

Membership Application Form



Please return form to:
Locked Bag 90, WEST PERTH WA 6872
Tel: (08) 9211 6677 or 1300 720 182

OFFICE USE ONLY

Employer No _____

Trading Name _____

Member No _____

Date Issued _____ 1 July 2011

MEMBER DETAILS

Have you ever previously registered as a Concept One Member? NO YES, my member number is _____

Mr/Mrs/Ms/Miss _____ Surname _____ Sex _____

Given Names _____ Date of Birth (dd/mm/yyyy) _____

Street Number / PO Box _____ Street Name _____

Suburb / Town / City _____ State _____ Postcode _____

Home Telephone Number _____ Work Telephone Number _____

Mobile Number _____

Email _____

TAX FILE NUMBER (TFN) DETAILS

Concept One is authorised to collect your TFN under Superannuation Law. However, you are not obliged to provide your TFN. If you do not provide your TFN, there may be serious taxation consequences for you. You should read the Other Important Information about supplying your tax file number. Go to www.conceptonesuper.com.

I agree to provide my Tax File Number YES, my TFN is: _____ NO

Please turn over to complete Application Form

INSURANCE DETAILS

Death and Total Permanent Disablement

You will automatically receive one (1) unit of Death & TPD cover if you are employed on a permanent full-time basis and one (1) unit of Death cover if you are employed on a permanent part-time basis working less than 15 hours per week or a casual basis.

Do you want Additional Insurance Cover? YES NO

Number of additional units applying for:

As a new member, you may increase your cover by two (2) units of Death and one (1) unit of TPD above the default level, if you apply for additional cover within 60 days from the date your Welcome Letter is issued to you. You will not be required to provide health evidence, provided you can answer NO to the questions below. You may still apply for additional cover after this period, but a personal statement will need to be completed and cover is subject to acceptance by the insurer.

Income Protection (IP)

You will automatically receive three (3) units of IP if your employer is in the Education Sector and two (2) units if you are working for an employer in the Non Education Sector where the nature of their business cannot be determined as "education".

Additional IP Units of cover is available and you may, if you are eligible, apply for cover up to a maximum of 75% of salary (ie; benefit payable of 75% of Pre-disability income), or \$25,000 per month (25 units), whichever is the lesser.

Do you want additional IP Cover? YES NO

You can apply for an additional two (2) units without the need to provide health evidence provided you have answered NO to the questions below.

COMPLETE this section if you are applying for up to an additional two (2) units of death and one (1) unit of TPD and two (2) additional units of IP.

- A. Are you at the date of this application due to illness, accident or injury:
- a. Off work, or
 - b. Restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even if you don't work 30 hours? YES NO
- B. Have you been unable to work because of sickness or injury for a total of 4 or more weeks in the last 12 months (from the date you received this Form)? YES NO
- C. Have you ever been diagnosed as having high blood pressure, chest pain, rheumatic fever, any heart complaint, stroke, paralysis, epilepsy, diabetes, asthma, liver, kidney or bowel disease, cancer (including skin cancers), tumour, depression or mental/nervous disorder or any disease of or injury to the neck, spine or joint? YES NO
- D. Have you previously been declined cover or had an exclusion applied to any type of life insurance cover (i.e. Death, TPD or Income Protection)? YES NO
- E. In the last three years, have you made a claim for injury or sickness (lasting more than 4 weeks) through Worker's Compensation, invalid pension or any other insurance policy providing accident or sickness? YES NO
- F. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months? YES NO

If you have answered "yes" to any of the questions A to F (above) your application for additional cover is subject to assessment and acceptance by the Insurer. We will send you the necessary forms.

If you do not want any insurance cover or wish to reduce the amount of cover you have, please contact the Plan on (08) 92116677 and we will send you the relevant form.

You should read the other important information about COSP's insurance cover before deciding if it is appropriate for you.

Go to www.conceptonesuper.com

AT WORK DECLARATION

Were you absent from work through illness or injury on the day you became eligible to join the Plan? YES NO

EMPLOYMENT DETAILS

Are you employed: Permanent Full-time Permanent Part-time (Working 15 hours per week or more) Permanent Part-time (Working less than 15 hours per week) Casual

Current Employer

Date Joined Current Employer

NOMINATION OF BENEFICIARY

To assist the Trustee to determine who receives your benefit in the event of your death, you may nominate your preferred beneficiaries. Note that this nomination is not binding on the Trustee, but will be taken into consideration in determining to whom a benefit will be paid.

Mr/Mrs/Ms/Miss

Surname

Given Names

Relationship (e.g wife, son)

Portion of benefit

 %

Mr/Mrs/Ms/Miss

Surname

Given Names

Relationship (e.g wife, son)

Portion of benefit

 %

Mr/Mrs/Ms/Miss

Surname

Given Names

Relationship (e.g wife, son)

Portion of benefit

 %

Mr/Mrs/Ms/Miss

Surname

Given Names

Relationship (e.g wife, son)

Portion of benefit

 %

Must be whole numbers and add to 100%

Under the terms of the Trust Deed, the benefit payable in the event of death will be paid at the absolute discretion of the Trustee to any one or more eligible persons or to the member's legal personal representative, in the proportions that the Trustee decides. The nomination of beneficiary is not legally binding on the Trustee and does not in any way restrict any authority, power or discretion vested in the Trustee to pay the benefit. The nomination may be revoked at any time and will be cancelled automatically by subsequent nomination.

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INVESTMENT OPTIONS

You should read the Other Important Information about the investment options and the risks of superannuation before making a decision. Go to www.conceptonesuper.com

I wish to invest my ACCOUNT BALANCE as follows: (must add up to 100% and not have less than 5% in any one option)

<input type="text"/>	<input type="text"/>	<input type="text"/>	% Cash Enhanced Portfolio
<input type="text"/>	<input type="text"/>	<input type="text"/>	% Trustee Balanced Portfolio (DEFAULT)
<input type="text"/>	<input type="text"/>	<input type="text"/>	% Growth Portfolio
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	% Total

I understand that:

- My selection will be effective from the date the Administrator receives this form completed correctly.
- If this section is not completed OR incorrectly completed, my account will remain in the Plan's default portfolio being Trustee Balanced.

DECLARATION AND ACKNOWLEDGEMENT

I declare and acknowledge the following:

- All information provided by me on this Form is true and correct. I have considered all the information contained in the Concept One Superannuation Plan Product Disclosure Statement available at www.conceptonesuper.com.
- In signing this Application Form, I will be bound by the terms of the Concept One Trust Deed and governing rules.
- The benefits of Concept One are not guaranteed, the value of investments can rise or fall and I may get back less than the amount originally invested due to investment fluctuations and the deduction of applicable tax, insurance premiums and fees.
- If I am uncertain as to the investment option that best suits my individual objectives, financial situation and needs, I should seek professional advice from a licensed financial adviser before making a decision.
- I have read and understand the Plan's Privacy Statement, and understand how the Plan intends to protect my personal details, particularly in relation to the collection, storage, quality, use and disclosure (sharing) of personal information. I understand that Concept One can use personal information for the running of my superannuation account.
- I understand the conditions under which my superannuation may be transferred to the Plan's nominated Eligible Rollover Fund.

Member to sign here:

Date