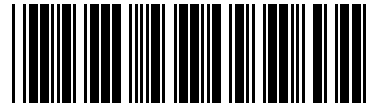


FirstChoice Employer Super Plan Change of Details Form



Please phone Colonial First State Employer Services on 1300 654 666 with any enquiries.

SAVE FORM

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

PRINT FORM

This form should be used to inform Colonial First State of any changes to your Employer Plan.

PART A – EMPLOYER DETAILS

1 EMPLOYER PLAN DETAILS

Plan number

Employer name

Plan name

Postal address

Unit number Street number Street name

Suburb State Postcode

Country

Work phone number

Fax number

Mobile phone number

Email address

Type of business

Please update our ACN or ABN

ACN or ABN

2 PAYROLL DETAILS

We require your bank account details for any contributions you wish to direct debit or to return any surplus contributions. By providing your bank account details you authorise Colonial First State to use the details for all future requests that you nominate. We will not debit your account without your authorisation at the time of the transaction. You must have at least one pay centre.

Please note: If the authorised signatories for the plan are not the same as the authorised signatories for the bank account details advised below, a separate Direct Debit Request will also be required.

PAY CENTRE

Replacement Additional Remove

If replacement or removal, please advise which pay centre: (eg Pay centre 1)

Pay centre name

ABN

Name of Australian financial institution

Branch name

Branch number (BSB)

 -

Account number

Account name

Work phone number

Fax number

Email address

PAY CENTRE

Replacement Additional Remove

If replacement or removal, please advise which pay centre: (eg Pay centre 1)

Pay centre name

ABN

Name of Australian financial institution

Branch name

Branch number (BSB)

 -

Account number

Account name

Work phone number

Fax number

Email address

PART B – AMEND CURRENT CATEGORY DESIGN

Please note: Any changes to your insurance benefit details or fees may be communicated to affected members in these categories and in some cases members must be given 30 days notice of the change. If there was previously no insurance on a category, an At Work Certificate will be required. Please call Employer Services on 1300 654 666 for further details.

3 CATEGORY DESIGN

Please indicate below changes to category name(s) or the eligibility criteria.

Category number

Change OR Remove

Category name

Eligibility criteria (eg compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (eg eligibility for a category must not be at the discretion of an employee).

Effective date

Category number

Change OR Remove

Category name

Eligibility criteria (eg compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (eg eligibility for a category must not be at the discretion of an employee).

Effective date

Category number

Change OR Remove

Category name

Eligibility criteria (eg compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (eg eligibility for a category must not be at the discretion of an employee).

Effective date

4 INSURANCE BENEFITS DETAILS

If you wish to add or change insurance on your plan, please nominate the risk commencement date for this change to employer selected cover.

Date

dd/mm/yyyy

Please nominate below, by crossing (X) the appropriate box, the standard insurance cover that will apply to each category nominated

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
Death and TPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Only ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary Continuance Insurance (SCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Death and TPD formula

Please nominate the Death and TPD formula that will apply for each category and figure to apply:

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
MySuper Default (subject to allowable exceptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% of salary for each year of service remaining to age 65, or	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Fixed dollar premium per week, or	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Fixed dollar amount of cover, or	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>	\$ <input type="checkbox"/>
Multiple of salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please cross (X) the box if you would like the above formula less the account balance applied (not available on the MySuper Default or the fixed dollar premium per week)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Salary Continuance formula

The Salary Continuance formula is up to 85% of salary (including up to 10% for superannuation contributions), with a maximum benefit of \$25,000 per month. Please indicate the total percentage and benefit period required.

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
Benefit period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years
	or <input type="checkbox"/> 5 years	or <input type="checkbox"/> 5 years	or <input type="checkbox"/> 5 years
	or <input type="checkbox"/> to age 65	or <input type="checkbox"/> to age 65	or <input type="checkbox"/> to age 65
Waiting period			
30 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %
60 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %
90 days	Maximum 75%	<input type="checkbox"/> %	<input type="checkbox"/> %
Superannuation contribution component of SCI benefit	Maximum 10%	<input type="checkbox"/> %	<input type="checkbox"/> %

1. If you select Death only cover, eligible employees will also receive MySuper minimum TPD cover. See the PDS for more information on the amount of TPD cover that will apply.

