

# ARC Member Variation and Investment Switch Form

## ARC Master Trust - Superannuation

Trustee: TOWER Australian Superannuation Limited ABN 69 003 059 407  
AFSL: 237851

ARC Corporate  ARC Personal

### 1. Personal Details

Employer's Name (if applicable)  Member Number

(Title) (First Name) (Middle Name) (Surname)

Member's Name

(PO Box OR Street No. and Name) (Suburb) (State) (Postcode)

Postal Address

Telephone: Home ( )  Business ( )  Mobile

Date of Birth  /  /  Sex

Please tick the variations you are requesting

### 2. Change Of Name

To change your name, please attach a copy of your marriage or deed poll certificate and fill in sections below.

Previous Name

New Name

### 3. Tax File Notification

(First Name) (Surname) Date of Birth

Member's Name    / /

Tax File Number  
(Note: Please see the Taxation section in the Product Disclosure Statement before completing)



#### 4. Request To Make Personal Contributions

Please tick any of the following statements that apply to you:

- I am under age 65.
- I am aged 65 to 74 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year.
- None of the above statements apply to me but I am still eligible to make or receive superannuation contributions for the following reason:

Please see the "Who Can Invest in Superannuation?" section of the Product Disclosure Statement for details.

I wish to make regular personal contributions to my ARC member account:

Direct Debit

**Direct Debit Frequency**     Monthly     Quarterly     Half-Yearly     Yearly (Default is Monthly)

**Direct Debit Day**     1st     8th     15th     22nd    (Default is 15<sup>th</sup>)

(Note: The direct debit deduction will occur on or close to the day of the month selected)

Please also complete the Direct Debit Form.

Cheque    Cheques to be made payable to TOWER Australia - ARC Master Trust (Member's name) and send to: ARC Master Trust, PO Box 142, Milsons Point NSW 1565

BPAY    Please refer to the Product Disclosure Statement on how to make contributions by BPAY.

Please deduct \$  from my financial institution account.



#### 5. Investment Selection (please read Product Disclosure Statement: Part 2 of 2 - Investment Choices before completing)

- Please apply/switch all future contributions and my existing account balance to the following option(s); or
- Please switch my existing account balance only to the following option(s); or
- Please apply future contributions only to the following option(s).

Investment Code	Investment Options
CA	<b>Capital Guaranteed Portfolio</b>
	<input type="text"/> % TOWER Australia Capital Assured Fund
CF	<b>Cash Portfolio</b>
	<input type="text"/> % TOWER Australia Cash Fund

Investment Code	Investment Options
	<b>Fixed Interest Portfolio</b>
SB	<input type="text" value=""/> % Citigroup Australian Bond Trust
RZ	<input type="text" value=""/> % TOWER Australia Fixed Interest Fund
ZG	<input type="text" value=""/> % UBS Diversified Fixed Income Fund
	<b>Capital Stable Portfolio</b>
RG	<input type="text" value=""/> % Perpetual's Wholesale Conservative Growth Fund
RU	<input type="text" value=""/> % TOWER Australia Security Focus Fund
ZA	<input type="text" value=""/> % UBS Defensive Investment Fund
	<b>Balanced Portfolio</b>
RC	<input type="text" value=""/> % Colonial First State Wholesale Balanced Fund
RA	<input type="text" value=""/> % Perpetual's Wholesale Diversified Growth Fund
ZC	<input type="text" value=""/> % TOWER Australia Conservative Balanced Fund
	<b>Growth Portfolio</b>
RQ	<input type="text" value=""/> % Colonial First State Wholesale Diversified Fund
RS	<input type="text" value=""/> % ING Wholesale Managed Growth Trust
RL	<input type="text" value=""/> % Perpetual's Wholesale Balanced Growth Fund
RX	<input type="text" value=""/> % Schroder Balanced Fund Standard Class
RE	<input type="text" value=""/> % TOWER Australia Balanced Growth Fund
RN	<input type="text" value=""/> % TOWER Australia Growth Maximiser Fund
ZE	<input type="text" value=""/> % UBS Balanced Investment Fund
	<b>Property Portfolio</b>
WR	<input type="text" value=""/> % BT Wholesale Property Investment Fund
WP	<input type="text" value=""/> % Deutsche Paladin Property Securities Fund
	<b>Australian Shares Portfolio</b>
SK	<input type="text" value=""/> % Advance Sharemarket Fund - Wholesale Units
SM	<input type="text" value=""/> % Colonial First State Wholesale Imputation Fund
ZL	<input type="text" value=""/> % Eley Griffiths Group Small Companies Fund
ZN	<input type="text" value=""/> % Investors Mutual Australian Share Fund
SS	<input type="text" value=""/> % IOOF/Perennial Wholesale Value Shares Trust
SZ	<input type="text" value=""/> % Perpetual's Wholesale Industrial Fund
WB	<input type="text" value=""/> % Schroder Wholesale Australian Equity Fund
SF	<input type="text" value=""/> % TOWER Australia Australian Shares Fund
SH	<input type="text" value=""/> % TOWER Australia Ethical Growth Fund
ZJ	<input type="text" value=""/> % Vanguard Australian Shares Index Fund

