ZURICH®

Zurich Superannuation Plan

Before you sign this application form, be aware that the application form must be included in, or must accompany a valid Product Disclosure Statement (PDS) for the product in accordance with legal requirements. The PDS will help you to understand the product and decide if it is appropriate to your needs. Please ensure you read all parts of the PDS carefully before you sign this application form. If you require a printed PDS, please order one through Zurich's website, www.zurich.com.au, or call Zurich on 1800 813 710 and one will be sent to you free of charge.

Office use only – SPIN ZUR0473AU

Account Number | | | | | | | | |

Client Number | | | | | | | |

Adviser's stamp

Adviser

Adviser No.

Phone No.

This application form is dated **1 July 2019**. Please ensure you have read the 'Trustee Privacy Statement' section in the "**ZSP/ZABP Fee Guide and Additional Information**" document before completing this form. Please use BLOCK LETTERS and tick where applicable.

Do you have a current Zurich investment? ◯ Yes ◯ No

Requirements, International Automatic Exchange of Information for Tax Purposes and Customer Tax Compliance & Other Relevant Laws

Zurich is required to satisfy various regulatory and compliance obligations, including under the *Anti-Money Laundering/ Counter- Terrorism Financing Act 2006* (Cth) and international exchange of information for tax purposes (such as Common Reporting Standards and *U.S. Foreign Account Tax Compliance Act* (FATCA)).

In connection with legal and regulatory requirements regarding the international exchange of information for tax purposes, including the Common Reporting Standards and *U.S. Foreign Account Tax Compliance Act* (FATCA) and laws and regulations related thereto, we are required to apply certain due diligence procedures to identify the tax residency or tax residencies of certain persons related to the investment.

In order to comply with this obligation, the member and any person entitled to access the cash value, change the beneficiary or perform certain other actions with respect to the investment as described by law (together "Member") must at our request provide us with an accurate self-certification regarding the jurisdiction or jurisdictions in which the Member is a tax resident and, if applicable, respond to our request for documentary evidence and a taxpayer identification number or equivalent as is requested under the relevant regulation.

At our request and based upon an indication that a self-certification of tax residency is required, if it is considered that the most recent self-certification may no longer be reliable or accurate, you must provide within 30 days a (new) self-certification and other supporting documentation.

In accordance with applicable law, we will periodically report certain information about Members, including name and address, date of birth, and financial details relating to the policy to the appropriate tax authority(ies) or other authority(ies) designated by law.

We reserve all rights to take any steps that we deem appropriate, including the right not to execute payment instructions until we have received all information and documentation to our satisfaction, or to cancel the policy, with immediate effect, in the event that we discover that an Investor and/ or contractual beneficiary provided an incorrect self certification, that any other information or documentation provided in connection with identification and due diligence procedures is inaccurate or incomplete or a Member and/or contractual beneficiary did not provide us with a self-certification or other information as requested by us within the response time set out in our request.

Failure to fully respond to our request within the time period may still result in the reporting of information about the Investor and/or contractual beneficiary to the appropriate tax authority or other authorities.

As a Member of the Fund, you must provide the required identity verification information.

Zurich may, from time to time, require additional information from you, which you must provide. In accordance with our obligation, Zurich will monitor your transactions; may also delay or refuse to process certain transactions. We may also be required to disclose information about you to a regulator or law enforcement body.

In addition, the Zurich worldwide group of companies has obligations under various Australian and foreign laws. Despite anything to the contrary in this PDS or any other document related to the products described in this PDS, the products' terms will operate subject to all laws with which a Zurich worldwide company considers it must comply.

1. Member details

Title Surname

Given name(s) ◯ Male ◯ Female Date of birth / /

Residential address

State Postcode

Postal address

State Postcode

Contact details

Work ( ) Home ( )

Mobile Email

US Foreign Account Tax Compliance Act (FATCA)

Are you a US Citizen or resident of the US for tax purposes? ◯ Yes ◯ No

If "Yes", provide your US Taxpayer Identification Number (TIN):

Identification requirements

Under the *Anti-Money Laundering and Counter Terrorism Financing Act 2006*, we require specific forms of identification in order to open your account. In addition to the proof of identification requirements outlined on page 13 of this application form, we are legally required to identify Politically Exposed Persons (PEP). **IMPORTANT: You must answer the following question before Zurich will be able to process your application.**

Are you a ***Politically Exposed Person*** (*PEP*) (as defined on page 14)? ◯ Yes ◯ No

If "Yes", please provide details of how you meet the definition of a PEP:

2. Payor details

Zurich will send the billing details to the person / company you nominate in this section. The following information is also required for identification purposes to enable future changes to the direct debit (where applicable) over the telephone. If this section is left incomplete, the payor will be noted to be the same as the member.

Title Surname/Company name

Given name(s)

Address

State Postcode

Contact name

Contact details

Work ( ) Home ( )

Mobile Email

3. Investment and Payment details Please **tick** your required option

Payment type (for regular contributions only)

◯ Remittance by BPAY (please refer to www.zurich.com.au for relevant Biller codes) ◯ Remittance by Cheque

◯ Direct Debit (complete the Direct Debit request form on page 15): ◯ Ongoing contributions only ◯ Initial and ongoing contributions ◯ Initial contribution only

Payment Frequency (for regular contributions only) ◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Yearly

Contribution Notice suppression

◯ Please tick if you do not wish to receive regular contribution notices (which are similar to a reminder notice).

Email/Fax Transaction Option

◯ Please tick if you wish to utilise the email/fax transaction option. (By ticking this box you are confirming that you have read and understood the terms and conditions that apply to this option, and agree to be bound by those terms and conditions. Refer to the "**Zurich Superannuation Plan and Zurich Account-Based Pension Fee Guide and Additional Information**" document.)

4. Contribution and Rollover details

Step 1: Nominate the type and amount of contribution (Minimum initial investment: – Lump sum $2,500; – Regular $150 per month)

Investment type	Lump sum (single)	Regular
Rollover (Superannuation lump sum)	$	
Personal contributions	$	$
Employer Contributions:		
– Super contribution (SG)	$	$
– Salary Sacrifice	$	$
– Voluntary Employer contribution	$	$
– Award contribution	$	$
Self-employed contributions	$	$
Spouse contributions	$	$
Contribution splitting	$	$
Downsizing contribution	$	
Insurance premium		$
Other (please specify):	$	$
Total	**$**	**$**

Please make cheques payable to Zurich Australia Limited. All cheques must be in Australian dollars and drawn on an Australian Bank.

