



Member kit
(includes Application form)
Preparation date: 1 May 2024

What to do next

After you've read the Product Disclosure Statement (PDS), just complete the following steps.

> Complete the Application form

Complete the application form on the following page. The minimum balance required to open a personal member account in smartMonday PRIME is \$6,000.

> Set up your contributions

You can make your initial and regular contributions by BPAY[®] from your bank account.

- 🔑 You'll need the relevant BPay Biller Code and Customer Reference Number. These are available by logging into your online account (once your account is setup and you've registered for online services).
- 🔑 Consider having your employer make SG contributions to your account. See the *It's your choice* form on the website for more information.

> Choose your investments

Before choosing your investment options, you should read the important information in our latest PDS guide *Your investment options* available on the the website at smartmonday.com.au.

If you don't choose an investment option on this application form, the smartMonday Lifecycle investment option will apply to your account as default until you make an investment choice.

> Consider your insurance

Insurance is available on an 'opt-in' basis. Tick the box in the *Your insurance options* section of the *Application* form if you want Standard cover in your smartMonday PRIME account. Additional costs apply if you want insurance cover. See the PDS *Insurance* guide for more information about the types of insurance and costs.

If you wish to apply for Full Cover or Additional Cover, you will need to also complete and return a *Personal statement and declaration of health* form, available in the forms section of the website.

If you wish to transfer cover from another super fund, completed the *Individual insurance transfer form*, available on the website. We will notify you if further information is required to support your application.

IMPORTANT: Your insurance may be cancelled if your account becomes 'inactive'. You can avoid this by making regular contributions and maintaining a sufficient balance to support the monthly deduction of insurance costs from your account. Alternatively, you can provide us with an election to maintain your cover.

> Consider keeping your super in one place

You can transfer (roll over) super benefits from other funds into your account with smartMonday PRIME. Complete and return the *Rollover initiation request to transfer whole balance of superannuation benefits between funds* form contained in this kit and return it with a certified copy of your photo ID—see *Completed proof of identity* on page 2 form.

> Nominate a beneficiary

Complete the *Binding death benefit nomination* form contained in this kit to make a binding nomination. Alternatively, you can make a non-binding death benefit nomination for your super account by going online once your account is setup and you've registered for online services.

> Appointing a financial adviser

To appoint a financial adviser to your account, please complete and return a *Authority to Advise* form available from smartMonday.com.au

> Keep us updated of changes to your details

Complete a *Change member details* form or log in online and make the changes at smartMonday.com.au once you've received your username and registered for online services.

Application

Issue date: 1 April 2024

Complete this form to become a personal member of smartMonday PRIME ('the fund').

A minimum initial contribution or transfer of \$6,000 is required to open your account.

Your details

If you have any questions,
please call us on **1300 614 644** or email
enquiry@smartmonday.com.au

For more information go to our website
smartmonday.com.au

Title	Given name
Surname	
Date of birth	Gender (M, F)
Phone	Mobile
Email	
Occupation	

Occupation factor: If you opt-in to insurance cover (later in this form), it is very important that you select one of the occupation factors listed below that best reflects the normal duties you perform in your occupation. If you don't tick a box, we will apply the default setting of '**Heavy Blue collar**', and this will increase the cost of your insurance cover (if you choose insurance cover later in this form). For more information about the factors for different sorts of occupations, please refer to the *AIA Australia Occupation Ratings Guide* at smartmonday.com.au

Professional – Professionals, executives and senior management with tertiary qualifications and high incomes

White collar – Office-based occupations with no manual work. e.g. clerical or administrative roles.

Grey collar – Occupations that are primarily non-manual but may involve light manual duties only such as hairdresser, shop assistant, florist, cashier.

Blue collar – Occupations that involve a moderate degree of manual work, or recognised qualified trades such as baker, electrician, mechanic.

Heavy blue collar – Occupations that involve heavy manual work or those with a degree of additional risk of disability such as gardener, tyre fitter, welder.

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001

Your details (*continued*)

Residential address

Suburb

State

Postcode

If your postal address is different from your residential address, provide details below.

