employer (if appropriate) or call us on **1300 HOSTPLUS (1300 467 875)**.

Your membership becomes active once we have received a super contribution from you.

Request to transfer your entire account balance into HOSTPLUS

Complete this form if you would like to transfer of the **WHOLE** balance of your superannuation benefits to **HOSTPLUS**.

Choice of superannuation fund Standard choice form

You can choose the superannuation fund where you want your future employer contributions to be paid. Use this form to choose **HOSTPLUS**.

Insurance transfer form

Complete this form to transfer existing Death and/or TPD or Salary Continuance insurance cover from another super fund to **HOSTPLUS**.

**You can also apply to join HOSTPLUS or the HOSTPLUS
Personal Super Plan online at hostplus.com.au**

Step 3. Provide your employer's details

Note: If you are not joining through your employer you should apply using the Personal Super Plan membership form.

Your employer's HOSTPLUS account number

Your employer's ABN

Your employer's trading name*

Your employer can provide you with their HOSTPLUS account number and trading name

Your employer's telephone number

Date commenced with employer

The date when you started with your current employer tells us when we should expect superannuation payments for you.

*Mandatory fields

Step 4. Advise us of your insurance cover details

HOSTPLUS automatically provides two units of Death and Total and Permanent Disability (TPD) insurance cover to employee members of a participating employer aged 25 and over at a cost of \$3 per week. Members aged under 25 automatically receive one unit of Death and TPD insurance cover at a cost of \$1.50 per week.

As a special offer to new members of HOSTPLUS, you have the opportunity to increase your default insurance cover and/or obtain Salary Continuance cover provided you return this form within 6 months from the effective date from the first on time SG Contribution is received or within 60 days from the day you receive your HOSTPLUS welcome letter, whichever is the latter. You can also use this form to fix your cover or move to the Management/Clerical (white collar scale). If you wish to vary your insurance cover as is otherwise provided for in this form, please complete the **Increase your insurance cover application - Part A and Part B** (if applicable) form available at hostplus.com.au or apply online at hostplus.com.au

Section 4.1 Personal statement

This section must be completed in all circumstances.

i) Have you previously been paid, or been entitled to receive, a TPD benefit?

Date

Yes - Please provide details - **super fund name** and **when**. No

(If yes, your insurance cover will be limited to Death only cover).

ii) Are you currently in receipt of, or intending to, or entitled to, apply for any form of sickness, accident or disability benefit(s) from any source such as a life insurer or WorkCover authority?

Yes No

iii) Are you restricted, due to injury or illness, from carrying out the usual duties of your current and normal occupation on a full-time basis (even if you are currently working on a full time, part time or casual basis)? Full-time basis is considered to be at least 30 hours per week.

Yes No

*If you have answered 'Yes' to questions ii) or iii) in this Section, you will be provided with 'New events TPD cover' only. You will not be eligible to apply for Salary Continuance cover using this form.

Section 4.2 Upgrade to Management/Clerical (white collar) scale

Complete this section to upgrade to Management/Clerical (white collar) scale.

If you work in excess of 15 hours per week and your job is mostly non-manual, you may be eligible for cover under the Management/Clerical (white collar) scale. To apply simply complete this section. If your application is accepted, your total sum insured will be based on the Management/Clerical (white collar) scale. **If you answer NO to any of these questions you are not eligible for the Management/Clerical (white collar) scale.**

Do you work in an office or similar environment?

Yes No

Are you employed for at least 15 hours per week on an ongoing basis?

Yes No

Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week.

Yes No

Do you work in any of the following occupations?

Management Clerical Marketing Administration Accounting

Other sedentary occupation that will need to be agreed to in writing by the insurer - please specify.

All other occupations, (for example, chef or waiter) fall outside the definition of management or clerical duties and are subject to the standard scales.

*If you answer no to any of the questions above - the standard insurance scale will apply.

Section 4.3 To apply for additional units - Special offer for new HOSTPLUS members

Complete this section to apply for additional units of Death and TPD cover. You cannot use this form to increase your Death and TPD cover if you have answered 'Yes' to question i) in Section 4.1.

Please indicate the **total** number of units that you require by placing an '✓' in the relevant box. If your application is accepted, your existing allocation of insurance units will be changed to reflect the number of units you have requested in this form.

If you are **under age 25**, indicate whether you would like a total of 2 or 3 units of Death and TPD by placing an '✓' in the relevant box:

2 units Death and TPD 3 units Death and TPD

If you are **25 or over**, indicate whether you would like a total of 3 or 4 units of Death and TPD by placing an '✓' in the relevant box:

3 units Death and TPD 4 units Death and TPD

If you require higher levels of cover as indicated above, please complete the *Increase your insurance cover application - Part A and Part B* (if applicable) form available at hostplus.com.au or apply online at hostplus.com.au.

Section 4.4 To apply to replace unitised cover with fixed cover (you must complete section 4.6)

Complete this section if you would like to change your unitised Death and TPD cover to fixed cover (that is your amount of cover remains the same but the premium increases as you age or if you would like to nominate a fixed level of Death and TPD). Please note that you cannot hold unitised and fixed cover at the same time. If you complete this section, your total cover will become fixed cover for Death and TPD cover.

i) Would you like to convert the total number of units you selected in section 4.3 to Fixed cover?

Yes - proceed to **section 4.6** No - proceed to question ii) in this section.

When cover is being converted from Unitised to Fixed, the level of cover will be rounded up to the nearest \$1,000 dollars. (For example, 4 units of unitised cover at age next birthday of 36 provides a sum insured of \$452,360. To fix that level of cover, the sum insured is rounded up to the next multiple of \$1,000 i.e. \$453,000).

OR

ii) Indicate the level of fixed Death and TPD cover you require by placing an '✓' in the relevant box. If your application is accepted, your existing allocation of insurance Units will be replaced with Fixed cover.

Fixed amount of Death and TPD cover

\$100,000 \$200,000 \$300,000 \$400,000 \$500,000

Please proceed to **section 4.6**

If you require Fixed cover that is different from these amounts, please complete *Increase your insurance cover application - Part A and Part B* (if applicable) form available at hostplus.com.au. Premium rates applicable for Fixed cover will depend of the type of work you perform in your usual occupation (Management/Clerical (white collar), Light blue collar or Heavy blue collar).

Section 4.5 Apply for Salary Continuance cover (you must also complete section 4.6)

Complete this section if you wish to obtain Salary Continuance cover.

Salary Continuance provides you with a benefit for if you are unable to work as a result due to injury or illness for longer than the waiting period.

By using this form, you can elect up to have a monthly benefit of up to \$4,000 per month, for up to two years. If you require cover above this amount, or for a benefit period to age 65, please complete the *Increase your insurance cover application - Part A and Part B* (if applicable) form available at hostplus.com.au or apply online at hostplus.com.au.

i) Please indicate the number of units of Salary Continuance cover you require by placing an ✓ in the relevant box. The table indicates the number of Units that are required to insure each salary. You have the option to select Salary Continuance cover that relates to a lower salary than you receive.

