

LINDFIELD SUPERANNUATION FUND

Trustee: Trust Company Superannuation Services Limited

ABN: 49 006 421 638

AFSL: 235153

RSE: L0000635

FRN: R1001204

Preparation date: 1st December 2006

Please print all information in block letters.

Form No: 671 - 20

ALLOCATED PENSION APPLICATION

Before signing this Allocated Pension Application Form, please ensure that you have read the Product Disclosure Statement from the Lindfield Superannuation Fund prepared on 1st December 2006.

1. Member Details: Print in block letters

Mr Mrs Ms Miss Surname

First Name Middle Name

Postal Address (number and street name)

Suburb State Postcode

E-mail Address

Telephone Number (daytime) Mobile Number

Date of Birth

2. Tax File Number notification: TFN

The Trustee is authorised to collect Tax File Number by tax laws, the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988. The lawful purpose for which a Member's TFN can be used and the consequences for not quoting their TFN may change in the future, as a result of legislative changes.

You are not obliged to provide your TFN but should you elect to do so you should refer to page 50 of the PDS which sets out details of how the Trustee is authorised to use your TFN and also to whom the Trustee may disclose your TFN.

My TFN is:

I agree for the Fund to use my Tax File Number for Superannuation purposes.

X

Signature of Member

X

Date

3. Allocated Pension Payment Schedule:

Preferred commencement date for pension payments to commence: / /

Please select the payment level: Minimum: Maximum:

Or

Annual payment required \$

Please note: the annual pension payment amount will be pro rated if your pension commences during the financial year.

Frequency of Payment: Monthly Quarterly
Half Yearly Yearly

4. Payment Instructions:

Your bank account

Pension payments can only be made to a nominated cheque or savings account by direct credit

Name of Financial Institution:

Branch:

Full Account Name

BSB: - Account Number:

5. Nomination of beneficiaries

Although I understand the final decision will rest with the Trustee and is subject to legislative requirements, I wish that any benefit payable out of the Fund in the event of my death, is paid to the beneficiaries in the following proportions:

Full Name of Nominated Beneficiary	Relationship to Member	Portion of Benefit
<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%

6. Nomination of Reversionary beneficiary:

Before your pension starts, you can nominate your spouse as a reversionary beneficiary. This means that if you die with money in your pension account, your spouse will continue to receive your pension (or have the option of cashing out your pension account as a lump sum), as long as he or she is your spouse at the time of your death. You cannot change your reversionary beneficiary once your pension starts. If you have not nominated a reversionary beneficiary, the Trustee may exercise its own discretion in determining the beneficiaries of any death benefit.

If you have not nominated a reversionary beneficiary (or the nominated reversionary beneficiary dies before you or ceases to be your spouse) you can nominate one or more of your dependants as beneficiaries. The nomination is non-binding (refer to pages 49 of this PDS for more information). You can Nominate your Beneficiaries by completing a Nomination form, this form is available from the Fund Administrator ph: 02 9380 4966.

Full Name of your reversionary beneficiary Relationship to Member Date of Birth:

7. Rollovers from other institutions

Institution:

Amount:

\$

Please complete a Request to Transfer Superannuation Benefits Form for each rollover (see Form No: 671 - 3).

8. Investment details

My investment consists of:

Personal contributions **Undeducted Contributions**

\$

Personal contributions **Claiming a tax deduction**

\$

Eligible Termination Payments (ETP):

\$

Any rollovers or contributions received by the Fund on your behalf will automatically be invested in the Lindfield Allocated Pension Fund.

9. Declaration

I have read the Product Disclosure Statement (“PDS”) dated 1st December 2006 and undertake to observe and be bound by the provisions of the Trust Deed dated 2nd December 2003 (as amended from time to time). I confirm that I am able to contribute to a superannuation fund under current legislative requirements and that any fees and costs payable have been disclosed to me. I acknowledge that I have read and understand the information in the PDS about disclosure of my tax file number, privacy and consent to personal information collected about me being used for the purposes, and disclosed in the circumstances permitted or required by law.

I acknowledge that neither Trustee nor any of their subsidiaries nor their respective officers guarantees any particular rate of return, the capital invested or the repayment of capital.

I understand that the Trustee cannot provide me with advice that takes into account my personal circumstances and that if require such advice I should consult an appropriately qualified financial adviser.

I declare that, with regard to preservation of the Fund, one of the following is true:

- I have reached my preservation age (see page 88 of this PDS) but have not ceased gainful employment and I agree to be bound by the conditions relating to the payment of Allocated Pensions, described on page 88-88 of this PDS; or
- I have reached my preservation age and am no longer gainfully employed. I am not intending to rejoin the workforce either full-time or part-time at any time in the future; or
- I am 60 years old or older and that I have ceased gainful employment since turning 60; or
- I have been declared permanently and totally disabled/incapacitated and have provided the Trustee with two medical certificates to that effect; or
- I am over 65 years of age.

Before you sign this Application Form, the Trustee is obliged to give you a Product Disclosure Statement (which is a summary of important information relating to the Fund). The Product Disclosure Statement will help you to understand and decide if the Fund is appropriate to your needs.

X

Signature of Member

X

Date