Postal address

Suburb

State

Postcode

Tax file number (TFN) declaration

I understand that I don't have to provide my TFN, however if I don't, my concessional contributions may be taxed at the highest marginal tax rate and that the trustee will not be able to accept non-concessional contributions on my behalf. I am choosing to provide my TFN to the trustee:

- > to facilitate the administration of my super account, and to facilitate any other uses authorised by super or taxation law.
- > to facilitate the search for and consolidation of my super accounts, by seeking super information from the Australian Taxation Office (ATO) and/or a RSA provider or superannuation entity, as law allows.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

Investment options

Please note:

- > The options you choose below must total 100%
- > When selecting your investments, there is a minimum weighting of 5% in each investment option
- > Your initial contribution/rollover will be invested in the investment options you select below, and we will continue to invest your contributions in the selected options unless you change your investment strategy.
- > If you want to change your investment strategy after you join, you can switch between investment options online or by sending us a completed *Switching investment options* form available on the website.
- > **If you don't select an investment option, we will invest you in the smartMonday Lifecycle investment option until you make an investment choice.**

Option	Current account balance (%)	Future cashflow (%)
smartMonday Lifecycle (MySuper)		
High Growth - Index		
Growth - Index		
Balanced Growth - Index		
Moderate - Active		
Defensive - Active		
Australian Shares - Diversified		
International Shares - Diversified		
Cash		
Total	100%	100%

Your insurance options

- > If you opt-in for automatic insurance cover (by ticking the box below), you will automatically receive Standard cover for Death and TPD when you join the fund. To be eligible for Standard cover, you must be under 65, and be an Australian resident or hold a visa that allows you to stay or work in Australia.
- > For the first 2 years your Standard cover will be limited to New Events—see the PDS for details. If you don't want the New Events limitation to apply you can apply for Full Cover in the next section by ticking the box for each type of cover.
- > **IMPORTANT:** Your insurance may be cancelled if your account becomes 'inactive'. You can avoid this by making regular contributions and maintaining a sufficient balance to support the monthly deduction of insurance costs from your account. Alternatively, you can provide us with an election to maintain your cover.
- > **IMPORTANT:** if you opt-in for insurance cover, it is very important that you select an occupation factor from the list on page 1 of this application that accurately reflects the type of work you do. For more information about ratings for different sorts of occupations, please refer to the *AIA Australia Occupation Ratings Guide* at smartmonday.com.au

Opt-in to Standard cover (Death and TPD)

You can apply for additional death and TPD cover (known as Voluntary cover), or transfer cover you may have with another super fund or insurer, or apply for Full Cover by ticking the relevant boxes below:

Death cover	\$		<i>amount of additional or transferred cover</i>
		Full Cover*	Transfer of cover†
TPD cover	\$		<i>amount of additional or transferred cover</i>
		Full Cover*	Transfer of cover†

Death and Total and Permanent Disablement (TPD) cover

Income protection cover

Complete this section if you wish to apply for income protection cover*. Cover is only available if you are under 65, and permanently and gainfully employed for at least 15 hours per week. Your cover will not be in force until you have been accepted by the insurer and advised by us in writing.

Your taxable salary \$

Transfer of external cover†

Maximum benefit period (*select one box only*)

2 years 5 years To age 65

Waiting period (*select one box only*)

30 days 60 days 90 days

* You must also complete and return a *Personal statement and declaration of health* form available on our website, or call us on 1300 614 644.

† Complete and return an *Individual insurance transfer* form available on our website.

Privacy

The fund is subject to the trustee's privacy statement, which is available at eqt.com.au/global/privacystatement

Your declaration and agreement

- > I have received and read the smartMonday PRIME PDS. I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time.
- > on being admitted as a member of the fund I will be bound by the trust deed and the rules thereunder
- > I understand that if I have opted-in and am eligible for insurance cover I will automatically receive Standard cover for death and TPD on joining the fund, and insurance costs will be deducted from my account unless I cancel my cover or my account balance cannot sustain deductions of insurance costs.
- > If I have opted-in for insurance cover, I have selected an occupation factor (on page 1 of this form) that is a reasonable and accurate reflection of the type of work I perform.
- > I have read the trustee's privacy statement and I consent to my personal information and sensitive information being handled in accordance with that statement.
- > if I am disclosing personal information about another person (my spouse or dependants), I have obtained their consent to disclose their personal information to you and I have made them aware that you may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If I have not obtained the consent of the other person, I will inform you of such.

