

ANZ SMART CHOICE SUPER

DECLARATIONS AND ACKNOWLEDGEMENTS

By submitting this Application Form, I/we:

- confirm that I/we have the capacity and authority to act on behalf of my/our company or business.
- agree to be bound by the provisions of the OnePath MasterFund's trust deed as amended from time to time.
- apply to become a Standard Employer Sponsor of ANZ Smart Choice Super.
- declare that the information shown on this Application Form is true and correct.
- agree that I have read and understood the PDS and incorporated documents, which this Application Form is included in or accompanies.
- agree to receive and be bound by all communication and disclosure documents received electronically including material already received such as the Product Disclosure Statement (PDS), Additional Information Guide, Insurance Guide, EasyTransact and the Super Clearing Service PDS and the ANZ Financial Services Guide.
- consent to establish an EasyTransact account.
- confirm that employees nominated for membership are Australian citizens, permanent residents or hold a current and valid visa. Where employees are residing overseas for work-related reasons, their details have been/will be provided to ANZ Smart Choice Super.
- agree to my/our employees being contacted by ANZ during business hours after the establishment of their membership.
- agree that all employee members, if eligible, will receive the standard default employee insurance benefit and that this benefit is the MySuper Death and Total & Permanent Disability cover.
- agree that all employee members will be invested in the standard default employee investment strategy which is the MySuper lifestage investment option corresponding to each employee's decade of birth.
- agree to notify ANZ Smart Choice Super of any change in salary, occupation, 'at work' status, employment, contact information and/or Tax File Number of all employees under this Employer Plan .
- understand that the information provided in this Application Form and throughout the life of the Employer Plan by authorised officers and the employer delegates, regarding a member's category of membership is used to determine the member's benefit design and resultant insurance cover entitlement. The Trustee relies on the information I/we provide in performing its duty of disclosure to the insurer under the *Insurance Contracts Act 1984*. For this reason, it is very important that the Trustee is notified of any errors or changes, or every matter that is relevant to the Insurer's decision whether to accept the risk of insurance. This may include, but is not limited to when members leave our employment in a timely manner. I / We understand that failure to do so may result in financial implications for members and compromise the member's ability to claim in the future.