Salary*	Monthly benefit*	Units	Place ✓ here	Salary*	Monthly benefit*	Units	Place ✓ here
\$6,666	\$500	5	<input type="checkbox"/>	\$33,333	\$2,500	25	<input type="checkbox"/>
\$13,333	\$1000	10	<input type="checkbox"/>	\$40,000	\$3,000	30	<input type="checkbox"/>
\$20,000	\$1,500	15	<input type="checkbox"/>	\$46,480	\$3,500	35	<input type="checkbox"/>
\$26,666	\$2,000	20	<input type="checkbox"/>	\$53,120	\$4,000	40	<input type="checkbox"/>

*Salary is your annual gross (before-tax) salary, excluding employer super contributions.

*The maximum monthly benefit you are entitled to cannot be higher than 90% of your monthly salary (75% being paid to you and 15% to your HOSTPLUS account).

ii) Nominate a Waiting period by marking the appropriate box with a ✓:

30 days 60 days 90 days

**If you don't select a waiting period you will default to 90 days.*

The Waiting Period is the period during which you must be totally or partially disabled before any benefit is payable. You are not entitled to any benefit for this period.

iii) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)?

Yes - Please complete the *Increase your insurance cover application - Part A and Part B* (if applicable) form available at hostplus.com.au or apply online at hostplus.com.au as your current application for Salary Continuance cover cannot proceed without more detailed information being provided.

No

Section 4.6 Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/Clerical (white collar) scale	Light blue collar scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Home Duties	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	<input type="checkbox"/> Wait Staff/Waitress/Waiter*	<input type="checkbox"/> Cleaner (Commercial)
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	<input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant*	<input type="checkbox"/> Cellar Hand
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting	<input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/Retail Assistant <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	<input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/Farm Labourer <input type="checkbox"/> Labourer

* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Light blue collar, Group Salary Continuance = Heavy blue collar.

** Please note that you are only eligible for Death and TPD cover.

[^] You are not eligible for the management scales, please provide your occupation below to be assessed.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation

Note: if no selection is made you will automatically default to the 'heavy blue collar scale'.

Section 4.7 To cancel your automatic insurance cover

HOSTPLUS automatically provides two units of Death and Total and Permanent Disability (TPD) insurance cover to employee members of a participating employer aged 25 and over at a cost of \$3 per week. Members aged under 25 automatically receive one unit of Death and TPD insurance cover at a cost of \$1.50 per week.

If you prefer not to have automatic insurance cover you can elect to cancel it by ticking the box below. If you have completed any of Sections 4.1 to 4.6, they will not be actioned.

I wish to cancel my automatic insurance cover

Step 5. Nominate your preferred beneficiaries

Please nominate who you would prefer your benefits to be paid to in the case of your death.

***Mandatory fields**

1. Given name*	Middle initial/s	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Nature of dependency (spouse, child, etc.)*			Share %*
<input type="text"/>			<input type="text"/>
2. Given name*	Middle initial/s	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Nature of dependency (spouse, child, etc.)*			Share %*
<input type="text"/>			<input type="text"/>
3. Given name*	Middle initial/s	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Nature of dependency (spouse, child, etc.)*			Share %*
<input type="text"/>			<input type="text"/>
4. Given name*	Middle initial/s	Surname*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Nature of dependency (spouse, child, etc.)*			Share %*
<input type="text"/>			<input type="text"/>

You can nominate more than four beneficiaries by attaching extra names to this form. You are able to nominate dependants (spouse, child, financial dependant, interdependant) or your legal personal representative who you would prefer to receive your superannuation benefits in the event of your death. Under the HOSTPLUS trust deed the trustee decides who receives your death benefit. However, the trustee will consider your nomination and other information on dependants obtained when any claim is lodged.

Total
 1 0 0 %

If you would like more information on binding death benefit nominations please refer to hostplus.com.au

Step 6. Transferring other super accounts into HOSTPLUS

If you have any other superannuation accounts, you may be paying two or more sets of administration fees. By transferring your other super accounts into HOSTPLUS you avoid paying multiple sets of fees.

If you wish to transfer your other superannuation into your HOSTPLUS account, and save on fees, simply answer **YES** and complete the **Request to transfer form**. HOSTPLUS will not charge you to transfer your other superannuation into HOSTPLUS. If you need a spare form, please call us on 1300 HOSTPLUS (1300 467 875) or download more forms from hostplus.com.au

Do you wish to transfer money from another superannuation fund to HOSTPLUS?

Yes – Fill in the **Request to transfer form** included in this booklet. A separate form and certified proof of identity is required for each account to be transferred into HOSTPLUS.

No

Step 7. Topping up your super

You can also top up your superannuation with personal contributions. Your savings will benefit from compound interest and add to your retirement benefit. You can also make personal contributions through your SuperSite account. Visit hostplus.com.au to find out more.

Do you wish to make personal contributions?

No Yes – Choose your method of contribution:

My employer will pay my contributions on my behalf.

I have completed the Direct Debit authority form included in this guide.

Please send me a deposit book and I will deposit contributions myself.

BPAY® or POSTbillpay® via SuperSite (Your PIN is sent with your welcome letter).

Step 8. Sign the Declaration

I, declare that:

- I agree to be bound by the terms of the trust deed for HOSTPLUS from the date on which I become a member of HOSTPLUS.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance of HOSTPLUS nor do they guarantee the repayment of capital from HOSTPLUS.
- I have read and understood the Member Guide Product Disclosure Statement whether included with this application form or as currently available at hostplus.com.au I have also read the associated reference material available at hostplus.com.au
- I have read and understood the privacy information available at hostplus.com.au and agree, consent and acknowledge the Declarations, conditions and acknowledgments contained therein, including the collection, use, storage and disclosure of my personal information as described in the reference material.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in HOSTPLUS. I undertake to provide the trustee with any further information that it may request which relates to my membership of HOSTPLUS and I undertake that I will update the trustee if any of the information I provide changes. I consent to allowing HOSTPLUS to contact my employer/s to confirm my hours of work (if required).
- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting). I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section overleaf. I have not withheld any information that may affect the insurer's decision as to whether to accept this application. I understand that the Duty of Disclosure continues after I have completed this application until I am notified of acceptance in writing by the trustee.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by the insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.
- I understand that I can only apply to increase my cover by an additional one or two units once under the special offer. I understand that HOSTPLUS will process the first application that it receives from me (whether by post or electronically).



SIGNATURE OF APPLICANT*

Date*

 / /

Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature. Please note: It is important that you answer all questions on this form. Membership cannot be approved unless this form is signed and dated.