Step 2: Indicate your investment selection

IMPORTANT: If no investment option selection is made below, the Trustee will be unable to accept your application until such time as a valid selection has been made.

I direct the Trustee to allocate my investment in the investment options and the proportions that I have indicated below:

Name of option	Code	APIR Code	Personal/ Self Employed/ Spouse investments	Employer investments	Rollover
Diversified options					
Capital Stable	3V	ZUR0054AU	%	%	%
Balanced	RV	ZUR0254AU	%	%	%
Managed Growth	5V	ZUR0053AU	%	%	%
Priority Growth	7V	ZUR0381AU	%	%	%
Managed Share	EV	ZUR0050AU	%	%	%
Sector specific options					
Cash	CV	ZUR0049AU	%	%	%
Australian Fixed Interest	XV	ZUR0255AU	%	%	%
Australian Property Securities	PV	ZUR0259AU	%	%	%
Global Property Securities	4V	ZUR0571AU	%	%	%
Australian Value Share	UV	ZUR0256AU	%	%	%
Global Thematic Share	IV	ZUR0051AU	%	%	%
Global Growth Share	9V	ZUR0608AU	%	%	%
Externally managed option					
Colonial First State – Australian Share	AV	ZUR0048AU	%	%	%
		Total investments	**100%**	**100%**	**100%**

5. Optional protection benefits

Only complete if you wish to add insurance to your Zurich Superannuation Plan.

What insurance are you applying for (Please tick your required option):

◯ Zurich Superannuation Term Life Plus

◯ Zurich Superannuation Income Protector

◯ Zurich Superannuation Income Protector Plus

Important – The "**Zurich Superannuation Plan Optional Protection Benefits Information**" document contains important information and the full terms and conditions of cover. You must read it before applying for optional protection benefits as part of your Zurich Superannuation Plan and keep a copy for your records.

Please **tick to confirm** you have obtained and kept a copy of the document:

◯ I have obtained and kept a copy of the document current as at the date of my application

The Life Insured's Statement forms part of the application for Optional Protection Benefits. Please ensure this has been completed before proceeding.

A completed *Zurich premium quote* must be attached to this application. If you have not received a copy of this quote, please contact your financial adviser before proceeding.

Zurich Superannuation Term Life Plus

	Sum insured	Monthly premium
Death benefit	$	$
TPD	$	$
Total monthly insurance premium		**$**

Please note: The total monthly insurance premium will be deducted automatically from your Fund Account on a set date each month.

Zurich Superannuation Income Protector/Plus

	Monthly Benefit	Monthly premium
Income Protector / Plus	$ p/m	$

Please note: The monthly insurance premium will be deducted automatically from your Fund Account on a set date each month.

6. Binding death benefit nomination

IMPORTANT – original Binding death benefit nomination section must be returned. The Trustee is unable to accept email or faxed copies. Your binding death benefit nomination will not be valid until the Trustee receives the original.

If you have any enquiries regarding your binding death benefit nominations, including if you are unsure if the person you have nominated is a dependant, please contact your financial adviser or Zurich Customer Care on 131 551. **Please use BLOCK letters.**

Beneficiary details

You can choose to have your death benefit paid to your dependents, your legal personal representative or both. The decision to receive the death benefit as a pension or lump sum can be changed by the beneficiary at the time of death based on their needs at that time.

If you have additional dependants, you should photocopy this page and attach it to your Zurich Superannuation Plan application form.

Note: Percentages must be whole numbers only and the combined total of ALL percentages must equal 100% (this includes any additional nominations attached to this form).

Beneficiary 1

Surname | First Name | Date of birth / /

Residential address

State | Postcode

Relationship to member?

◯ Spouse ◯ Child ◯ Financial Dependant ◯ Interdependent

Portion of total benefit %

Beneficiary 2

Surname | First Name | Date of birth / /

Residential address

State | Postcode

Relationship to member?

◯ Spouse ◯ Child ◯ Financial Dependant ◯ Interdependent

Portion of total benefit %

Beneficiary 3

Surname | First Name | Date of birth / /

Residential address

State | Postcode

Relationship to member?

◯ Spouse ◯ Child ◯ Financial Dependant ◯ Interdependent

Portion of total benefit %

Beneficiary 4

Surname | First Name | Date of birth / /

Residential address

State | Postcode

Relationship to member?

◯ Spouse ◯ Child ◯ Financial Dependant ◯ Interdependent

Portion of total benefit %

Legal Personal Representative

Portion of total benefit %

Total must equal 100% or all nominations will be invalid. 100 %

Declarations

- I am a member of the Zurich Master Superannuation Fund, or have applied to be a member.
- I have read and understood the "**ZSP/ZABP Fee Guide and Additional Information**" document and the consequences of making a binding death benefit nomination. I understand that my death benefits will be paid in accordance with my instructions provided the nomination remains binding and subject to superannuation law.
- I understand that if a beneficiary nominated to receive a benefit predeceases me, or if a person nominated is not a dependant as defined by the *Superannuation Industry (Supervision) Act 1993* (SIS Act) or legal personal representative at the time of my death, my benefit will be paid in accordance with the default provisions current at the time of my death.
- I understand this binding death benefit nomination overrides all previous nominations including nominations made in any product application form(s).
- I understand that this binding death benefit nomination applies to the product specified in this application form only and that I need to make a separate nomination in respect of any other product(s) I may have under the Zurich Master Superannuation Fund.
- I understand it is my responsibility to regularly review my nomination to ensure it remains current and also that this nomination is binding for a period of three years only.
- I understand I can cancel this nomination at any time in writing to the Trustee.
- I understand this nomination is not binding until received and accepted by the Trustee or its delegate.
- I understand this declaration must be signed and dated by me in the presence of two witnesses (who are not nominated by me as a beneficiary of my death benefit), and that both of the witnesses must be over the age of 18.

Original signature of member	Date / /

Witness declaration

Two witnesses must complete the declaration below and sign, declaring that the member signed this form in the presence of both witnesses.

