

8. Statement of health

You only need to complete this section if you wish to apply for up to four total units of death and total & permanent disablement insurance, within four weeks of joining Accountants Super.

Total units of cover required (if more than four, please complete a *Personal statement**)

- | | Yes | No | |
|--|--------------------------|--------------------------|--|
| 1. Can you confirm that you are actively working as at the cover application date and that you are able to perform all your usual duties of your occupation? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes Proceed to Question 2
If No Please complete a <i>Personal statement*</i> |
| 2. Are you planning to, or are you receiving any form of medical treatment or medication? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes Please complete a <i>Personal statement*</i>
If No Proceed to Question 3 |
| 3. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes Please complete a <i>Personal statement*</i>
If No Proceed to Question 4 |
| 4. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, heart/vascular complaint, diabetes or joint disorder/pain, paralysis, stroke, or mental/nervous disorder including stress, anxiety or depression? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes Please complete a <i>Personal statement*</i>
If No Proceed to Question 5 |
| 5. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus or carrying antibodies to the HIV virus? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes Please complete a <i>Personal statement*</i>
If No Proceed to the next section |

* You can download a *Personal statement* from our website, www.accountants-super.com, or request one to be posted by calling 1300 651 331.

9. Adviser details

Dealer group Accountants Super adviser number

Adviser name

Postal address

Suburb / town State Postcode

Phone (business hours) Fax

Email address** (Please **do not** leave any spaces empty, continue word on next line if necessary)

Adviser fees

Contribution fee . % (up to 3.00%)

Rollovers and transfers fee . % (up to 3.00%)

Asset fee . % (up to 0.50%)

Adviser stamp

Signed by adviser

Date

10. Privacy Statement

The information requested on this form is required in order to administer your membership. Your personal information may be provided to a financial adviser nominated by you and/or your employer. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, Accountants Super may not be able to administer your account. You may have access to the information Accountants Super holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 651 331.

11. Declaration

I have read and understood the Accountants Super Product Disclosure Statement and agree to be bound by the terms and conditions contained in it. I have read and understood the Duty of Disclosure in Section 7 and if I have anything to declare it is set out on an attached piece of paper.

I understand and acknowledge that my direction relates to an investment option or options formulated by the Trustee and not to the underlying financial products or managers utilised by the Trustee to implement the strategy or strategies. The Trustee may change the underlying financial products at its discretion from time to time.

I understand that neither the Trustee or its related entities guarantees my investment in the Fund or any particular rate of return. I accept that the Trustee shall not be liable for any loss due to any choice of investment option made by myself or the Trustee.

I understand that the Trustee cannot provide me with advice that takes into account my personal situation, objectives or needs and that if I require such advice I should consult an appropriately licensed or authorised financial adviser.

I understand that if I have selected investment options without any professional advice regarding my own circumstances or I have chosen not to provide all the information required by my advisor or I have chosen to take up an option(s) that differs from my adviser's recommendations, I may be making investment decisions or a financial commitment in respect to my superannuation based on my own views that may not suit my needs.

I declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

12. Please return this form to:

Accountants Super
GPO Box 3607
Melbourne Vic 3001

For further information:

Phone: 1300 651 331
Fax: 1300 655 490
Email: info@accountants-super.com
Website: www.accountants-super.com

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation
Fund (PASF) (ABN 78 984 178 687).
Accountants Super is a division of PASF.

