

SUPERANNUATION

ARC MASTER TRUST Request for access to information 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

Thank you for your recent enquiry to access your personal information. To protect your privacy, your request for access must be made in writing. Please complete this form and return it to us at the address outlined below. We will then:

- confirm receipt of your Request form.
- gather all information held by TOWER about you.
- either, forward your information to you, or contact you and make personal arrangements for you to view your information.

If attending our office to view your information you will need to produce suitable photo identification (e.g. Driver Licence or Passport) prior to viewing any of the requested information. Failure to supply identification may cause delays in providing you with access to the personal information TOWER holds about you. We may charge a reasonable fee to cover the costs of verifying the request and locating, retrieving, reviewing and copying any material requested. If the information sought is extensive, we will advise you of the likely cost in advance and discuss the refinement of your request if possible.

1. PERSONAL 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 text"="" type="text" value="()</input></td> <td></td> </tr> <tr> <td></td> <td>Mobile <input type="/> | Email <input type="text"/> | |

2. INFORMATION REQUIRED

Please identify the specific item(s) you wish to access (where possible)

3. ADVISER DETAILS

Do you authorise release of this personal information to be forwarded directly to your adviser?

Yes No

Have you contacted any other companies related to TOWER to obtain access to your personal information?

Yes No

If yes, please state which companies you have contacted.

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4. MEMBER SIGNATURE

Member signature

| |
|---|
| X |
|---|

Date

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|---|---|
| / | / |
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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