As witnesses you declare that as at the date of signing:

- you are over 18;
- you are not nominated to receive a benefit;
- you were present when the member signed this form.

Witness 1

Title Surname

Given name

Residential address

Suburb Postcode

Original signature of Witness 1

✗

Date witnessed (must be the same date as the member signed)

/ /

Witness 2

Title Surname

Given name

Residential address

Suburb Postcode

Original signature of Witness 2

✗

Date witnessed (must be the same date as the member signed)

/ /

7. Member Application and Declaration

Part A

All applicants to read and sign the following declaration.

I understand, in accordance with the conditions of the Trust Deed and Rules, that:

- Equity Trustees Superannuation Limited is the Trustee for the Zurich Master Superannuation Fund;
- Title to any policy effected on my life vests in the Trustee;
- I am precluded from using the plan as a collateral security;
- Benefits under this Fund are fully preserved until I have retired and attained my preservation age, or in circumstances as allowed by superannuation legislation or the Australian Prudential Regulation Authority;
- I can only make contributions to the Zurich Master Superannuation Fund in accordance with the appropriate legislation.

I hereby apply to Equity Trustees Superannuation Limited, the Trustee of the Zurich Master Superannuation Fund, for membership of the Zurich Master Superannuation Fund as set out in the application form. In consequence of my application being accepted I agree to comply with the rules governing the Fund, and further certify that:

- I am eligible for membership of that Fund in accordance with the appropriate legislation;
- I understand that the Trustee may need to obtain further information and documents from me after the Trustee has received my application, during the course of my investment or while I am a member of the Fund;
- I understand that the Trustee can not issue units in the Fund and/or accept my application to become a member of the Fund until all the information and documents requested relating to my identity have been received and the Trustee has verified my identity. I understand that the Trustee may also need to identify me again as well as any person acting on my behalf, any person I am acting for, any person I request that the Trustee transfer my investment to or my legal personal representative (if I die) at any time after the Trustee has accepted my application or prior to the Trustee permitting a transaction such as a redemption or transfer of my investment;
- By applying to invest or become a member in the Fund, I also acknowledge that the Trustee may decide to delay or refuse any request or transaction, including by suspending the issue or withdrawal of units in the Fund, if the Trustee is concerned that the request or transaction may breach any obligation of, or cause the Trustee to commit or participate in an offence under, any law, and the Trustee will incur no liability to me if this occurs;
- I direct the Trustee to implement the investment instructions in accordance with section 4;
- I acknowledge that I have been given, or obtained, and understand, information:

  - about the investment objectives of each available investment strategy which I can choose from;

  - I reasonably need for the purpose of understanding the effect of, and any risk involved in, each of those strategies; and

  - about the range of investment directions I can give, and the circumstances in which the directions can be changed.
- I understand that the number of units purchased will depend on the Unit Values at the date of purchase and that the Unit Values may rise and fall as the market value of the investments of the relevant investment option change;
- I have nominated the dependant(s) shown in section 6 to receive benefits from the Fund in the event of my death;
- I have read the PDS and all incorporated documents referred to in the PDS (current as at the date of my application);
- I agree that Zurich can provide confirmation of any reportable transactions by allowing me to access Zurich Customer Care or through my adviser.

Member's Signature	Date / /

Continued next page

7. Member Application and Declaration (continued)

Part B

This section is to be completed only where you have agreed with your financial adviser to have a Member Advice Fee deducted from your Fund Account for the provision of advice relating to your superannuation interest in the Fund and not for other investments / services. The Member Advice Fee can be collected as either, or a combination of:

- **Initial Member Advice Fee**: A set dollar amount (or percentage of your account expressed as a dollar amount) deducted as a one-off as agreed to between you and your financial adviser; and/or
- **Ongoing Member Advice Fee**: A set dollar amount, or percentage of your account, as agreed to between you and your financial adviser deducted from your account on a monthly basis.

I have agreed to pay my financial adviser the following Member Advice Fee(s):

Initial Member Advice Fee of $ which will be deducted as a one-off fee.

Ongoing Member Advice Fee of either $ per month, or an amount equivalent to % pa of my account balance

at the time the Ongoing Member Advice Fee is deducted.

Note: Whilst there are no caps that apply to the Member Advice Fees, generally speaking an Initial Member Advice Fee should be no greater than 5% of your initial investment, and the Ongoing Member Advice Fee should be no greater than 1% pa of your account balance. Any amounts greater than these levels will require approval by the Trustee before processing your Zurich Superannuation Plan application. The Trustee may also request from your financial adviser evidence the Member Advice Fee relates to advice in respect of your superannuation investment only.

I direct Zurich Australia Limited, as agent of Equity Trustees Superannuation Limited, to deduct the Initial Member Advice Fee amount by withdrawing units from my account following my initial contribution and to deduct the Ongoing Member Advice Fee amount by withdrawing units from my account on a monthly basis (based on the anniversary date each month, or the closest date to the anniversary date).

In addition, I accept the following conditions in relation to the Member Advice Fee(s):

- It is my responsibility to be satisfied of the reasonableness of the Member Advice Fee and the quality of the initial advice;
- The Trustee is under no duty to review (either initially or at some later time) the advice given;
- The Zurich Master Superannuation Fund Trust Deed specifically excludes the Trustee from any liability for advice given by an adviser; and/or ongoing advice received by my financial adviser;
- The adviser is not an agent of the Trustee.

Further, where I direct Zurich Australia Limited ('Zurich') to deduct a Member Advice Fee(s) from my Fund Account, I accept and agree the following:

- The Member Advice Fee(s) is a fee agreed to between myself and my Adviser and is deducted under the terms of the Zurich Superannuation Plan and paid to my Adviser by Zurich;
- Zurich will have no discretion whether to pay the fee that I have authorised to my adviser, except in circumstances where Zurich considers the fee is greater than the maximum guidelines set out above or where they determine the fee is not solely for my superannuation investment;
- The fee agreed to represents payment for superannuation services provided for the provision of superannuation advice only and does not relate to my investments generally; and
- To stop the ongoing Member Advice Fee arrangement, I must submit a request in writing.

