

TOWER Australian Superannuation Limited
ABN 69 003 059 407 AFSL Number 237851
80 Alfred Street Milsons Point NSW 2061

THIS SHOULD ONLY BE COMPLETED WHERE THE POLICY IS TO BE OWNED BY THE TRUSTEE OF THE TOWER SUPERANNUATION FUND

1. PERSONAL DETAILS

PERSONAL DETAILS	Surname	<input type="text"/>					
	Given Names	<input type="text"/>					
ADDRESS RESIDENTIAL	Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>	
	Suburb	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
OR							
ADDRESS BUSINESS	Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street Name	<input type="text"/>	
	Suburb	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
TAX FILE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						

Please read the Tax File Number section on page 76 of the Product Disclosure Statement before completing

2. ELIGIBILITY TO CONTRIBUTE

Please tick any of the following statements that apply:

I am under age 65

The contributions to meet the premiums are employer award or superannuation guarantee contributions

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 contribution rules section on page 63 of the Product Disclosure Statement for details

3. CONTRIBUTIONS TO MEET PREMIUMS

Employer Contributions	<input type="checkbox"/>		
Personal Contributions:	I intend to apply for a tax deduction for the contributions	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Spouse Contributions:	Has the spouse in respect of whom the contributions are made ever worked in paid employment (including self-employment)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If 'Yes', state period	<input type="text"/>		

4. DEATH BENEFIT NOMINATION

SECTION A – SELECT A CATEGORY OF MEMBERSHIP OR A BINDING DEATH BENEFIT NOMINATION

I wish to select the following **CATEGORY OF MEMBERSHIP**

RULES OF CATEGORY – Death Benefits are payable in accordance with the category information. Category rules can be found on page 63 of the Product Disclosure Statement. Payment of benefits is subject to superannuation law.

INSTRUCTIONS: Select **ONE** category only, then state the percentage to be paid as a lump sum to the person noted in the first column; any remaining benefit will be paid as an Allocated Pension to the person noted in the second column. If you do not define a percentage, 100% of your death benefit will be paid as a lump sum to the person defined in the first column. For category 6 you can suggest the percentage you would like paid to any dependant(s) you nominate for consideration by the Trustee in the table opposite.

(Section 4 continued next page)

TICK OPTION	CAT	DEATH BENEFIT PAYABLE AS A LUMP SUM (DEFINE % FOR CATEGORY)*	DEATH BENEFIT PAYABLE AS AN ALLOCATED PENSION (FOR REMAINING BENEFIT)
<input type="checkbox"/>	1	Spouse	Eligible Children ⁺
<input type="checkbox"/>	2	Eligible Children	Spouse
<input type="checkbox"/>	3	Personal representative	Spouse
<input type="checkbox"/>	4	Person with whom you have an Interdependency Relationship	Eligible Children ⁺
<input type="checkbox"/>	5	Personal representative	Person with whom you have an Interdependency Relationship
<input type="checkbox"/>	6	At the Trustee's discretion	

* I would like % of the death benefit to be paid as a lump sum to the person(s) in the first column of my selected category (not applicable for category 6.)

⁺ You can select the age at which you would like any Allocated Pension payable to your eligible children to be commuted to a lump sum. If no age is selected, any Allocated Pension payable to your children will be commuted to a lump sum at age 18.

Age 18 Age 21
Age 25

OR

I wish to make a **BINDING DEATH BENEFIT NOMINATION**

Please note that your binding death benefit nomination remains valid for 3 years and should be reviewed regularly, particularly if circumstances change as in the case of marriage or divorce. If you are making a binding death benefit nomination you must sign this application in the presence of two witnesses, who are at least aged eighteen and who are not nominated as beneficiaries. All signatures should be affixed using the same pen.

SECTION B - BENEFICIARY DETAILS

CATEGORY OF MEMBERSHIP - Please provide details for any person who would currently qualify to receive your benefit in the event of your death under your Category Nomination or whom you would like the Trustee to consider if you have nominated category 6. Please note, providing this information does not mean the Trustee will be able to pay the named person(s) if your circumstances have changed at the time of your death. **BINDING DEATH BENEFIT NOMINATION** – Provide full details for the nominee(s) you wish the Trustee to pay.

NAME OF DEPENDANT	ADDRESS	DATE OF BIRTH	RELATIONSHIP	BENEFIT %*
		/ /		
		/ /		
		/ /		
		/ /		
PERSONAL REPRESENTATIVE				
TOTAL				

* Provide benefit percentage for category 6 or Binding Death Benefit Nomination Only.

5. DECLARATION

Applicant - I wish to apply to become a member of the TOWER Superannuation Fund. If a binding death benefit nomination has been made in Section 4, you must sign this application in the presence of two witnesses.

Signature Date

Witnesses - Signed by the applicant in the presence of both at the same time attested and signed by us as witnesses in the presence of the applicant and each other.

Witness 1 Signature	<input type="text" value="X"/>	Witness 2 Signature	<input type="text" value="X"/>
Date	<input type="text" value="X / /"/>	Date	<input type="text" value="X / /"/>
Witness 1 Name	<input type="text"/>	Witness 2 Name	<input type="text"/>
Witness 1 Date of Birth	<input type="text" value="/ /"/>	Witness 2 Date of Birth	<input type="text" value="/ /"/>
Witness 1 Address	<input type="text"/>	Witness 2 Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>