*Mandatory fields

Important notice

HOSTPLUS has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:

HOSTPLUS
Locked Bag 3
Carlton South VIC 3053

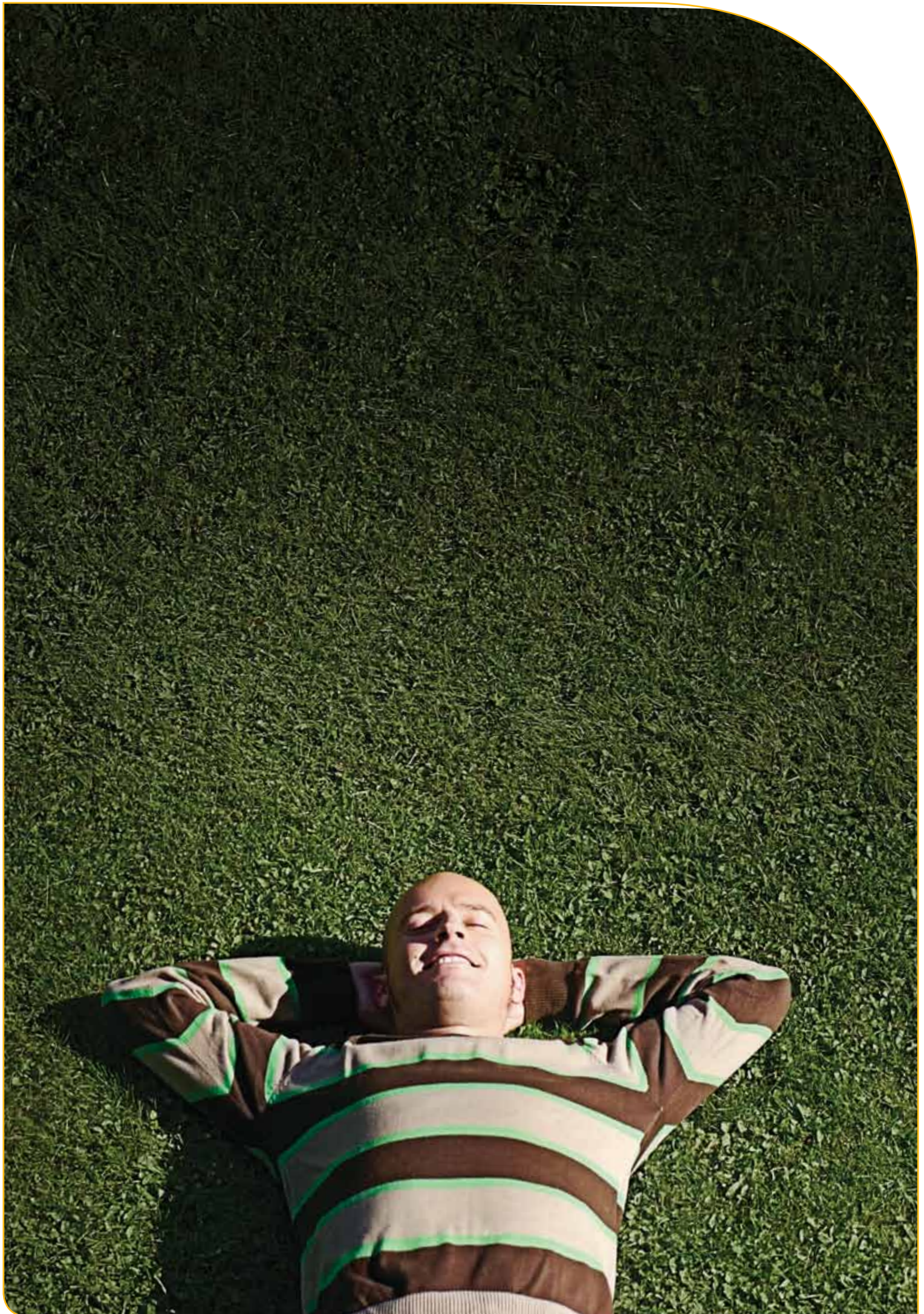
or give it to your employer to send with their next contribution to the fund. You will be sent a **HOSTPLUS** membership card, along with any other information you have requested on the form.

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Membership application form checklist

Before you return your completed *Membership application form*, use the checklist below to ensure your application is processed promptly and we can get your super working for you without a hitch.

- Yes**, I have provided my personal details in Step 1.
- Yes**, I have provided my Tax File Number in Step 2.
- Yes**, I have provided my employer details and start date in Step 3.
- Yes**, I have advised you of my insurance cover details in Step 4 (Remember to complete the *Increase your insurance cover application Part A and Part B* (if applicable) form available at hostplus.com.au if you require higher levels of insurance and/or Salary Continuance insurance cover.
- Yes**, I have nominated my preferred beneficiaries in Step 5.
- Yes**, I have indicated whether I want to transfer any other super accounts into HOSTPLUS in Step 6. Remember to complete the *Request to transfer your entire account balance into HOSTPLUS* form if you wish to consolidate. If you need extra forms download them from hostplus.com.au
- Yes**, I have indicated if I want to make personal contributions in Step 7.
- Yes**, I have signed and dated the Declaration in Step 8.




Personal Super Plan membership form

31 October 2011

Complete this application if you are joining HOSTPLUS Personal Super Plan as your preferred super fund under Super Choice, or you're self-employed, a full-time, part-time, temporary or casual employee or if you're not in paid employment.

OFFICE USE ONLY

NOTE: If you are joining HOSTPLUS through your employer you should apply using the Membership form (rather than this Personal Super Plan membership form).

 **This form must be completed in full. Please use BLOCK letters and BLACK or BLUE pen.**
You should read the current Member Guide Product Disclosure Statement and the associated reference material available at hostplus.com.au or call us on 1300 HOSTPLUS (1300 467 875) to obtain a copy before completing this form.

Step 1. Provide your personal details

Title*
Mr Mrs Ms Miss Dr Other

Full name(s)*

Surname*

Date of birth* / / This is required for insurance purposes Your age Gender* Male Female This is required for insurance purposes

Address*
 Suburb State Postcode

HOSTPLUS communications will be sent to your postal address. This includes your membership card and statements.

Telephone number Mobile number Preferred method of contact (please select one) Mail Email Phone

Email address

Occupation

Are you applying as a spouse member?
 Yes No

Have you previously been registered as a member of HOSTPLUS?
 Yes - Please provide your HOSTPLUS membership number. No

Step 2. Provide us with your Tax File Number (TFN)

The trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN will be treated confidentially and only used as required by law. You should be aware of the following if you do not provide your TFN:

- If you don't provide your TFN, your concessional contributions are subject to additional tax of 31.5% and you will not be able to make non-concessional (personal) contributions.
- The trustee is required to provide your TFN when transferring benefits to another super fund, approved deposit fund or retirement savings account, unless advised otherwise.
- If you provide your TFN, it's easier to keep track of your super benefits, especially if you have multiple accounts.
- Your benefits may also be subject to additional tax which may be claimed from the ATO when you lodge your tax return.

The lawful purposes for which TFNs can be used for and the consequences of not quoting it are subject to change.