Member's Signature	Date / /

8. Tax File Number (TFN)

Please refer to the "**Zurich Superannuation Plan and Zurich Account-Based Pension Fee Guide and Additional Information**" document for further information about the collection of your TFN.

Your Surname Given Name

Tax file number ☐☐☐ – ☐☐☐ – ☐☐☐

Member's Signature	Date / /

9. Internal Transfer

Policy number(s) to be transferred

Member's name:

I request that the benefits held under the above mentioned policy number(s) be transferred to my Zurich Superannuation Plan.

I understand that the amount of my benefit may vary through the deduction of Superannuation Contribution Tax and delays in the receipt of all necessary information and documentation.

Amount to be transferred: ◯ Total **OR** ◯ Partial $

If you have protection benefits please indicate your preference (note that you may only tick 'yes' to one of the questions below not both).*

(i) Do you wish to transfer your protection benefits to your new investment? ◯ Yes ◯ No

OR

(ii) Do you wish to maintain any protection benefits on your existing plan(s)? ◯ Yes ◯ No

If 'Yes' please clarify:

* Subject to the terms of the original policy allowing such a transfer of protection benefits.

Notice of intent to claim a deduction

IMPORTANT: If you are eligible to claim a deduction for contributions made to the plan you are transferring, you MUST provide the trustee with a valid notice of intent to claim a deduction form before the establishment of this Zurich Superannuation Plan.

A valid Notice of intent to claim a deduction form can be obtained:

- On the Superannuation Forms page on www.zurich.com.au
- By calling Zurich Customer Care on 131 551
- On the ATO website, www.ato.gov.au (Google search – ATO notice of intent to claim).

Note: You can claim for a deduction for your personal superannuation contributions if, among other things, all of the following apply:

- you are still a member of your super fund when you give your fund trustee a valid notice in the approved form, on time;
- when you give your notice, your fund has not begun to pay an income stream (for example, a pension) based on part or all of the contributions for which you intend to claim a deduction;
- you have received acknowledgment from your fund of your intention to claim a deduction; and
- your fund has accepted your contribution for which you want to claim a deduction.

Application checklist

	Yes	No
Have you provided all your details in Section 1 including your current phone contacts and email address?	○	○
If you have indicated your preferred payment type in Section 3 is Direct Debit, have you completed the Direct Debit request form on page 15?	○	○
Where your Employer is making contributions on your behalf, have you correctly identified them as either: Super Contribution (SG), Award, Salary Sacrifice or Voluntary Employer Contribution?	○	○
Have you nominated an investment option selection in Section 4 (2)? Failure to do so will mean that the Trustee will be unable to accept your application.	○	○
Where you are adding insurance to your Zurich Superannuation Plan, have you completed Section 5 as relevant, and attached a completed *Zurich premium quote* to this application? If you have not received a copy of this quote, please contact your financial adviser before proceeding.	○	○
If you have chosen to have a Binding Death Benefit Nomination, has Section 6 been witnessed in your presence by persons over the age of 18 and not named as a nominee in the form?	○	○
Have you read and signed the declaration in Section 7(a)?	○	○
Where you have agreed with your financial adviser to have a Member Advice Fee deducted from your Fund account, have you completed what that fee will be in Section 7 (b) and signed the declaration including your acknowledgment the fee negotiated relates only to your superannuation investment and not to your investments generally?	○	○
Have you provided your Tax File Number (TFN) in Section 8? If you are making a non-concessional contribution and have not provided your TFN please be aware the Trustee will be unable to accept your application?	○	○
If you are transferring an amount from another Zurich superannuation or account-based pension policy, have you completed Section 9?	○	○
In addition to your application form, you also need to provide sufficient information to Zurich in order for us to verify your identity. Have you provided the relevant Proof of Identity as set out on page 13?	○	○

Your privacy

Zurich and the Trustee are bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing Zurich and the Trustee with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. Please refer to the 'Trustee Privacy Statement' section in the "**Zurich Superannuation Plan and Zurich Account-Based Pension Fee Guide and Additional Information**" document. A more detailed explanation of the Trustee's Privacy policy is available at www.eqt.com.au/global/privacystatement and can be obtained by contacting the EQT Group's Privacy Officer on (03) 8623 5000, or alternatively by contacting us via email at privacy@eqt.com.au. You should refer to the EQT Group Privacy policy for more detail about the personal information the EQT Group collects and how the EQT Group collects, uses and discloses your personal information. For information about Zurich's Privacy Policy, a list of service providers and business partners that Zurich may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on the Zurich homepage – www.zurich.com.au, contact Zurich by telephone on 132 687 or email at privacy.officer@zurich.com.au

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Should you have any questions when completing the Zurich Superannuation Plan application form, please contact your financial adviser or Zurich Customer Care.

Zurich Customer Care can be contact on either:

131 551

client.service@zurich.com.au

Please send your completed Zurich Superannuation Plan application form and relevant documents to:

Zurich Customer Care, Locked Bag 994, North Sydney, NSW, 2059

10. Adviser use only

Adviser details

Please fill in the details below for each Adviser who has an interest in this application form.

Name	Adviser No.	Phone No.	Fax No.	Remuneration Split %
1.				%
2.				%
			Total	**100%**

By providing your adviser details above, you represent and warrant that you are appropriately authorised to provide financial advice in relation to this product. You acknowledge that the Trustee may, in its absolute discretion, decline a request to pay the Member Advice Fee (the arrangement) in order to comply with its obligations under any relevant law (refer Member Advice Fee remuneration below). You agree to immediately notify the Trustee on becoming aware of termination of this arrangement by the Member, or on otherwise ceasing to be entitled to fees paid pursuant to this arrangement. You indemnify, and must keep indemnified, both the Trustee and Zurich, against all costs, losses or liabilities suffered or incurred by either the Trustee or Zurich arising out of any negligence, fraud or misconduct by you, your authorised officers, your agents or employees, or as a result of a breach of your obligation under any relevant law in relation to this arrangement.

Is this your first application with Zurich, or have you recently changed licensee?

◯ No ◯ Yes ▶ Please attach your business card to this application.