4 INSURANCE BENEFITS DETAILS (CONTINUED)

OCCUPATION CLASSIFICATION

Please indicate the percentage of each category that meets the occupation classification detailed in the FirstChoice Employer Super Insurance booklet (there may be more than one classification for each category).

	Category 1	Category 2	Category 3
Professional	<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"/> %
White collar	<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"/> %
Light blue collar	<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"/> %
Medium blue collar	<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"/> %
Heavy blue collar	<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"/> %
Heavy blue collar – Death only	<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"/> %
Uninsurable	<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"/> %
Total	100%	100%	100%

For details of occupation classifications please refer to the PDS or the insurance occupation guide on FirstNet.

PART C – ADD NEW CATEGORY

5 CATEGORY DESIGN

Please indicate below any other category you wish to add.

Please note: You must clearly define the eligibility criteria for each category of membership eg a member may become eligible to join category 1 immediately upon commencing employment or category 2 after serving a minimum service period with the employer. The name of each category should reflect the type of members in that category eg the name of the category may be a position description such as management, office, staff etc. This provides you with the flexibility to tailor the benefits you provide to your employees.

Category number

Category name

Number of employees

Category start date

Eligibility criteria (eg compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (eg eligibility for a category must not be at the discretion of an employee).

Category number

Category name

Number of employees

Category start date

Eligibility criteria (eg compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (eg eligibility for a category must not be at the discretion of an employee).

Category number

Category name

Number of employees

Category start date

Eligibility criteria (eg compulsory, age-based, management, casuals). Eligibility criteria for each category must be clearly defined and non-discretionary (eg eligibility for a category must not be at the discretion of an employee).

6 INSURANCE BENEFITS DETAILS

If you wish to add insurance to the new category(ies) on your plan, please nominate the risk commencement date for the employer selected cover.

Date

Please nominate below, by crossing (X) the appropriate box, the standard insurance cover that will apply to each category nominated

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
Death and TPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Only ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary Continuance Insurance (SCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Death and TPD formula

Please nominate the Death and TPD formula that will apply for each category and figure to apply:

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
MySuper Default (subject to allowable exceptions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% of salary for each year of service remaining to age 65, or	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Fixed dollar premium per week, or	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Fixed dollar amount of cover, or	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Multiple of salary	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please cross (X) the box if you would like the above formula less the account balance applied (not available on the MySuper Default or the fixed dollar premium per week)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Salary Continuance formula

The Salary Continuance formula is up to 85% of salary (including up to 10% for superannuation contributions), with a maximum benefit of \$25,000 per month. Please indicate the total percentage and benefit period required.

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
Benefit period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years
	or <input type="checkbox"/> 5 years	or <input type="checkbox"/> 5 years	or <input type="checkbox"/> 5 years
	or <input type="checkbox"/> to age 65	or <input type="checkbox"/> to age 65	or <input type="checkbox"/> to age 65
Waiting period			
30 days	Maximum 75%	<input type="text"/> %	<input type="text"/> %
60 days	Maximum 75%	<input type="text"/> %	<input type="text"/> %
90 days	Maximum 75%	<input type="text"/> %	<input type="text"/> %
Superannuation contribution component of SCI benefit	Maximum 10%	<input type="text"/> %	<input type="text"/> %

1. If you select Death only cover, eligible employees will also receive MySuper minimum TPD cover. See the PDS for more information on the amount of TPD cover that will apply.

6 INSURANCE BENEFITS DETAILS (CONTINUED)

Occupation classification

Please indicate the percentage of each category that meets the occupation classification detailed in the Insurance information booklet of the PDS (there may be more than one classification for each category).

	Category 1	Category 2	Category 3
Professional	<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"/> %
White collar	<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"/> %
Light blue collar	<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"/> %
Medium blue collar	<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"/> %
Heavy blue collar	<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"/> %
Heavy blue collar - Death only	<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"/> %
Uninsurable	<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"/> %
Total	1 0 0%	1 0 0%	1 0 0%

For details of occupational classifications please refer to the PDS or the insurance occupational guide on FirstNet.

