



# Zurich Insurance-only Superannuation Plan Membership application

You must become a member of the Zurich Insurance-only Superannuation Plan, a division of the Aon Master Trust, ('Zurich Plan') to apply for a Zurich policy owned by the trustee of the Zurich Plan. You must also complete the tax file number notification section on this page.



The Zurich Insurance-only Superannuation Plan Product Disclosure Statement (PDS) must be provided to you with this form.

## 1. Member declaration

Read the following information and sign below to confirm your agreement.

I apply to join the Zurich Insurance-only Superannuation Plan, a division of the Aon Master Trust. I understand that, in accordance with the conditions of the Trust Deed and Rules of the Aon Master Trust (the Fund) and relevant superannuation legislation:

- the trustee owns any policy taken out on my life
- I cannot use the Fund as collateral security, that is, for borrowing purposes
- benefits provided through the Fund are fully preserved until I have retired and attained my preservation age, or in circumstances allowed by superannuation legislation or the Australian Prudential Regulation Authority, as detailed in the Zurich Insurance-only Superannuation Plan Product Disclosure Statement (PDS)
- I have read and understood the Privacy Statement under the Privacy section of the Zurich Insurance-only Superannuation Plan PDS and the further information available at [www.eqt.com.au/global/privacystatement](http://www.eqt.com.au/global/privacystatement) and consent to the collection and use of personal information and sensitive personal information about me in the manner described (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application)
- I can only make contributions to the Fund in accordance with the relevant legislation, as detailed in the Zurich Insurance-only Superannuation Plan PDS
- I apply to the trustee of the Fund, for membership of the Fund as set out in this Application form. Upon my Application being accepted I agree to comply with the rules governing the Fund, and
- the trustee may bill me directly for any liability arising under any government charges or imposts relating to my Fund membership or may deduct any such liability from an insured benefit that is or becomes payable to me.

I also certify that:

- I am eligible for membership of the Fund in accordance with the relevant legislation
- my decision to apply for membership of the Fund is based on the information in the current Zurich Insurance-only Superannuation Plan PDS and the current Zurich Wealth Protection PDS, Zurich Active PDS or Zurich FutureWise PDS, as relevant to my application for membership, which has been provided to me
- I will notify the trustee in writing if I cease to be eligible for membership of the Fund
- I understand that my participation in the Fund will only commence after I have been advised in writing by the trustee that my Application has been accepted.

Applicant's signature  \_\_\_\_\_ Date    /    /

## 2. Tax file number notification

You must complete the Tax File Number (TFN) details below to become a member of the Zurich Plan. Failure to do so will mean that the trustee will be unable to accept your Membership application.

Read the important information regarding TFNs in the Zurich Insurance-only Superannuation Plan PDS before providing us with your TFN.

### 2.01 Fund details

Fund name **Aon Master Trust** Fund address **Level 33, Aon Tower, 201 Kent Street, Sydney, NSW, 2000**

Fund phone number **1300 880 588**

### 2.02 Your details

Title \_\_\_\_\_ Surname \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Male  Female Date of birth    /    /    Membership number (if known)

Residential address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Your tax file number    -    -

Applicant's signature  \_\_\_\_\_ Date    /    /

### 3. Contribution type

**Make a selection below to advise the source of payments. You must advise us of any change to your contribution type as it may affect how your contributions are reported to the ATO.**

**Even if you intend to pay by rollover, make a selection below to advise the source of any other contributions made.**

- Personal  
 Self-employed  
 Spouse  
 Compulsory Employer (Superannuation Guarantee)  
 Employer Additional  
 Employer Award  
 Salary Sacrifice  
 Other (specify)

Employer's full name

If your employer is making contributions on your behalf, only certain payment options will meet the ATO's data and payment standards for superannuation contributions (these are referred to as SuperStream compliant payment methods). Your employer should contact the ATO for more information. If you are paying by rollover, also complete section 4.

### 4. Rollover authority

**Complete this section if you wish to rollover amounts from another superannuation fund ('transferring fund') to pay the premiums on your policy owned by the trustee of the Zurich Plan.**

#### 4.01 Transferring fund

Fund name

Unique Superannuation Identifier (USI)

ABN

Address of fund

State

Postcode

Telephone number (      )

Account/Membership/Policy name

Account/Membership/Policy number

#### 4.02 Rollover instructions

- One-off (single) rollover  
 Ongoing automatic yearly rollover

#### 4.03 Rollover declaration

- I confirm that I have read and agree to the rollover terms and conditions set out in the section 'Paying premiums by rollover from another superannuation fund' of the Zurich Insurance-only Superannuation Plan PDS.
- I request and consent to the trustee of the transferring fund to transfer any benefits from the transferring fund to the Zurich Plan as required to fund the premium amount payable under the policy, as quoted by Zurich.
- I am aware that I may ask the trustee of the transferring fund for any information I require in relation to the effect of the rollover/s on my entitlements in the transferring fund (including information on fees or insurance benefits) and, before any rollover, I have either asked them or I do not require such information.

Applicant's signature **X**

Date      /      /

Any questions? Call 131 551

Please return the completed form to us:

By post to, **Zurich Australia Limited, Customer Care, Locked Bag 994, North Sydney NSW 2059**, or

by email as a scanned attachment to, **client.service@zurich.com.au**

Save File

Print Form