Signature

Date



Completing the form *Rollover initiation request to transfer whole balance of superannuation benefits between funds*

By completing this form, you will initiate a rollover request to transfer the **whole** balance of your super benefits between funds. This form can **not** be used to transfer part of the balance of your super benefits.

You can **not** use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662).

This form will not change the fund to which your employer pays your contributions. The *Standard choice* form must be used by you to change funds.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

WHEN COMPLETING THIS FORM

- Refer back to these instructions where a question shows a message like this: 
- Print clearly in BLOCK LETTERS.

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the request form to either your **FROM** fund or your **TO** fund

IMPORTANT INFORMATION

 This transfer may close your account – you will need to check this with your **FROM** fund.

This form can **not** be used to:

- transfer part of the balance of your super benefits
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if there is a super agreement under the *Family Law Act 1975* in place

CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit ato.gov.au or call the Australian Taxation Office (ATO) on **13 10 20**.

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your super, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super you will have to retire on – for example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have – other funds may not offer insurance, or may require you to pass a medical examination before they cover you.
- When considering a new fund, you should consider checking the costs and amount of any cover offered.

WHAT HAPPENS IF YOU DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate, plus the Medicare levy, on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

TRANSFERS TO SELF-MANAGED SUPER FUNDS

You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662) to transfer your benefits to your own self-managed super fund (SMSF).

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping '**certified true copy**' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

WHERE DO I SEND THE FORM?

You can send your completed and signed form to either the transferring or the receiving fund.

➤ MORE INFORMATION

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at moneysmart.gov.au
- ATO website at ato.gov.au/super

For more information about this form, phone the ATO on **13 10 20**.



Rollover initiation request to transfer whole balance of superannuation benefits between funds under the *Superannuation Industry (Supervision) Act 1993*

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a
- This form is only for whole (not part) balance transfers.

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to **either** your **FROM** (transferring) or **TO** (receiving) fund.

Personal details

Title: Mr Mrs Miss Ms Other

*Family name

*Given names

Other/previous names

*Date of birth Day / Month / Year

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

See 'What happens if I do not quote my tax file number?'

*Gender Male Female Indeterminate

Contact phone number

Residential address

*Address

*Suburb

*State/territory *Postcode

Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory Postcode

Fund details

FROM (Transferring fund)

*Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation identifier

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

TO (Receiving fund)

*Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation identifier

You must check with your **TO** fund to ensure they can accept this transfer.

Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

*Name (Print in BLOCK LETTERS)

*Signature

*Date Day / Month / Year

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Binding death benefit nomination

You can use this form to make a binding death benefit nomination in smartMonday ('the fund'). This type of nomination expires after 3 years. You cannot revoke or renew a binding death nomination using this form.

If you have more than one account for which you wish to make binding death benefit nominations, you will have to complete a separate form for each of them. Complete all the sections and ensure that the witnesses sign and date the form appropriately.

Important information

If you have any questions, please call us on **1300 614 644** or email

enquiry@smartmonday.com.au

For more information go to our website [smartmonday.com.au](https://www.smartmonday.com.au)