My Tax File Number is:

Step 3. Your insurance cover details

As a Personal Super Plan member of HOSTPLUS you will be provided with default Death and TPD insurance cover* up to \$100,000 subject to the following:

60 years of age and under	You will be provided with \$100,000 fixed Death and TPD cover.
61 and 64 years of age	If you are aged between 61 and 64 years of age you will be provided with \$100,000 of fixed death cover. Your TPD cover will be a proportion of your Death cover refer to hostplus.com.au to find out more.

The fixed benefit cover is subject to a Pre-existing restrictions exclusion. The cover is effective from the date your membership commences.

I wish to cancel my automatic insurance cover.

*You must complete section 3.1

Section 3.1 Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/Clerical (white collar) scale	Light blue collar scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Home Duties <input type="checkbox"/> Wait Staff/Waitress/Waiter* <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* <input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/Retail Assistant <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew <input type="checkbox"/> Cleaner (Commercial) <input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/Farm Labourer <input type="checkbox"/> Labourer
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting		

* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Light blue collar, Group Salary Continuance = Heavy blue collar.

** Please note that you are only eligible for Death and TPD cover.

[^] You are not eligible for the management scales, please provide your occupation below to be assessed.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation

Note: if no selection is made you will automatically default to the 'heavy blue collar scale'.

Step 4. Nominate your preferred beneficiaries

Please nominate who you would prefer your benefits to be paid to in the case of your death.

***Mandatory fields**

1. Given name*	Middle initial/s	Surname*	Share %*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature of dependency (spouse, child, etc.)*			
<input type="text"/>			
2. Given name*	Middle initial/s	Surname*	Share %*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature of dependency (spouse, child, etc.)*			
<input type="text"/>			
3. Given name*	Middle initial/s	Surname*	Share %*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature of dependency (spouse, child, etc.)*			
<input type="text"/>			
4. Given name*	Middle initial/s	Surname*	Share %*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature of dependency (spouse, child, etc.)*			
<input type="text"/>			

You can nominate more than four beneficiaries by attaching extra names to this form. You are able to nominate dependants (spouse, child, financial dependant, interdependent) or your legal personal representative who you would prefer to receive your superannuation benefits in the event of your death. Under the HOSTPLUS trust deed the trustee decides who receives your death benefit. However, the trustee will consider your nomination and other information on dependants obtained when any claim is lodged.

Total
 1 0 0 %

If you would like more information on binding death benefit nominations visit to hostplus.com.au

Step 5. Transferring other super accounts into HOSTPLUS

If you have any other superannuation accounts, you may be paying two or more sets of administration fees. By rolling your other super accounts into HOSTPLUS you avoid paying multiple sets of fees.

If you wish to transfer your other superannuation into your HOSTPLUS account, and save on fees, simply answer YES and complete the form attached to this guide. HOSTPLUS will not charge you to transfer your other superannuation into HOSTPLUS. If you need a spare form, please download from hostplus.com.au or call us on 1300 HOSTPLUS (1300 467 875).

Do you wish to transfer money from another superannuation fund to HOSTPLUS?

Yes – Fill in the Request to transfer form included in this booklet. A separate form and certified proof of identity is required for each account to be transferred into HOSTPLUS. No

Step 6. Topping up your super

You can also top up your superannuation with personal contributions. Your savings will benefit from compound interest and add to your retirement benefit. You can also make personal contributions through your SuperSite account. Visit hostplus.com.au to find out more.

Do you wish to make personal contributions?

No Yes – Choose your method of contribution:

My employer will pay my contributions on my behalf.

I have completed the Direct Debit authority form included in this guide.

Please send me a deposit book and I will deposit contributions myself.

BPAY® or POSTbillpay® via SuperSite (Your PIN is sent with your welcome letter).

Step 7. Provide your employer's details (if applicable)

Your employer's HOSTPLUS account number

Your employer's ABN

Your employer's trading name

Your employer can provide you with their HOSTPLUS account number and trading name.

Your employer's telephone number

Date commenced with employer

The date when you started with your current employer tells us when we should expect superannuation payments for you.

Step 8. Sign the Declaration

This step must be completed in all circumstances.

I, declare that:

- I agree to be bound by the terms of the trust deed for HOSTPLUS from the date on which I become a member of the HOSTPLUS Personal Super Plan.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance of HOSTPLUS nor do they guarantee the repayment of capital from HOSTPLUS.
- I have read and understood the Member Guide Product Disclosure Statement whether included with this application form or as currently available at hostplus.com.au. I have also read the associated reference material available at hostplus.com.au.
- I have read and understood the privacy information available at hostplus.com.au and agree, consent and acknowledge the Declarations, conditions and acknowledgments contained therein, including the collection, use, storage and disclosure of my personal information as described in the reference material.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in HOSTPLUS. I undertake to provide the trustee with any further information that it may request which relates to my membership of the HOSTPLUS Personal Super Plan and I undertake that I will update the trustee if any of the information I provide changes. I consent to allowing HOSTPLUS to contact my employer/s to confirm my hours of work (if required).
- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting). I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section below. I have not withheld any information that may affect the insurer's decision as to whether to accept this application. I understand that the Duty of Disclosure continues after I have completed this application until I am notified of acceptance in writing by the trustee.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by the insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.

Don't forget to sign

SIGNATURE OF APPLICANT*

Date*

Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.

Please note: It is important that you answer all questions on this form. Membership cannot be approved unless this form is signed and dated.

Important notice

HOSTPLUS has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:
HOSTPLUS, Locked Bag 3, Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund. You will be sent a HOSTPLUS membership card, along with any other information you have requested on the form.

Issued by Host-Plus Pty Limited ABN 79 008 634 704, Australian Financial Services Licence No. 244392 as trustee for the HOSTPLUS Superannuation Fund ABN 68 657 495 890, Registrable Superannuation Entity Licence No. L0000093 Registrable Superannuation Entity No. R1000054 © Registered to BPAY Pty Ltd ABN 69 079 137 518.

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A guide to transferring your entire account balance into HOSTPLUS

31 October 2011




By completing the *Request to transfer* form, you're requesting the transfer of the WHOLE balance of your superannuation benefits to HOSTPLUS. The form CANNOT be used to transfer part of the balance of your superannuation benefits. The form will NOT change the fund to which your employer pays your contributions. The standard choice form must be used by you to change funds.

How to transfer

Before completing the *Request to transfer* form

Please ensure you read the important information below.

When completing the *Request to transfer* form

- Refer to these instructions where a question shows a message like this: 
- Print clearly in BLOCK LETTERS.

What happens to my future employer contributions?

Using the *Request to transfer* form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Super Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

More information

- ! This transfer may close your account (you will need to check this with your FROM fund).

The *Request to transfer* form CANNOT be used to:

- transfer part of the balance of your superannuation benefits – if you'd like to transfer part of your account into HOSTPLUS, use the *Transfer part of your account balance into HOSTPLUS* form
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on the one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.

Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your FROM fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing the form. The fees could include administration fees as well as exit or withdrawal fees. The differences in fees that different funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.

- **Death and disability benefits** – your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. HOSTPLUS may not offer the same insurance so it's important that you check the costs and amount of cover offered.

How long will it take?