Adviser Remuneration

Member Advice Fee remuneration

If the member agrees to have a Member Advice Fee deducted from their Fund account, Part B of Section 7 of this application form will be need to completed and signed by the client. The amounts shown in that section as an Initial Member Advice Fee and/or Ongoing Member Advice Fee will be paid to you in accordance with the declaration the client signs provided the Trustee is satisfied the fee is for advice that relates to the member's superannuation only*. Please note there is no additional amount for GST paid on these amounts.

* The sole purpose test (section 62 of the Superannuation Industry (Supervision) Act 1993) means that only costs associated with advice that relates to the member's superannuation and insurance obtained through superannuation may be deducted from the member's superannuation account. Advice that relates to investments outside of superannuation, for instance, cannot be funded from superannuation account deductions. In order for the Trustee to be satisfied the fee is for advice that relates to the member's superannuation investment only, we may request supporting evidence before the Member Advice Fee is processed.

Commission payable on Optional Protection Benefits (inclusive of GST)

Please indicate applicable commission structure.

◯ Hybrid 1 – 77.0% : 22.0%

◯ Level – 27.5%

Alternatively, indicate applicable discounted commission structure:

Continued next page

Adviser declaration

The information shown on the application accurately and completely records the information given.

Adviser's signature

Adviser 1's Signature	Date / /

Adviser 2's Signature	Date / /

Adviser Proof of Identity declaration

By signing this declaration, I declare that the attached documents are true copies of the original or certified copies of the documents sighted and used by me to satisfy the applicable customer identification procedure requirements and I have complied with all the relevant obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* and any associated rules or regulations as well as any Guidance Notes (including but not limited to any associated schedules) approved by The Financial Services Council ('FSC') and/or the Financial Planning Association of Australia ('FPA').

Document(s)

Document Number(s) Date verified / /

Adviser's Signature	Date / /

Print name

Adviser checklist

	Yes	No
Has the member completed the Application Checklist on page 10? Going through this checklist with the member will ensure that all relevant sections of the application have been completed and allow Zurich to process the application without delay.	○	○
If the member is adding insurance to their Zurich Superannuation Plan, have you ensured a *Zurich Life Quotes* premium quote is attached to the application form and that Section 5 of this form is completed?	○	○
If this is your first application with Zurich, or you have recently changed Licensees, have you attached your business card to this application?	○	○
Where a Member Advice Fee has been agreed to, is this fee only for services provided to the client in respect of their superannuation interest? Note if the fee relates to other services or investments, the Trustee will decline the request to have the fee deducted from the client's superannuation account.	○	○
Have you attached a certified copy of the member's Proof of Identity?	○	○

IMPORTANT: If the member is adding insurance to their Zurich Superannuation Plan and it is being funded by a Rollover from another Fund – it is important that the Zurich Investment Admin team are advised if the Rollover Form is to be held, pending acceptance of risk cover.

Questions?

Contact your Zurich Investment Regional Manager or Zurich Customer Care on 131 551.

11. Identification information

In addition to your application form you will need to provide sufficient information to us in order for us to verify your identity.

Proof of Identity – Verification Information

We need to verify 2 items of information you provided us in the application form:

- Your full name, and
- **Either** your date of birth **or** residential address.

What identification items do we need from you?

You need to attach a **certified copy** (see below) of ONE of the following photographic documents (Please **tick** which one applies):

◯ A Current **Australian passport** (provide the pages that identify you, including the page with your photograph);

◯ An **Australian State or Territory driver's licence bearing your photograph** (front and back copies are required);

◯ A **proof of age card** issued by an Australian State or Territory (must contain a photograph of you);

◯ A **Foreign passport containing your photograph and signature** (see below for information on providing foreign language documents).

OR

If you cannot provide a certified copy of one of the above documents then you must provide **certified copies** of one document from column A and one document from column B.

A	B
◯ Australian birth certificate **OR** ◯ Australian death certificate (for death claims only)	◯ Letter from Centrelink (or other Commonwealth, State or Territory agency) issued to you within the last 12 months regarding a government assistance payment showing your name and residential address
◯ Australian citizenship certificate	◯ Utilities bill or local government notice issued to you within the last three months showing your name and residential address
◯ Health card issued by Centrelink	◯ Notice issued by the ATO to you within the last 12 months showing your name and residential address
◯ Pension card issued by Centrelink (front and back copies)	◯ Notice from school principal showing name, residential address and period of attendance of person under 18 issued within previous three months

If you cannot provide any of these documents or you are unsure how to complete your identification form please contact Zurich Customer Care on 131 551 for assistance.

If your application includes a Rollover

To enable Zurich to finalise your Rollover, the Fund from which you are transferring may require proof of identification to be provided together with either Transfer form on page 17, or with their Redemption Form. Please note that the processing of your Rollover may be delayed where you do not provide adequate identification.

Where you have provided your TFN to the Fund from which you are transferring from, you will not have to provide certified proof of identity documents. Instead they will be able to validate your identity using the ATO's SuperTIC service.

Where they are unable to validate your TFN, you will be required to provide a certified copy of ONE of the above photographic documents.

For a complete list of persons who can certify copies of documents, please contact Zurich Customer Care on 131 551, or refer to the Zurich website, www.zurich.com.au

How to certify a copy of a document

The law requires that we receive certified copies of the identification documents you provide us. A certified copy is a document that has been certified as a true copy of an original document by certain persons.

An example of a certified document:

I, John Smith of 123 Park Street, Sydney NSW 2000 in the capacity of a Justice of the Peace certify that this copy is a true and accurate copy of the original.

Signature: J. Smith

Date: 01 / 07 / 2019

Please note:

- any identification documents that are in a foreign language must be accompanied by an English translation from an accredited translator.
- once your plan has been established, if identification documents are being certified outside of the Commonwealth of Australia, generally speaking they may only be certified by an Australian consular officer (within the meaning of the Consular Fees Act 1955) or an Australian diplomatic officer.

For further information on obtaining certification whilst overseas, please contact Zurich Customer Care on 131 551 (when calling from Australia) or +61 2 9995 1111 (when calling from overseas).

