

Member Application

Please complete this form if you would like to join AGEST.
You can also join AGEST online at www.ages.com.au

1. Your Personal Details

Membership Number (if known)

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Date of birth

Gender

F M

Home phone number

Work phone number

Mobile phone number

Email address (work or home)

Home address

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

Mailing address (if different to Home address)

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

Your Tax File Number (TFN)

I understand that I do not have to provide my TFN, and that if I do provide it, AGEST will use it only for legally authorised purposes. See the AGEST PDS for the consequences of not providing your TFN.

My Tax File Number is

2. Investment Options

If you would like to make an investment choice, complete this section. If you do not complete this section, your account will be invested in the **Balanced option**.

I would like my existing account balance (if any) and all future contributions to be invested as follows: **(your choices must total 100%)**

Pre-mixed options

Growth %

Balanced %

Moderate %

Stable %

Conservative %

MultiStrategy %

Single-sector options

Australian Shares %

International Shares (Hedged) %

International Shares (Unhedged) %

Listed Property %

Fixed Interest %

Cash %

3. Non-Binding Death Benefit Nomination

Non-binding nominations tell AGEST who you would like to receive your superannuation benefit if you die. However, AGEST will make the final decision as to how and to whom your benefit is paid in accordance with superannuation law.

First Name

Family Name

Relationship

% of Benefit

TOTAL 100%

AGEST also allows members to make a Binding Death Benefit Nomination. For further details, please download a Binding Death Benefit Nomination form from our website.



4. Employment details

Are you expecting employer or salary sacrifice contributions to be paid for you into AGEST?

No – Proceed to Section 5

Yes – Please provide the following details:

Employer/Department name

Date commenced with employer

Employer's telephone number

Employer/Pay Centre number (if known)

AGS Number (if applicable)

5. Automatic Death and TPD Cover

New members who receive an employer or salary sacrifice contribution receive automatic Death and Total and Permanent Disablement (TPD) cover without evidence of health. Even if you are not expecting to receive contributions now, you can choose whether automatic cover should apply to your account if an employer contribution is received in the future.

Full details about your AGEST insurance cover options and the terms and conditions for cover can be found in our *Insurance Guide* available on our website.

Would you like automatic Death and TPD cover?

Yes

You will automatically receive 10 units of Death and TPD cover at a cost of \$2.50 per week on receipt of an employer or salary sacrifice contribution. This cover is subject to some conditions. Members who receive automatic cover will receive a confirmation letter from us.

No – Proceed to Section 6

Opting out of automatic cover means that if you ever require Death and TPD cover in the future, you will need to provide evidence of good health satisfactory to AGEST's insurer. This may require medical examinations. Opting out will also exclude you from the limited offer to access up to a total of 30 units of Death and TPD cover without evidence of health.

Have you previously received, been admitted or are eligible for a TPD benefit from AGEST or another superannuation entity or another insurance policy before the date you most recently joined AGEST?

Yes No

If you do not answer this question, we will assume the answer is No. If this information is later found to be incorrect, it may affect the cover you hold and your eligibility to make a claim. If you answered Yes, you will only be eligible for limited Death Only cover

6. Survey

How did your hear about AGEST?

From a work colleague

From family or friends

From a financial planner

From an accountant

AGEST advertising (print, radio, other)

From an employer

AGEST was referred to on a website

Internet search engine

Other (please specify)

7. Acknowledgement

I hereby:

- apply to the Trustee for admission as a member of AGEST under the terms and conditions in the Trust Deed by which the fund was established
- acknowledge receiving the Product Disclosure Statement attached to this application
- declare that all answers in this application are true and correct, and acknowledge that incorrect answers in relation to insurance may affect my insurance benefit in the event of any claim.

Please send this form to:

**AGEST Administration
Locked Bag 20
Wollongong NSW 2500**

or fax it to us on **1300 664 378**
(or +61 2 4253 6108 from overseas)

Signature

Date

This form is part of the Product Disclosure Statement issued 25 July 2011 by the Australian Government Employees Superannuation Trust (AGEST).