PART D – DECLARATION

7 DECLARATION AND SIGNATURE

INSURANCE DUTY OF DISCLOSURE

Your duty of disclosure

Before you (ie policy owner) enter into, or become insured (ie life insured) under a contract of life insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance.

Your duty, however, doesn't require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know or as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer wouldn't have issued the cover if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid the cover at any time.

An insurer who is entitled to avoid cover may elect not to avoid it, but apply either of the following options:

- reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer
- vary the cover in such a way as to place the insurer in the position it would have been in had the failure to comply with the duty of disclosure not occurred.

If your cover is death cover, the insurer may only apply the first of the two options and it must do so within three years of issuing the cover.

7 DECLARATION AND SIGNATURE (CONTINUED)

Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL). Colonial First State (CFS) is Superannuation and Investments HoldCo Pty Limited ABN 64 644 660 882 and its subsidiaries which include CFSIL.

Direct Debit Request Authorisation

- I/we authorise and request Colonial First State Investments Limited (User ID 011802 & 619909) to arrange for funds to be debited from my/our account at the financial institution identified in **section 2** above and as prescribed through the Bulk Electronic Clearing System (BECS);
- I/we have read the 'Direct Debit Request Service Agreement' provided with this form and agree with its terms and conditions;
- I/we request this arrangement to remain in force in accordance with details set out in **section 2** and in compliance with the 'Direct Debit Request Service Agreement'.

Please note: If the authorised signatories for the plan are not the same as the authorised signatories for the bank account details, a separate Direct Debit Request will also be required.

Investments in Colonial First State FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by CFSIL.

I/we declare that:

- I have received and read the PDS and I acknowledge I have access to all statements and information that are incorporated by reference, together referred to below as 'the PDS'
- for each option in which I am invested:
 - I acknowledge I am bound by the relevant trust deed's provisions (including consents, acknowledgements and declarations), terms and conditions contained in and related to a right, power, authority, discretion or obligation in the relevant trust deed (as amended from time to time)
 - I am bound as a separate commitment by the relevant product provider's provisions (including consents, acknowledgements and declarations), terms and conditions in the PDS,

and I acknowledge those documents are amended from time to time and I am bound by those changes, including any changes to the PDS between the date of signing my application and the date I first become a member of FirstChoice Employer Super

- all details in this form are true and correct
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it)
- I/we release and indemnify CFSIL against any liabilities whatsoever arising out of CFSIL acting on any communications received by phone, fax, or other electronic means including without limitation transactions effected through the internet in respect of my/our investments
- CFSIL and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where CFSIL refuses to process a transaction.

I/we acknowledge that:

- The investment performance and the repayment of capital of CFSIL products is not guaranteed.

Please note: only existing authorised signatories¹ can sign this form. To amend authorised signatories, please contact Employer Services on 1300 654 666 for further requirements.

Authorised signatory

Print name

Date signed

Authorised signatory

Print name

Date signed

ADVISER USE ONLY

Adviser name

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

By providing your (adviser) details you certify that you are appropriately authorised to provide financial services in relation to this product.

¹ An authorised signatory is a person authorised to operate the superannuation account and appointed by a senior representative of the company, eg Chief Executive Officer, General Manager, Director, and may be the person/s who initially signed the application form.

ADVISER USE ONLY (CONTINUED)

ADVISER DECLARATION

I confirm that I have taken into consideration the demographics of the members of the plan (including age profile and predicted average length of membership until retirement, occupations and the nature of employment, eg permanent/casual in advising the employer of this plan.

I certify that I am appropriately authorised and have the employer's consent to provide financial services in relation to this plan in FirstChoice Employer Super.

I further certify that the benefit design was recommended in the interests of members, and not the interests of any other party(ies).

Signature

OR

I confirm that the employer has made all decisions regarding the plan's benefit design without my advice.

Signature

COLONIAL FIRST STATE USE ONLY

BDM name

RM name

Please send the completed form to:

Colonial First State
Reply Paid 27, Sydney NSW 2001

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 011802 & 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

Please phone Employer Services on 1300 654 666 with any enquiries or email employer@cfs.com.au