Who are Politically Exposed Persons (PEPs)

Any individual:

(a) who holds a prominent public position or function in a government body or an international organisation, including:

- Head of State or head of country or government;
- government minister or equivalent senior politician;
- senior government official;
- Judge of the High Court or Federal Court of Australia, a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation;
- governor of a central bank or any other position that has comparable influence;
- senior foreign representative, ambassador, or high commissioner;
- high-ranking member of the armed forces; or
- board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation;

(b) who is an immediate family member of a person referred to in paragraph (a), including a spouse, de facto partner, child, child's spouse or de facto partner, or parent;

(c) who is a close associate of a person referred to in paragraph (a), which means any individual who is known to have:

- joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (a); or
- sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (a).

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Direct debit request

This agreement sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account and the obligations of Zurich and the Account Holder under this Agreement.

Please **retain this section** for your information.

The Account Holder understands and agrees that:

- Direct debiting may not be available on all accounts. The Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient cleared funds available in the nominated account to permit payments under the Direct Debit Request on the due date for payments.
- Zurich accepts no responsibility for issues arising where incorrect details have been provided. The Account Holder should check the account details provided to Zurich are correct. If uncertain, check with your financial institution before completing the Direct Debit Request.
- Zurich will debit the account for the sum of the amounts due at the debit date for all specified products.
- Changes to bank account details must be provided in writing, or by telephoning Zurich (or by such other means as we approve).
- Zurich will give the Account Holder at least 14 days notice in writing if there are any changes to the terms of this Service Agreement.

Continued next page

Direct Debit Request

Please **return this section** with your application.

The Account Holder authorised and requests payment be made to Zurich Australia Limited (User ID No 117) by direct debit from the account set out as shown.

1. Member's personal details

Surname

Given name(s) Zurich investment number

Address

State Postcode

2. Payor details

Zurich will send the billing details to the person / company you nominate in this section. The following information is also required for identification purposes to enable future changes to the direct debit (where applicable) over the telephone. If this section is left incomplete, the payor will be noted to be the same as the member.

Title Surname/Company name

Given name(s)

Address

State Postcode

Contact name

Contact details
Work ( ) Home ( )

Mobile Email

Continued next page

Office use only – Client Number | | | | | | | |

Direct Debit Service Agreement (continued)

Zurich agrees that:

- When the due date for payment is not a business day, the debit will be processed on the next business day.
- The Account holder can cancel, change*, defer or suspend the Direct Debit Request on a policy by providing notice to Zurich in writing or by telephone (or by such other means as we approve), or directly with the Account Holder's financial institution (which is required to act promptly on the instructions). Notification must be received by Zurich at least 14 days before the next drawing date in order to process your instructions.

  *The Account Holder's financial institution can "change" the Direct Debit Request only to the extent of advising Zurich of new account details.
- Upon request, Zurich will forward a copy of the current terms and conditions for direct debits, to the Account Holder by post, facsimile or other agreed method.
- Zurich will provide details of this Direct Debit, on request.

Disputes

The Account Holder should give notice of any disputed debit to Zurich. Zurich will respond within 7 working days of receiving your letter. Alternatively, the Account Holder can take it up directly with the Account Holder's financial institution.

Dishonoured debits

If a drawing is unsuccessful, Zurich will cancel the payment in respect of the dishonoured debit. On receipt of new information after a dishonour, Zurich will process a one-off debit to pay the policy up to date. If two consecutive dishonours occur, Zurich may cancel the authority. Zurich may charge a dishonour fee to the relevant product. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the Account Holder's responsibility.

Confidential information

Zurich may disclose information about your account to its banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, your adviser and to other companies within the Zurich Financial Services Australia Group of companies. Zurich will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

The Account Holder may give notice to Zurich in writing to Zurich Australia Limited, Locked Bag 994, North Sydney, NSW, 2059 or by contacting Zurich Customer Care on 131 551.

Direct Debit Request (continued)

3. Account details

Name of financial institution

Address

State Postcode

Bank/State/Branch (BSB number) ☐☐☐ – ☐☐☐ Account number ☐☐☐☐☐☐☐☐☐

Account name

Please ensure that the account details provided are correct. If in doubt, refer to your financial institution.

Please **tick** your required option:

Please debit my account: ◯ Monthly ◯ Quarterly ◯ Half Yearly ◯ Yearly

4. Declaration

I/we acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement (above) and the terms and conditions of my Zurich account. I have read and agree to the terms and conditions.

Signature(s) of Account Holder(s).

Account holder 1	Date / /

Account holder 2	Date / /

ZURICH®

Authorisation to transfer superannuation benefits between funds

Use this form if you want to transfer monies from your previous superannuation fund to your Zurich Superannuation Plan.

Important notes

Please make sure you sign the authorisation over the page. Please complete all details on this form. Transfers cannot be made if the previous fund details are different from the information you complete on this form. If transferring from more than one fund, photocopies of this form will be accepted.

We recommend that you talk to your adviser if the superannuation accounts you wish to transfer:

- have any life cover attached;
- were recommended to you by an adviser;
- if an exit fee is charged by your previous fund (if unsure please check with your previous fund for details of your benefit entitlement); or
- if you expect that further employer contributions may be made to your previous fund, for example, if you are still working casually in that industry and your employer contributions can only be made to that fund.

Please note: The Fund from which you are transferring will require you to attach certified identification to this form.
For details of identification requirements, please refer to page 13.

1. Personal details

Superannuation Product Identifier Number (SPIN): ZUR0473AU

Zurich Master Superannuation Fund Unique Superannuation Identifier (USI): 33 632 838 393 987

Zurich investment number:

Title Surname

Given name(s) ◯ Male ◯ Female Date of birth / /

Address

State Postcode

Contact details

Work ( ) Home ( )

Mobile Email

2. Transferring fund details

To ensure this transfer occurs as promptly as possible please complete as much information as possible.

Fund name

Transferring Superannuation Fund Unique Superannuation Identifier Number (USI):

Policy number / Membership number

Address of fund

State Postcode

Telephone number ( )

Name of administration company (if known)

Name of employer contributing to this fund

Date I left that employer (if applicable) / /

My personal details when I belonged to the previous fund were:

1) if any of your details are the same as this ZSP application, you don't have to write them again

2) if there has been a name change, please provide certified evidence of the name change

Title Surname

Given name(s)

Address

State Postcode

3. Transfer amount

Please tick option as applicable. If this section is not completed your total fund value will be transferred.

