

SUPERANNUATION

ARC MASTER TRUST Continuation Option Application Form

Dated 1 July 2009
 TOWER Australian Superannuation Limited
 ABN 69 003 059 407 AFSL No. 237851
 TOWER Master Fund ABN 20 891 605 180

Please complete this Form to notify the Fund's Insurer you wish to continue your insurance benefit cover through an individual TOWER Protection Policy. In some circumstances you may be required to provide additional information before the Fund's Insurer will approve this application. Before completing this Form, please read the important information below.

Important information regarding continuation options

- This form must be returned to TOWER 60 days after transferring or withdrawing your funds from the ARC Master Trust
- The continuation option for Death, Death and Total and Permanent Disablement (TPD) or Income Protection insurance benefits are subject to approval by the Fund's Insurer's after reviewing the information provided on this Form. Please note that additional information may be required and you may have to complete additional forms before the Fund's Insurer approves your application.
- Should a claim have been received or is pending, a continuation option is not available
- The amount of cover provided by the individual policy will be no greater than the level of cover attached to your ARC account prior to your benefits being withdrawn or transferred, and will be subject to the insurer's standard terms and conditions, including minimum cover and premiums current at that time.
- For the Income Protection Benefits insurance continuation option, the amount of cover will be on an indemnity basis with no options added and the waiting period must be the same as held under ARC.

To be eligible for a continuation option you must meet the following criteria:

- The Insured Person must not be in receipt of, or eligible to receive benefits under this policy or any other policy issued by the Fund's Insurer providing similar benefits, nor any previous policy that this Policy replaces under take-over terms.
- The Insured Person must not have permanently retired from the workforce.
- The Insured Person has not attained age 60.
- The Insured Person must be an Australian Resident.
- The Insured Person must not have joined the armed forces of any country.
- The Insured Person must not be leaving the Fund due to ill health.

1. MEMBER DETAILS

Member number	<input type="text"/>		
Name	Title <input type="text"/>	Surname <input type="text"/>	
	Given name(s) <input type="text"/>		
Date of birth	<input type="text" value=" / /"/>		
Address	Street address <input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Contact details	Home <input type="text"/>	Business <input type="text"/>	
	Mobile <input type="text"/>	Email <input type="text"/>	

2. APPLICATION FOR CONTINUATION OPTION

1. Please tick the insurance benefits for which you wish to apply for a continuation option (you may tick (4) more than one box):

- Death
- Death and TPD
- Income Protection

2. Date left the Fund

3. New Occupation

4. Details of new occupational duties performed

5. New Annual income. Please attach evidence of your remuneration

6. Have you smoked tobacco or any other substance in the last 12 months? Yes No

3. ADVISER DETAILS

Name	Adviser Name	<input type="text"/>		
	Dealer group/ Licence Holder Name	<input type="text"/>		
Address	Street address	<input type="text"/>		
	Suburb	<input type="text"/>	State	<input type="text"/>
			Postcode	<input type="text"/>
Contact details	Home	<input type="text"/>	Business	<input type="text"/>
	Mobile	<input type="text"/>	Email	<input type="text"/>

4. MEMBER DECLARATION

- Please read the following acknowledgments and declarations carefully and then sign below. I declare that:
- I have read and understood the important information contained in this form.
 - I am eligible to apply for a continuation option.
 - All information provided in relation to this application for a continuation option is true, correct and up to date at the date of signing this form.
 - If I have not completed the answers to these questions myself, I have checked the answers to ensure they are true, correct and up to date at the date of signing this form.
 - I have made no statement to the Financial Adviser or any other person connected with the Financial Adviser which in any way alters, qualifies or modifies the answers given in this Form.
 - I understand that the continuation option will not become effective until the Fund's Insurer accepts in writing my application for the continuation option.
 - I have attached evidence of my remuneration details as stated in section 2.

Member signature Date

5. PRIVACY

Information on the collection, use and disclosure of your information is contained in the Privacy Policy Statement on our website at www.toweraustralia.com.au, or is available on request. A copy of the PDS for this product is available on our website www.arcmt.com.au or call us for a copy.

If you have any questions about your privacy rights, or wish to access the personal information we hold about you, please contact:

The Privacy Officer
PO Box 142
Milsons Point NSW 1565
Telephone: 1800 101 014

6. OFFICE USE ONLY

The following information is for internal use only and a copy is to be sent to the Group Underwriting Manager on receipt of the Form.

1. Assessment for the ARC Master Trust

Death sum insured	\$	Death and TPD sum insured	\$	Income Protection sum insured	\$
Standard Rates		Standard Rates			
Loading		Loading			
Exclusion wording		Exclusion wording			

If more space is required, please attach an additional piece of paper.

2. Please ensure the following:

- Occupation to be underwritten
- Smoking status to be underwritten
- Attach a copy of any underwriting evidence for cover outside of the AAL

3. Reinsurer for ARC: Munich (coded as F MRA and N for selection rebate)

Date continuation option notified to TOWER

Authorised by

Member signature

Date

Contact us

ARC Master Trust Customer Service Consultants

Call 1800 101 014

Monday to Friday 8.30am-5.30pm (EST)

Email: arcmt@toweraustralia.com.au

Website: www.arcmt.com.au

Please return your completed form and any supporting paperwork to:

ARC Master Trust
 PO Box 142
 Milsons Point NSW 1565