Generally funds process transfer requests within 30 days of you providing all necessary information. We are reliant on receiving information from the fund you are exiting from to finalise your request within the time limit. If the required information is not received within 30 days from your exiting fund, we will notify you.

What happens if I do not quote my Tax File Number (TFN)?

If you do not provide your TFN, contributions made to your account may be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional tax rate of 15%. HOSTPLUS may deduct this additional tax from your account.

If we do not have your TFN, you will not be able to make personal contributions to your HOSTPLUS account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, HOSTPLUS is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Your privacy

The information requested on the *Request to transfer* form is required in order for us to carry out your instructions to transfer your superannuation to us. We will provide this information to our administrator and to your old fund. If you do not provide us with this information we may not be able to carry out your transfer instructions.

Your personal information will not be used or disclosed for any other purpose without your consent, except where required by law. You are able to gain access to this information by calling 1300 HOSTPLUS (1300 467 875), 8am–8pm, Monday to Friday. Alternatively, you can email info@mail.hostplus.com.au with your request.

Checklist

- Have you read all the information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the *Request to transfer* form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

The simple way to certify proof of identity

When submitting forms to HOSTPLUS you may be required to provide documentation so we can verify your identity. To help you provide the right documentation, we've provided a step-by-step guide on how to certify your proof of identification documents. If you have changed your name or signing on behalf of someone else you must follow this same process.

Step 1

Make a copy of your driver's licence or passport

Ensure the copy is clear and legible. If you're using your driver's licence, remember to make copies of both sides.

i A commercial organisation may be used to independently verify your identification details. All documents provided to us will be stored securely and will only be used for the purpose of proving your identity in relation to this claim.

Other acceptable ways to prove your identity

If you don't have a driver's licence or passport, use one document from Group A and one document from Group B.

Group A	Group B
Birth certificate	Letter from Centrelink
Citizenship certificate	Tax office notice of assessment
Centrelink pension card	Rates notice from local council

Step 2

Certify every page of your proof of identity

Bring your original documents and copies to an authorised person. The most convenient places to find an authorised person is at your **post office, police station or pharmacy**.

What do they need to do?

The certifier will need to compare your copy with the original, then stamp or write **'This is a true and correct copy of the original'**.

On every page of your proof of identity **the certifier must include** all of the following:

- signature
- name
- address
- occupation
- phone number
- registration number (if applicable)

Can't get to a post office, police station or pharmacy?

Other authorised people who can certify proof of identity

Chiropractor	Psychologist	Magistrate	Judge
Dentist	Veterinary surgeon	Ministry of religion	Notary public
Nurse	Registered medical practitioner	Justice of Peace	Registrar or Deputy Registrar of a court
Bank officer with two or more years continuous service	Finance company officer with two or more years continuous service	Member of the Institute of Chartered Accountants in Australia (ICA) or the Australian Society of Certified Practising Accountants (ASCPA)	Chief executive officer of a Commonwealth court

Step 3

Mail your completed form and certified copies of your identity to HOSTPLUS

We need to sight the original signatures on both your form and your certified proof of identity documents. So you can't fax, scan or email them to us. Send your certified documentation to:

HOSTPLUS
Locked Bag 3
Carlton South VIC 3053

Have you changed your name or are signing on behalf of someone?

You'll have to provide one of the following linking documents to prove a relationship exists between the two (or more) names.

Please ensure any documentation you send to us is certified as outlined in steps 1 and 2.

Change of name	Signing on behalf of someone
Marriage certificate	Guardianship papers
Deed poll	Power of attorney
Change of name certificate	

Important note

The person certifying your documents can not be the benefactor or be connected to any organisation you are using to assist you in obtaining access to your super, even if they are authorised to certify documents. If this condition is not met, HOSTPLUS will be unable to process your request.

More information: If you need more information about certifying a document, simply call **1300 HOSTPLUS (1300 467 875)**, 8am–8pm, Monday to Friday.

Choice of superannuation fund

Standard choice form – information for employees

31 October 2011



You can choose the superannuation fund or retirement savings account (referred to below as superannuation funds) to which your employer will make future Superannuation Guarantee contributions (9%). Before you complete this form you should read the Super Decisions booklet published by the Australian Securities and Investments Commission to help you understand super and make better decisions. Obtain a copy at www.fido.gov.au or call 1300 300 630.

Option 1 You do not have to choose a fund

If you do not make a choice, your employer's contributions will be paid into the fund that your employer has chosen (see Part A on the reverse side of this form). This may not be the same as your current fund.

Your employer's chosen fund may be suitable for your needs. You can choose a different fund later if you like.

If you do not want to choose a fund, you do not have to complete this form.

! Your employer is not liable for the performance of superannuation funds that you choose or they choose on your behalf.

! Do not seek financial advice from your employer unless they are licensed to provide it.

▶ More information

You can get more information about choice of superannuation fund or superannuation in general from:

- www.ato.gov.au, or
- by phoning 13 28 64.

If you do not speak English well and want to talk to an Australian Government officer, phone the Translating and Interpreting Service on 13 14 50 for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone 13 36 77.

If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on 1300 555 727.

▶ Tips for comparing funds

Fees Most funds charge fees. Differences in the fees funds charge can have a big effect on what you may have to retire on. This effect may be more than you think and for this reason you need to consider what fees are being charged. For example, your final return could be reduced by up to 20% over 30 years if your total amount of fees and costs are 2% rather than 1% (eg, from \$100,000 to \$80,000). Some funds may also charge an exit fee if you leave the fund.

Death and disability insurance Your current fund may insure you against death or an illness or accident that makes you unable to return to work. Other funds may not offer insurance, or you may have to pass a medical examination before they cover you. Check if you'll be covered in any new fund, and the costs and amount of cover, before leaving your current fund.

Option 2 Choose a fund

You can choose the superannuation fund where you want your future employer contributions to be paid.

Your employer is only required to accept one choice every 12 months.

Step 1 Gather information – work out what's best for you

You will need to find out what superannuation options are available to you.

Find out about the features and benefits of your current fund, the fund chosen by your employer and any other funds you are considering. Your current fund may be different to the fund chosen by your employer.

▶ The tips section highlights key issues you should consider when comparing funds.

Step 2 What do I need to tell my employer?

Give your employer details of your chosen fund by **completing Part B** of this form or by a written statement including the necessary information. This information may be provided by your chosen fund.

Part A shows details of your employer's superannuation arrangements. This includes the fund that your employer has chosen to make all future Superannuation Guarantee contributions to. If your employer has changed funds recently, the previous fund will also be shown. You may choose to remain in this previous fund.

Step 3 What happens to any superannuation I have in existing funds?

Any money you have in existing funds will remain there unless you make arrangements to transfer it to another fund. Check the impact of any exit fees or benefits you may lose before leaving the fund. Your employer cannot do this for you.

Investment choice Some funds let you choose where the fund will invest your super. Some choices offer higher returns, but with a higher risk that investments may go down as well as up. Other choices offer greater security but with lower expected returns. Choose the level of risk and return that you are comfortable with.

