

This Application Form is contained in the SuperFuture Retirement Savings Account (RSA) Product Disclosure Statement (PDS). Police Credit is obliged to provide you with this PDS which contains a summary of the important features of the SuperFuture RSA product and will help you understand the product and whether it is suitable for your needs.

### Section 1: Personal Details

Title
Surname
Given Name(s)
Current Residential Address
Postcode

Date of Birth      /      /

Male       Female      *Please tick*

Daytime Telephone Number
Occupation

Description of Duties      *Please tick*

- Full-time (30 hours or more per week)
- Part-time (10-30 hours per week)
- Retired

Are you a current member of Police Credit?

Yes       No      *Please tick*

### Section 2 : Insurance Details

This section only needs to be completed if you wish to apply for life and total and permanent disablement insurance cover. Details of the type and level of cover are shown in the SuperFuture RSA PDS.

Note: You can only apply for insurance cover at the time the RSA is opened. (Tick the boxes as appropriate).

I wish to apply for insurance cover:      *Please tick*

Number of Units of Cover     One OR     Two  
I am employed in my usual occupation for      *Please tick*

More than 15 hours per week

Less than 15 hours per week

I have not received, nor am I eligible to receive, a Total & Permanent Disablement benefit from any insurance policy. *(Please tick if this statement applies.)*

Signature *(Sign only if insurance cover IS required)*

Date      /      /

### Important Notes:

1. If you are:
  - a. An employee at work performing your usual occupation and your employer is making compulsory superannuation contributions on your behalf; and
  - b. Working 'on average' more than 15 hours per week over any 13 week period.
2. Death cover will only apply if you are employed for less than 15 hours per week (as per Note 1(b) above).
3. If you are self-employed or substantially self-employed, or an 'eligible spouse' (as provided in the relevant legislation) and require insurance cover, you must complete an Abbreviated Personal Statement which will be provided by Police Credit. Your acceptance for cover will be based on your response to the questions in this statement.
4. Where compulsory employer contributions cease, your total and permanent disablement cover will continue for a maximum period of 12 months provided sufficient funds are available in your RSA to meet the premium payments.

### No insurance cover required

I confirm that I do not require insurance cover

Signature *(Sign only if you DO NOT wish to have insurance cover)*

Date      /      /

Before you obtain insurance cover under the life insurance policy issued by Tower Australia Limited to Police Association Credit Co-operative Limited, Police Credit has a duty, under the Insurance Contracts Act 1984, to disclose to Tower Australia Limited every matter that it knows, 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. Therefore you must disclose these matters to Police Credit.

### Your Duty of Disclosure

Before you enter into 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 renew, extend, vary or reinstate a contract of the life insurance. Your duty however does not 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 business ought to know
- For which compliance with your duty of disclosure is waived by the insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to 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 matters to the insurer.

### Section 3: Declaration and Signature

I declare that I have received and read the SuperFuture RSA PDS dated 5 January 2004 and updated 15 November 2010 that this Application Form was detached from that PDS and that the details given in the application are true and correct.

I apply for a SuperFuture RSA and agree to be bound by the terms and conditions as varied from time to time.

I acknowledge that Police Credit will deduct any applicable taxes, charges and duties from my SuperFuture RSA.

I am eligible to contribute to the SuperFuture RSA and will only make further contributions if at any time of those contributions I am still eligible to contribute.

I acknowledge that the interest rate applying to SuperFuture RSA will vary from time to time.

### Insurance Cover

- I confirm the truth, accuracy and completeness of all statements and declarations given in writing in this application. I also confirm that I am currently in good health.
- I acknowledge that I have read the Duty of Disclosure Notice in respect of my application for insurance cover.

### Financial Services Guide and Privacy Consent

I acknowledge having received a copy of Police Credit's Financial Services Guide, which includes their Privacy Statement and authorise Police Credit to use personal information contained in this Application Form for the purpose of considering this application, and if accepted, supplying and administering the facility to me for which I have applied. I understand that in order for Police Credit to supply the facility to me for which I have applied, it may be necessary for Police Credit to provide personal information contained in this application to third parties used by Police Credit and its service providers and any parties nominated by me.

### Anti-Money Laundering and Counter Terrorism-Financing Act (AML/CTF Act)

I also understand that as a customer of Police Credit, in seeking certain services I may be asked to verify my Identity and as a member will also be asked at various times to verify the continuing accuracy of personal information I have previously supplied. By doing this I am helping to protect Australian businesses from being misused for the purposes of criminal activity. I acknowledge that I believe the above details to be true and correct and that it is an offence under the AML/CTF Act to give false and misleading information. I make this solemn declaration conscientiously believing the same to be true. I understand Police Credit will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I understand that if I provide Police Credit with incomplete or inaccurate information that Police Credit may not be able to provide me with the products or services that I am seeking.

Signature

Date / /

Police Credit is committed to complying with the Mutual Banking Code of Practice.

### Spouse Contributions

I, (name of taxpayer/contributing spouse),

declare that my spouse is (name of SuperFuture RSA Holder)

of (address of SuperFuture RSA Holder).

I declare that at the time of making this eligible spouse contribution of \$\_\_\_\_\_ (amount of your contribution) that we live together on a bona fide domestic basis as husband and wife.

Signature

Date / /

## Section 4: Retirement Savings Account (RSA) Tax File Number Declaration

The collection of Tax File Numbers (TFN) is authorised by tax laws, the Retirement Savings Accounts Act 1997 and the Privacy Act 1988. The law requires Police Credit to ask for your TFN. Completing and returning this form enables Police Credit to use your TFN for the purposes contained in the Retirement Savings Accounts Act 1997 and for the purposes of paying eligible terminations payments.

The purposes that are currently authorised include:

- taxing eligible termination payments at concessional rates
- locating amounts in Police Credit's records where sufficient information is available
- passing your TFN to the Australian Taxation Office (ATO) but not to any other person or body where you receive a benefit or have unclaimed RSA money after reaching aged pension age, and
- allowing Police Credit to provide your TFN to another RSA provider or the trustee of a superannuation fund receiving any benefits you may transfer. Police Credit will not provide your TFN in those circumstances if you pass it on.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. If you do not give Police Credit your TFN, either now or later, then:

- tax may be taken out of an eligible termination payment at a higher rate
- the additional contributions tax, which may not have been payable if you provided your TFN to Police Credit, may become payable in respect of contributions made to your RSA (in some circumstances this can be reclaimed through the ATO);

→ contribution may be returned to RSA holder; and any trustee or RSA provider holding superannuation benefits for you now, or in the future, may not be able to locate or amalgamate those benefits for you, or may not be able to identify them in order to pay you any of those benefits; and

→ the lawful purposes for which your TFN can be used, and the consequences of not quoting your TFN, may change in the future as a result of the legislative change.

I agree to provide my TFN

 Yes No

Please tick

Name (in full)

TFN

Signature

Date / /

### Police Credit Use Only

Membership No.

SuperFuture RSA No.

AML Verified

Tax File Number provided

 Yes No

SuperFuture RSA PDS distributed

 Yes / held

FSG distributed

 Yes / held

I confirm that the customer

→ is an 'eligible person' as defined

→ has signed the declaration.

Signature of Police Credit employee

Name of authorised Police Credit employee

Date / /