◯ Total fund value ◯ Partial fund value $

4. Applicant's authorisation

- I request and authorise the Trustee of the transferring fund to transfer any benefits (including any superannuation contributions received in respect of me after I have ceased to be a member of the transferring fund) to the Zurich Master Superannuation Fund.
- I understand that the Trustee of the transferring fund is discharged from any further liability in respect of any amount once benefits have been transferred.
- I understand that both superannuation funds are complying superannuation funds under the Superannuation Industry (Supervision) Act.
- I understand that in certain cases Equity Trustees Superannuation Limited and Zurich Australia Limited may be required by law to deduct tax from the untaxed portion, if any, of the Superannuation Lump Sum transferred from the previous fund.
- I approve the deduction of transfer fees (if any) from the benefits transferred (subject to legislative restrictions).
- I understand that any life insurance cover under the transferring fund may automatically cease upon transfer of my benefits from that Fund.
- I authorise both superannuation fund trustees to provide information about me to each other for the purpose of this transfer; and
- I understand that I may ask the transferring fund trustee for information I reasonably require about any benefit entitlements I may have in the transferring fund (including information about any fees that may apply to the rollover and information about the effect of the rollover on any benefit entitlements) and I confirm that I have obtained any information that I require.

Applicant's signature	Date / /

5. Trustee declaration

On behalf of the Trustee of the Zurich Master Superannuation Fund, Equity Trustees Superannuation Limited, I confirm that the Zurich Master Superannuation Fund:

- is a Complying Superannuation Fund as defined under Section 42 of the *Superannuation Industry (Supervision) Act 1993* (the Act);
- is a Resident Regulated Superannuation Fund as defined under Section 10 of the Act;
- is not subject to a direction under Section 63 of the Act, nor does it expect to receive a direction under this Section.

Further, I wish to confirm that the Trust Deed governing the Zurich Master Superannuation Fund will accept transfers and rollovers from other Complying Superannuation Funds and that such transfers and rollovers will be preserved in accordance with the Act (if required).

Vasko Zdraveski
Head of Superannuation Trustee Office
Equity Trustees Superannuation Limited

6. Applicant's authorisation to release information

I hereby authorise you to release details to Zurich Australia Limited of the rollover/transfer of my superannuation funds currently held by you to the Zurich Master Superannuation Fund SFN 2540/969/42 for the purpose of obtaining the current status and progress of my transfer request.

Applicant's signature	Date / /

7. To the paying institution

Electronic transfer:

Please note the Zurich Master Superannuation Fund's USI is **33 632 838 393 987**.

Payment by cheque:

Please make cheque payable to: **Zurich Australia Limited**
and post to: Zurich Customer Care, Locked Bag 994, North Sydney NSW 2059

Office Use Only

Date received / / Date actioned / /

Applicant's signature checked ◯ Yes ◯ No Previous Fund authorised ◯ Yes ◯ No

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Interim cover certificate

This certificate is a legal document. It is important that you read it carefully and keep it in a safe place. It is your record of the terms and conditions of the interim cover. Please note that despite anything in this certificate, there is no contract of insurance between you and Zurich Australia Limited ('we', 'us', 'Zurich'). You are provided with any interim benefits under these terms and conditions subject to the governing rules of the Zurich Master Superannuation Fund and superannuation law..

Defined Terms and Interpretation

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions are set out in the Policy conditions which are located in the "**Zurich Superannuation Plan Optional Protection Benefits Information**"document.

Your financial adviser acts as your agent, not ours, in relation to this interim cover.

Interim cover

Provided you meet the Interim cover eligibility criteria, we will provide you with interim cover from the Interim cover effective date until the Interim cover termination date, subject to the specific terms of interim cover set out in this Interim cover certificate.

Interim cover effective date

Interim cover is effective from the Interim cover effective date ('effective date'), which is the date that both of the following have occurred:

(a) you have properly completed the Zurich Superannuation Plan Application Form and Life Insured Statement (the application) for the cover you are applying for and this certificate has been completed, signed and dated by you and your financial adviser; and

(b) either Zurich or your financial adviser receives the initial premium for the insurance you have applied for, or a Payment Authority signed and dated by you, or a valid instruction to transfer superannuation to the Zurich Superannuation Plan.

If you have selected the tele-interview option (Health Connect), the Life Insured's Statement is not required to be completed for interim cover to commence.

The date that (a) and (b) are satisfied must be inserted in the Interim cover effective date box on page 22 by your financial adviser before your application is sent to us.

Interim cover termination date

The interim cover, once effective, terminates at the earliest of the time and date you, your financial adviser or the policy owner withdraws your application by contacting us or:

(a) 4.00pm on the 90th day after the effective date or such earlier time and date as we advise you or your financial adviser in writing (for example, if we decline the application);

(b) the time and date when insurance cover commences under another contract of insurance (whether interim or not) which you are covered by and that is intended to replace the cover provided under this interim cover;

(c) the end of the 14th day after the effective date if you have not submitted your application to your financial adviser;

(d) the end of the 21st day after the date we notify you or you financial adviser that the insurance cover applied for would be subject to non standard terms (such as a premium loading or an exclusion) if you do not respond to our assessment (ie. alter the application);

(e) the end of the 28th day after the effective date if your financial adviser has not submitted your application to us.

Interim cover eligibility criteria

You are not eligible for this interim cover and no interim contract is entered into if you have at the time of completing this Interim cover certificate:

(a) current insurance with us or another insurer of a similar type which provides the same or similar cover (whether individually or as part of a package) which you have indicated in your application will be replaced by the cover being applied for in this application or

(b) a current application with us or another insurer for insurance of a similar type which provides the same or similar cover (whether individually or as part of a package) or

(c) interim cover with us or another insurer for insurance of a similar type which provides the same or similar cover (whether individually or as part of a package); or

(d) had interim cover or other insurance with us in the previous 24 months of a similar type that had terminated (except where you are increasing cover on an existing policy); or

(e) previously applied for insurance of a similar type providing similar cover with us or another insurer (whether individually or as part of a package) and the application was declined, deferred or postponed.

Terms and conditions

The interim cover is:

(a) only provided for the type(s) of insurance you have applied for in the application;

(b) subject to the terms, conditions and exclusions applicable to the interim cover; and

(c) subject to the other relevant terms, conditions and exclusions of the relevant Policy Conditions for the insurance you have applied for, except to the extent the Policy Conditions provide greater cover than provided for by this Interim cover certificate.