Investment performance Superannuation is a long term investment for your retirement, so its investment performance needs to be judged over the long term. Short term performance, whether good or bad, may not be repeated. There is no guarantee that a fund that has performed well in the past will do so in the future.

The information you'll need to make these checks is in each fund's product disclosure statement which you can get from the fund.

Choice of superannuation fund

Standard choice form

31 October 2011

This form must be completed in full and submitted to your employer along with the HOSTPLUS Complying Fund letter. Please use BLOCK letters and black or blue pen. Do not send this form to the Australian Taxation Office or to your superannuation fund.

Part A Employer to complete *Mandatory fields

1. Employer name*

2. Employer superannuation guarantee contributions will be made to the following fund

Fund name

Superannuation product identification number (if applicable)

To access the product disclosure statement for this fund (if applicable)

Telephone number

3. Employer superannuation guarantee contributions have previously been made to (if different to above)

If the employer fund has not changed please write 'as above' in fund name box below.

Fund name

Superannuation product identification number (if applicable)

Telephone number

Fund website

4. Employer contributions

Superannuation contributions are currently made at a higher level than the required 9%

Yes No

If Yes, superannuation contributions will continue at this higher level if the employee chooses a fund other than the fund named in part A question 2

Yes No

Note that this statement does not alter an employer's legal obligations (if any) relating to future payments

Part B Employee to complete – ONLY IF MAKING A CHOICE

1. Employer contributions

my employer's previous superannuation fund named in part A question 3 ▶ Go to question 4 below.

my own choice of fund ▶ Complete questions 2, 3 and 4 below.

2. Your chosen fund details

Fund name

Membership No. (if applicable)

Account name

Superannuation Product Identification Number (if applicable)

Telephone number


Fund Australian Business Number (ABN) (if applicable)

3. I have attached:

- a letter from the trustee stating that this is a complying fund and (for a self-managed superannuation fund) a copy of documentation from the Tax Office confirming the fund is regulated
- written evidence from the fund they will accept contributions from my employer, and
- details about how my employer can make contributions to this fund.

4. Employee name*

Employee number (if applicable)

 **Don't forget to sign** **SIGNATURE OF APPLICANT*** **Date*** / /

Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.

Part C: Employer only

Date accepted

Date processed



31 October 2011

To whom it may concern,

The **HOSTPLUS** Superannuation Fund (Fund) is a complying, resident, regulated superannuation fund under the *Superannuation Industry (Supervision) Act 1993* (SIS Act) and is constituted under a trust deed dated 8 February 1988. The trustee of the Fund is Host-Plus Pty Limited ABN 79 008 634 704 (trustee).

In the event that the Fund's complying status is revoked, the trustee would receive notice to that effect under section 63 of the SIS Act. This would mean the Fund could not receive any further contributions to it. The trustee confirms that it has not received nor does it expect to receive any such notice.

Fund details	
Fund name	HOST PLUS Superannuation Fund
Australian Business Number (ABN)	68 657 495 890
Superannuation Product Identification Number (SPIN)	HOS 0100AU
Fund contact details	Level 9 114 William Street Melbourne VIC 3000 Telephone: 1300 HOSTPLUS (1300 467 875) Facsimile: 1800 HOSTPLUS (1800 467 875) Website: hostplus.com.au

The Fund is able to accept contributions from employers on behalf of their employees.

Yours faithfully,

David Elia
Chief Executive Officer

For and on behalf of the trustee
Host-Plus Pty Limited

Mail: Locked Bag 3, Carlton South VIC 3053 • **Email** info@mail.hostplus.com.au • **Web:** hostplus.com.au • **Phone** 1300 467 875, 8am – 8pm, Monday to Friday • **Fax:** 1800 467 875

VIC
Level 2, Casselden Place
2 Lonsdale Street
Melbourne VIC 3000

NSW
Level 5, Sydney Central
477 Pitt Street
Sydney NSW 2000

QLD
Level 10
120 Edward Street
Brisbane QLD 4000

SA/NT
Level 2
104 Frome Street
Adelaide SA 5000

TAS
Level 2
119 Macquarie Street
Hobart TAS 7000

WA
Level 2
12 St. Georges Terrace
Perth WA 6000

ACT
Level 2
11 London Circuit
Canberra ACT 2601

GOLD COAST
Shop 110/111,
Pacific Fair Shopping Centre,
Hooker Boulevard, Broadbeach QLD 4218

Issued by Host-Plus Pty Limited ABN 79 008 634 704, AFSL No. 244392, RSEL No. L0000093, **HOSTPLUS** Superannuation Fund ABN 68 657 495 890, RSE No. R1000054. This document does not and is not intended to contain any recommendations, statements of opinion or advice. The information is general in nature and does not consider any one or more of your objectives, financial situation or needs. Before acting, you should consider obtaining advice from a licensed financial adviser and consider the appropriateness of this information, having regard to your particular investment needs, objectives and financial situation. You should read a copy of the **HOSTPLUS** Product Disclosure Statement before making any decision about whether to acquire an interest in **HOSTPLUS**. 710 10/11A

Making employee contributions into HOSTPLUS



With **HOSTPLUS**, you can process and pay your employees' super contributions in a number of ways, each offering unique advantages depending on the size of your business and the structure of your payroll system.

Contribution option	Advantages	Suitable for	Payments can be made via
<p>1. SuperSite</p> <p>Submit contributions over the internet via hostplus.com.au</p>	<ul style="list-style-type: none"> • Quick and simple to use • Secure access • System allows you to modify employee details electronically and view a history of the contribution advices that you have submitted 	<ul style="list-style-type: none"> • 1 to 30 employees 	<ul style="list-style-type: none"> • Direct debit • Electronic Funds Transfer (EFT) • POSTbillpay[®] • BPAY[®]
<p>2. Super File Manager</p> <p>Upload your payroll information online via hostplus.com.au</p>	<ul style="list-style-type: none"> • Streamlined administration • Download directly from your payroll system – saving you time and effort • Simple to use • Minimises the chance of errors as data is copied straight from your system to HOSTPLUS 	<ul style="list-style-type: none"> • Any number of employees 	<ul style="list-style-type: none"> • Electronic Funds Transfer (EFT) • BPAY[®]
<p>3. HOSTPLUS Excel™ spreadsheet</p> <p>This spreadsheet can be emailed or downloaded onto a disk and mailed to HOSTPLUS</p>	<ul style="list-style-type: none"> • Easy to use and secure • HOSTPLUS can send you a pre-populated sheet with user instructions to get you started – at no cost 	<ul style="list-style-type: none"> • Any number of employees 	<ul style="list-style-type: none"> • Electronic Funds Transfer (EFT) • BPAY[®] • Cheque made payable to 'HOSTPLUS' and sent to any state office
<p>4. Paper based</p> <p>Use the HOSTPLUS Contribution Advice or your own internally produced report</p>	<ul style="list-style-type: none"> • Easy to use • Good for small employers who don't have internet access or a computerised payroll system, or who would just prefer to contribute in a manual form 	<ul style="list-style-type: none"> • 1 to 30 employees 	<ul style="list-style-type: none"> • Electronic Funds Transfer (EFT) • POSTbillpay[®] • BPAY[®] • Cheque made payable to 'HOSTPLUS' and sent to any state office

For more information on any of these options please call **HOSTPLUS** on 1300 **HOSTPLUS** (1300 467 875) or visit hostplus.com.au

Clearing house facility

The Government has introduced a clearing house facility (the Small Business Superannuation Clearing House) through Medicare offices for small businesses of less than 20 employees. This service enables small business employers to pay superannuation contributions in the one location (free of charge) instead of having to pay contributions to a large number of superannuation funds chosen by their employees.