Investment Code	Investment Options
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		International Shares Portfolio
ZQ	<input style="width: 50px; height: 20px;" type="text" value="%"/>	Credit Suisse Asset Management International Shares Fund
WK	<input style="width: 50px; height: 20px;" type="text" value="%"/>	Perpetual's Wholesale International Share Fund
WM	<input style="width: 50px; height: 20px;" type="text" value="%"/>	Platinum International Fund
ZS	<input style="width: 50px; height: 20px;" type="text" value="%"/>	TOWER Australia International Shares Fund
ZU	<input style="width: 50px; height: 20px;" type="text" value="%"/>	Vanguard International Shares Index Fund
<b>Total</b>	<b>100%</b>	

Note: A maximum of 20 investment options can be chosen.

## 6. Nomination of Dependants

I request that in the event of my death the Trustee consider paying any benefit to the dependants nominated below in the proportions indicated. I understand that:

- the Trustee is not bound by this nomination but will take it into account in deciding how and to whom any death benefit will be distributed; and
- the Trustee can only pay a death benefit from the Fund to my estate or a dependant. (Please see the Product Disclosure Statement for details.)

Name	Street No. & Name	Suburb	Postcode	Relationship	Proportion
					%
					%
					%
<b>TOTAL</b>					<b>100%</b>

Please note that this nomination will replace any existing nomination you have made in respect of your ARC Master Trust membership.

Applicant's Signature

X

Date

/
/

## 7. Insurance Protection Benefits Alteration Request

I understand that the insurance protection benefits offered through ARC Personal are subject to the acceptance by the Fund's insurer. I understand that any alteration to my insurance protection benefits are also subject to acceptance by the Fund's insurer.

- I wish to cancel my insurance protection benefits.
- I wish to alter my existing insurance protection benefits as detailed below. I understand that once accepted by the Fund's insurer, the benefits will replace my existing arrangements (please complete the section below and the Personal Statement form).
- I wish to add the insurance protection benefits as detailed below (please complete the section below and the Personal Statement form).

Occupational Code   
(adviser to complete)

Smoker  Yes  No

**Death & Disablement Protection Benefits**

Death-only OR  Death and Total & Permanent Disablement

Sum Insured \$  Fixed Insurance Amount  (Benefits in addition to account balance) (Default is Fixed Insurance Benefit)  
Integrated Insurance Amount  (Benefits inclusive of account balance)

OR

Fixed Weekly Premium  \$1  \$2  \$3  \$4  \$5  \$6

**Income Protection Benefit**

Waiting Period  30 days  60 days  90 days Current Salary \$  per annum (Default is 30 days)

Monthly Income Benefit  % Retirement Protection Benefit  % (Max. 75% of salary) (Max. 10% of Salary)

OR

Fixed Weekly Premium  \$1  \$2  \$3  \$4  \$5  \$6

Note: If you are adding or altering Insurance Protection Benefits, please complete the Personal Statement.

**8. Member Declaration (this declaration must be completed)**

Please read the following acknowledgments and declarations carefully and sign at the bottom of this section.

- If I am applying for Insurance Protection Benefits or a change in those benefits:
  - I understand that cover will not become effective until TOWER accepts in writing my application for insurance or increase in insurance on standard terms or I accept in writing non-standard terms offered to me and TOWER receives sufficient contributions to meet the required premium.
  - I have read all questions and answers contained in this Member Variation and Investment Switch Form, Personal Statement and any other forms submitted to TOWER which are relevant to the Insurance Protection Benefit application and confirm that the answers are true, correct and complete whether or not they are in my own writing.
  - I have made no statement to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Member Variation and Investment Switch Form, the Personal Statement or any other forms submitted to TOWER which are relevant to the Insurance Protection Benefit application.
- I direct the Trustee to invest on my behalf in the manner (if any) set out in Section 5 of this form.
- I have read and understood the Privacy information contained in the Product Disclosure Statement, which sets out important details of how TOWER may use my personal information.

Applicant's Signature

Date

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