If you are applying to increase insurance with us (including where you are applying to replace existing cover at the same time), then interim cover applies only to the amount of the increase, not exceeding the relevant limits set out in this interim cover.

Exclusions

To the extent permitted by law, no interim cover is provided:

(a) if you would not have been entitled to the interim cover or for any amount in excess of what we would have covered you for, based on our underwriting criteria applicable for the relevant insurance immediately before interim cover is effective; or

(b) if the event leading to the claim occurs while you are outside Australia; or

(c) where the event leading to the claim is caused directly or indirectly by:

- (i) suicide or attempted suicide;
- (ii) intentional self-inflicted *injury* or act;
- (iii) the taking of drugs other than as prescribed by a doctor;
- (iv) engaging in any criminal activities;
- (v) engaging in any pursuit or occupation which would cause us to reject or apply special conditions to acceptance of the application for insurance;
- (vi) an act of war (whether declared or not);or
- (vii) military service, other than death while on war service.

Terms of interim cover provided for Zurich Superannuation Term Life Plus

If you have applied for Death cover:
We will pay you a benefit in the event of your *accidental death* during the period of this interim cover.

The amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- $1,000,000; or

+the amount of cover you are applying for; or

- the amount of cover you would have been accepted for under our normal underwriting criteria.

If you have applied for Total and Permanent Disablement cover:
We will pay you a benefit if you are disabled and suffer *loss of hands, feet or sight* as a result of an *accidental injury* during the period of this interim cover. You must survive at least 14 days after the loss and, as a result of the loss, meet the definition of *permanent incapacity.*

For TPD cover the amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- $600,000; or
- the amount of cover you are applying for; or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

Terms of interim cover provided for Zurich Superannuation Income Protector/Plus

We will pay you a Total disability benefit if, solely as a result of an *accidental injury* during the period of this interim cover:

- you totally cease work; and
- you are unable to earn from personal exertion any income for a period of at least the nominated waiting period; and
- you are under the regular care of a *medical practitioner*.

The benefit will be paid in the event the life insured sustains an *accidental injury*, which occurs after this cover commences. The amount we will pay you each month, provided you continue to meet the above criteria, will be the lesser of:

- $5,000; or
- the *insured monthly benefit* you are applying for; or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

The maximum period we will pay a benefit for is 12 months

If you make a claim

If you make a claim under the interim cover you must pay us the premium for this cover that we require, which will be what we would have charged you for the products you have applied for, to cover the period up until the date that we admit your claim.

Duty of disclosure

In completing an Application for ZSP Optional Protection Benefits – you declare that you have read and understood your duty of disclosure (appearing in the Life Insured's Statement).

If you have failed to disclose any such matters to us or made a misrepresentation when you completed your application form and you have interim cover, we may exercise our rights specified in the duty of disclosure notice, including voiding the interim cover.

For the policy/ies applied for, the duty also applies up until the time we decide to enter into a contract of insurance with the policy owner. Please ensure you contact us if any information in your application changes or you need to disclose further matters after it is completed, as it can affect any final cover.

Confirming transactions

You may contact us in writing or by phone to confirm the currency of your interim cover if you or your financial adviser do not already have the required confirmation details.

Name of **person to be insured**

Signature of **person to be insured**

Interim cover effective date (insert date) / /

Adviser name

Signature

Adviser number

Phone number

Date / /

Please keep this Interim cover certificate (which forms part of the PDS). If you need to make a claim under your interim cover, you must send us this Interim cover certificate as evidence of your cover, and you must provide us with sufficient proof that an insured event occurred between the interim cover effective date and the interim cover termination date.

To whom it may concern

Date: 1 July 2019

Zurich Master Superannuation Fund ('ZMSF'): SFN 254/096/942

ZMSF Unique Superannuation Identifier (USI): 33 632 838 393 987

Zurich Superannuation Plan SPIN no: ZUR0473AU

On behalf of the Trustee of the Zurich Master Superannuation Fund, Equity Trustees Superannuation Limited ABN 50 055 641 757, I confirm that the Zurich Master Superannuation Fund ABN 33 632 838 393:

- Is a complying superannuation fund as defined under Section 42 of the *Superannuation Industry (Supervision) Act 1993* (the Act);
- Is a resident regulated superannuation fund as defined under Section 10 of the Act;
- Is not subject to a direction under Section 63 of the Act, nor does it expect to receive a direction under this Section.

The Zurich Superannuation Plan accepts:

- Employer contributions (compulsory and/or voluntary);
- Personal contributions;
- Self-employed contributions;
- Spouse contributions;
- Downsizing contributions;
- Rollovers or transfers from other funds.

Initial and additional investments can be made into the fund via:

- Direct debit from an Australian bank, building society or credit union account;
- Cheque made payable to Zurich;
- BPAY (ongoing contributions only);
- SuperStream compliant methods (e.g. Gateway).

Yours sincerely

Vasko Zdraveski
Head of Superannuation Trustee Office
Equity Trustees Superannuation Limited

Equity Trustees Superannuation Limited
ABN 50 055 641 757, AFSL 229757, RSE L0001458
Level 1, 575 Bourke Street Melbourne VIC 3000

The Trustee, Zurich Master Superannuation Fund,
Locked Bag 994 North Sydney NSW 2059

Telephone 131 551 Fax +61 2 9995 3797

Equity Trustees Superannuation Limited
ABN 50 055 641 757, AFSL 229757, RSE L0001458
Level 1, 575 Bourke Street Melbourne VIC 3000

Zurich Australia Limited
ABN 92 000 010 195, AFSL 232510
5 Blue Street North Sydney NSW 2060

Zurich Customer Care
Telephone: 131 551 Facsimile: 02 9995 3797
www.zurich.com.au

The issuer of the Zurich Superannuation Plan (SPIN ZUR0473AU) and the Zurich Account-Based Pension (SPIN ZUR0469AU) is Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757 who is the Trustee of the Zurich Master Superannuation Fund ABN 33 632 838 393, SFN 2540/969/42.

KDEG-014442-2019 ZU10239 V10 07/19 Electronic

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