You can contact Medicare Australia on 1300 660 048 for more information on eligibility and how to register.

Insurance transfer form

31 October 2011

Please use BLOCK letters and BLACK or BLUE pen.

OFFICE USE ONLY

When to use this form:

This form is for members of HOSTPLUS who wish to transfer their existing Death and/or TPD or Salary Continuance insurance cover to HOSTPLUS.

How to use this form:

- You must complete Steps 1, 2, 3, 4, and 5. This form must be completed in full.

Important information about transferring insurance cover

You can only apply to transfer your insurance cover to HOSTPLUS if:

- You are applying for Death and TPD cover, and you are aged between 11 and 64.
- You are applying for Salary Continuance insurance cover and you are aged between 15 and 64.
- You wish to transfer up to \$1,000,000 for Death or Death & TPD.
- You wish to transfer Group Salary Continuance (GSC) cover up to a maximum monthly benefit of \$6,000 per month in total. When you transfer GSC cover to HOSTPLUS, the waiting period that applies to your GSC cover will be:
 - 30 days if it was 30 days or less with the former fund,
 - 60 days, if it was between 30 and 60 days with the former fund,
 - 90 days, if it was greater than 60 days but less than 90 days with your former fund.
- You have not made or you are not entitled to make a claim in relation to your insurance cover held in the other fund.
- Your insurance cover is held in another industry superannuation fund, mastertrust or a corporate superannuation fund – you cannot transfer insurance cover from an ordinary (non-superannuation) policy) or retail or personal policy (including a self managed super fund).
- Your waiting period is less than 90 days. If your waiting period is greater than 90 days, please use the *Increase your insurance cover application Part A and B* (if applicable) form.
- The Salary Continuance insurance benefit that will be provided by the Insurer in the event of disability will be capped to 75% of salary in addition to a Superannuation Contribution benefit of 15%.
- Your TPD cover does not exceed your Death cover.

There are two occupation based categories used to assess which Death & TPD scale you are eligible to have – standard scales or Management/Clerical (white collar scales). Answering the questions in Step 4 will allow HOSTPLUS to determine which scale is applicable to you and this will therefore determine the number of units needed to match the cover you will be transferring. It will also enable us to determine the cost of your fixed benefit cover (if applicable). Your eligibility for management scales would only apply if:

- you are employed for a least 15 hours per week on an ongoing basis,
- you spend at least 90% of your time working in an office,
- you undertake occupational duties within an office environment, and
- you are employed in one of the following occupations: management, clerical, marketing, administration, accounting or other similar lower risk occupations agreed to in writing by the insurer.
- You agree to cancel cover held in the relevant industry, mastertrust or corporate superannuation fund of which you are an insured member and transfer your super account to HOSTPLUS once you have received written confirmation of acceptance of your transfer of cover from HOSTPLUS.
- You agree that your cover provided through HOSTPLUS will be subject to the underwriting terms provided by the former insurer (if any).
- Attach a copy of your most recent statement from your other fund or policy, which sets out the type and level of cover you have with them. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover.

Do not cancel your existing insurance cover until you have received confirmation in writing that your request has been accepted by HOSTPLUS.

Step 1. Member details

HOSTPLUS membership number*

Date of birth*

Gender*

 Male Female

Mr Mrs Ms Miss Dr Other

*Mandatory fields

Full given name*

Surname*

Current address*

Suburb

State

Postcode

Home phone*

Mobile phone

Work phone*

Email address

Step 2. Details of current insurance (non HOSTPLUS)

Please advise of the type of insurance you presently hold in the other fund (you can nominate more than one) and **attach a copy of your most recent statement** which sets out the type and level of cover you have. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover:

Death only Death and TPD Group Salary Continuance insurance

Name of Fund/Plan

Fund member number

Fund Superannuation Product Identification Number (SPIN)

I confirm that I have the following amounts of cover, in respect of each benefit:

a) Death cover \$ Date cover started / /

b) TPD cover \$ Date cover started / /

c) GSC cover per month \$ Date cover started / /

GSC waiting period? Days Benefit period YEARS

NOTE: The maximum transfer benefit period available for GSC cover under HOSTPLUS is restricted to two years.

Do you require the Death or Death & TPD cover through HOSTPLUS to be fixed cover? Yes No

If YES, fixed-dollar cover will be rounded to the next highest multiple of \$1,000.

If NO, cover provided will be unit based cover. Cover will be rounded to the next highest unit (if rounding is required), subject to the limits set out on page 1 of this form.

Is your existing insurance cover subject to:

a premium loading? Yes* No

an exclusion? Yes* No

a restriction? Yes* No

a pre-existing condition? Yes* No

any other limitation of any sort? Yes* No

***If you answered YES to any of the above, please provide details of the premium loading, exclusion, restriction, a pre-existing condition or any other limitation. Please include a copy of the advice you received from the insurer or the former fund advising you of the acceptance of your cover subject to these additional terms.**

Step 3. Personal statement

(a) Are you restricted, due to injury or illness from carrying out the usual duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full time basis)?
Full-time basis is considered to be at least 30 hours per week. Yes* No

(b) Are you currently in receipt of, or intending to, or entitled to, claim any form of sickness, accident or disability benefit(s) from any source such as a life insurer or workcover authority? Yes* No

(c) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)? Yes* No

(d) Have you been diagnosed with any illness that reduces your life expectancy to less than 12 months from today? Yes* No

***If you have answered 'yes' to any question in Step 3 please complete the *Increase your insurance cover application – Part A and Part B* (if applicable) form available at hostplus.com.au or apply online at hostplus.com.au. If your application is accepted, your existing allocation of insurance cover (if any) will be altered to reflect the value of insurance and type of cover you requested in this form.**

Step 4. Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/clerical (white collar) scale	Light blue collar scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Home duties <input type="checkbox"/> Wait Staff/Waitress/Waiter* <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* <input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/ Retail Assistant <input type="checkbox"/> Casino Worker/ Dealer/Croupier/ Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew <input type="checkbox"/> Cleaner (Commercial) <input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/ Farm Labourer <input type="checkbox"/> Labourer
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting		

^{*}These occupations have a combination of two collar type ratings: Death & TPD = light blue collar, Group Salary Continuance = heavy blue collar.

^{**} Please note that you are only eligible for Death & TPD cover.