- On formal notification of your death (e.g. Death certificate), your account balance will be switched to the **Cash investment option**.
- By making a binding death benefit nomination, in the event of your death while you are a member of the fund the trustee will pay your superannuation benefits to your beneficiaries, in the proportions you have nominated. See the section *Your binding nomination* for more information.
- By making this binding death benefit nomination you invalidate any previous nominations that you might have made while a member of the fund.
- This nomination will be binding on the trustee only if it is considered valid (see over) and when it is received and acknowledged by the trustee.
- This nomination will only apply to the account you have nominated on this form.
- Your nominated beneficiaries will receive your superannuation benefit in the proportions you have nominated in this form.
- If for any reason this nomination is considered invalid (see over), it expires or is revoked, it will not be binding on the trustee of and the trustee retains the discretion of distributing your death benefit according to the terms of trust deed applicable to the fund.
- You should consult a licensed adviser before making any decisions regarding a binding death benefit nomination, as there are significant tax and estate planning consequences.
- In the event that your personal circumstances change you may need to review your binding death nomination.
- Photocopies or faxes of this form will not be accepted. Send the original to the address at the bottom of this form.

Your details

Member number (if known)

Given name

Surname

Date of birth

Gender (M, F)

Phone

Email

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001.

smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the fund). The trustee of the fund and issuer of this document is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. smartMonday products are part of the fund. The Target Market Determinations for smartMonday products are available at [smartmonday.com.au/governance](https://www.smartmonday.com.au/governance).
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Your binding nomination

For this nomination to be considered valid and binding on the trustee:

- > it must have been completed in the prescribed form and received and acknowledged by the trustee
- > it must not have expired/lapsed or been superseded by a new binding death benefit nomination
- > the nominated beneficiaries must be one of the following **at the time of nomination** and **at the time of death benefit assessment**:
 - └ a spouse
 - └ child (including an adopted step or ex-nuptial child or a child of your spouse)
 - └ wholly or partially financially dependent on you
 - └ in an interdependency relationship with you
 - └ legal personal representative/s (LPR). LPRs are usually an executor or administrator of your estate and do not need to be named in the section below as they are usually involved in your affairs after you die. Just tick the box for LPR and nominate the % of your death benefit
- > your signature must be witnessed and signed appropriately by two persons over the age of 18 who are not beneficiaries nominated by you
- > your instructions regarding the distribution of your benefit must be clear
- > the percentage of benefits you allocate to your beneficiaries must add up to 100%
- > you must be a member of the fund at the time of death.

Beneficiary 1

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Beneficiary 2

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Beneficiary 3

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Your binding nomination
(continued)

Beneficiary 4

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Privacy

The fund is subject to the trustee's privacy statement, which is available at eqt.com.au/global/privacystatement

Your declaration and authorisation

I declare that:

- > this nomination will apply to my nominated account within the fund
- > this nomination will supersede any previous binding or non-binding/discretionary nomination I may have made while a member of the fund
- > my nomination will be valid for 3 years from the day after the date of signature
- > I may renew my nomination at any time by a further 3 years as long as my nomination remains current by sending a letter to the trustee, or by completing and sending in a renewal notice.
- > in the event of my death, if any family members, next of kin or legal personal representative should contest the terms of my nomination or if any legal proceedings should arise from my nomination, then the trustee will recoup the cost of resolving the dispute, including litigation, from my death benefits
- > I have read the [trustee's privacy notice](#) and consent to my personal information and sensitive information being handled in accordance with that statement
- > if I am disclosing personal information about another person, I have obtained their consent to disclose their personal information to you and I have made them aware that you may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If I have not obtained the consent of the other person, I will inform you of such.

Signature

Date

Witness declaration

Please note:

- > Witnesses to your signature on this form must be over the age of 18 who are not your nominated beneficiaries.
- > Witnesses must sign and date this form on the same date that you sign and date this form.
- > This form is a legal document. No corrections can be made. In the event of an error, start a new form. (The trustee cannot accept corrections on a form, even if initialled and dated).

I declare that:

- > I am over the age of 18
- > the member signed and dated this document in my presence.

Witness 1

Full name

Signature

Date

Witness 2

Full name

Signature

Date

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001.



E. enquiry@smartmonday.com.au

P. 1300 614 644

W. smartmonday.com.au

M. GPO Box 1202

Brisbane QLD 4001

It all adds up

 **Done today**
Smart easy actions

 **Positive actions**
Grow your wealth

 **Brighter futures**
Someday starts today