[^]You are not eligible for the management scales, please provide your occupation below to be assessed.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation

Note: If no selection is made you will automatically default to the heavy blue collar scale.

What is your annual salary (including average bonus for the last three years)? \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. The list below represents the physical nature of duties only.

Nature of duty

Nature of duty	Time
Administrative/clerical (for example computer work, office work, filing, typing, marketing, accounting, administrative)	<input type="text"/> %
Light manual work (for example driving with deliveries, lifting under 5 kg etc)	<input type="text"/> %
Supervisor of manual work (not actually performing this work)	<input type="text"/> %
Caring for dependants	<input type="text"/> %
Manual work (cleaning, lifting over 5kgs, carpentry, plumbing, etc)	<input type="text"/> %
Truck driving greater than a distance of 800 km from base or working underground	<input type="text"/> %
Total	100 %

Step 5. Declaration and signature

This step must be completed in all circumstances.

I, whose signature appears below, declare that:

- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting).
- I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section over leaf. I have not withheld any information that may affect the Insurer's decision as to whether to accept this Application. I understand that the Duty of Disclosure continues after I have completed this statement until I am notified of acceptance in writing by the trustee.
- I have read and understood the Member Guide Product Disclosure Statement whether included with this application form or as currently available at hostplus.com.au I have also read the associated reference material available at hostplus.com.au
- I have read and understood the privacy information available at hostplus.com.au and agree, consent and acknowledge the Declarations, conditions and acknowledgments contained therein, including the collection, use, storage and disclosure of my personal information as described in the reference material.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by the Insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.
- I have attached the most recent statement from my other fund or policy and this statements sets out the type and level of cover I have with them.

SIGNATURE OF APPLICANT*

Don't forget to sign

Date*

Important notice

HOSTPLUS has taken out a contract of insurance with an Insurer to provide the insurance benefits in the fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of his/her business, ought to know; or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

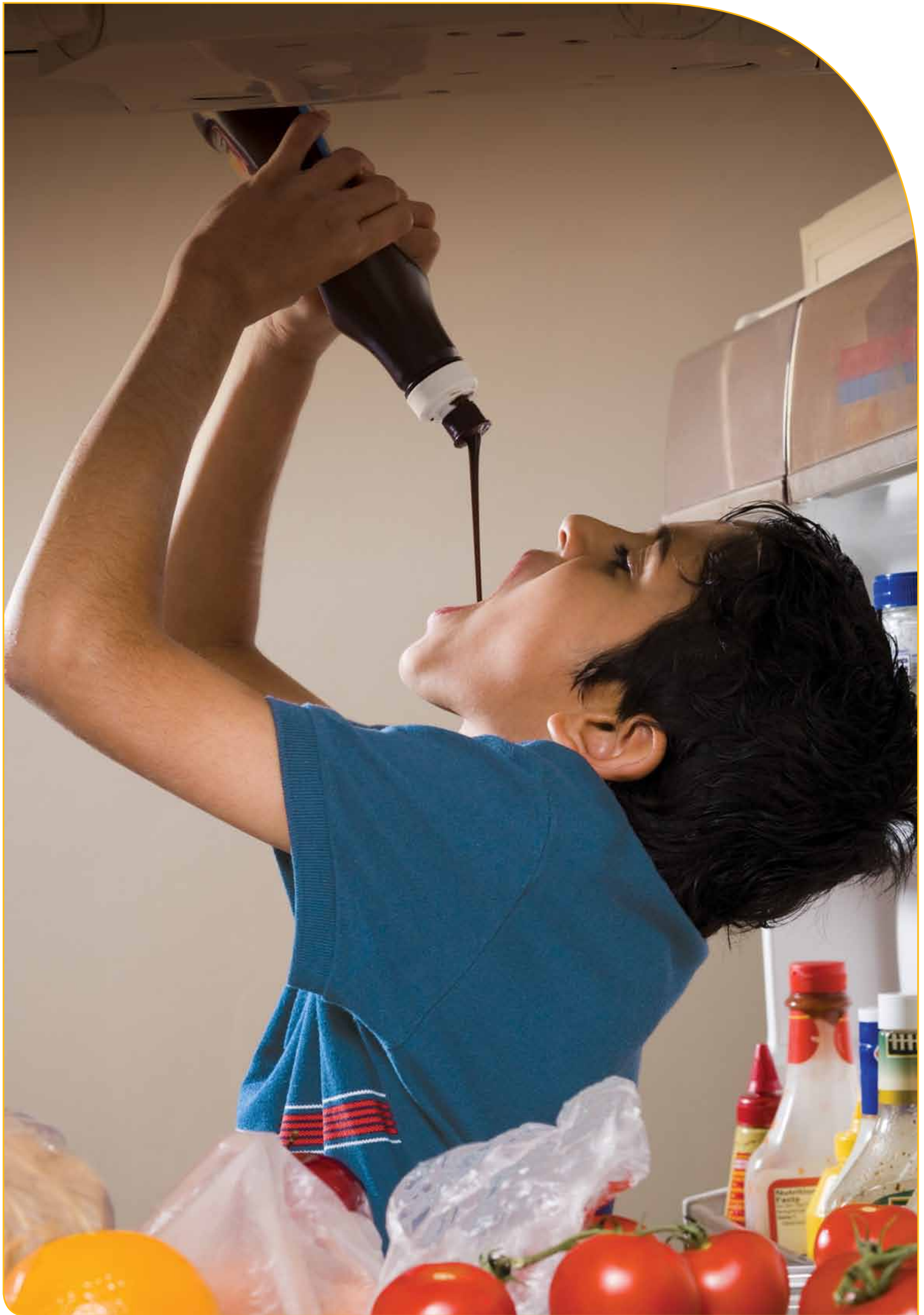
If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:

HOSTPLUS
Locked Bag 3
Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund. You will be sent a **HOSTPLUS** membership card, along with any other information you have requested on the form.

Issued by Host-Plus Pty Limited ABN 79 008 634 704, Australian Financial Services Licence No. 244392 as trustee for the **HOSTPLUS** Superannuation Fund ABN 68 657 495 890, Registrable Superannuation Entity Licence No. L0000093, Registrable Superannuation Entity No. R1000054, © Registered to BPAY Pty Ltd ABN 69 079 137 518



Member Forms

Postal address

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Carlton South VIC 3053

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2 Lonsdale Street
Melbourne VIC 3000

SA/NT

Level 2, 104 Frome Street
Adelaide SA 5000

QLD

Level 10, 120 Edward Street
Brisbane QLD 4000

Gold Coast

Shop 110/111
Pacific Fair Shopping Centre
Hooker Boulevard
Broadbeach QLD 4218

WA

Level 2, 12 St. Georges Terrace
Perth WA 6000

ACT

Level 2
11 London Circuit
Canberra ACT 2601

NSW

Level 5, Sydney Central
477 Pitt Street
Sydney NSW 2000

TAS

Level 2, 119 Macquarie Street
Hobart TAS 7000

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