

Instructions

You should not complete this form unless you have received, read and understood the current Qudos Super Product Disclosure Statement and each of the Factsheets incorporated by reference into the PDS.

- Black or blue pen please.
- Please use BLOCK letters.
- Print X in the appropriate boxes.

Please send us your completed form by ONE of the following methods:

Email: qscu@cupssuper.com.au

Post: Qudos Super
PO Box 541, Chatswood NSW 2057

Please note: if you email the form, there is no need to send us the original.

Step 1 – Member details

Account number

Gender

 M F

Title

First name

Last name

Email address (mandatory requirement)*

Date of birth

Phone number

*It is a requirement that you must provide a valid email address. Your email address must always be kept up to date. You cannot become a member of Qudos Super unless you provide your email address to us. We require your email address so that we can provide communications relating to your account in the Fund to you or to notify you that communications are available from our website. The acceptance of marketing materials checkbox to sit below the explanation of the requirement to provide an email address. Fund communications may include periodic statements and other statements relating to your account, and other documents that the Fund must provide to you.

Step 2 – Contact details

Residential address

Suburb

State

Postcode

Country

Phone number (home)

Phone number (work)

Phone number (mobile)

Step 3 – Your Tax File Number

Tax File Number (TFN)*

*Although you are not required by law to provide your TFN, **you cannot become a member of Qudos Super unless you provide your TFN to us.** We require your TFN so that we can accept all types of contributions for you, apply relevant concessional tax rates to your account, locate any lost or unclaimed super on your behalf, and action your requests to consolidate your super accounts.

Step 4 – Investment profile

How would you like your money invested?

CUBS Superannuation Fund requires you to select the investment option of your choice. If an Investment Choice is not made we cannot accept your application. You can change your investment selection at any time once you're a member. Please refer to the PDS and Investments fact sheet on the Qudos Mutual Limited trading as Qudos Bank website for more information on investment options or contact us on 1300 721 720 for a copy.

I would like to invest in:

<input type="checkbox"/>	Cash Plus	<input type="text"/>	%
<input type="checkbox"/>	Conservative	<input type="text"/>	%
<input type="checkbox"/>	Balanced	<input type="text"/>	%
<input type="checkbox"/>	Growth	<input type="text"/>	%
<input type="checkbox"/>	High Growth	<input type="text"/>	%

Note: In this form, contributions include transfers, rollovers or other amounts paid into your account by you or on your behalf. If you would like to change how your existing account balance is invested in future, you will need to complete an Investment Switch Form (Existing Investments) available from www.qudosbank.com.au. If you would like to change how your contributions are invested in future, you will need to complete an Investment Application Form (Future Contributions) available from www.qudosbank.com.au.

Step 5 – Insurance

Death and TPD insurance cover

If you are eligible, you will receive automatic Death and TPD insurance cover on joining Qudos Super, subject to being able to answer 'No' to the following questions asked by the Insurer, TAL Life Limited (ABN 70 050 109 450, AFSL 237848) (Insurer), unless you opt-out. For information about eligibility, please read the Insurance Factsheet.

If you wish to take out cover before you are First Eligible, you may need to provide satisfactory evidence of your good health and other information including an Election to take out and maintain cover. Please contact us on 1800 979 188 and we will send you the relevant information and requirements so that you can apply for insurance cover.

5.1 Opting out of insurance

I wish to opt-out of receiving automatic Death and TPD insurance cover on joining Qudos Super.*

*If you are eligible but choose to opt-out of receiving automatic Death and TPD insurance cover, you will not be able to have your cover automatically reinstated at a later date. You may be eligible to apply to the Insurer for new cover. This will require you to meet the Insurer's underwriting requirements, which might include providing evidence of good health.

5.2 Insurance Eligibility

If you have not opted out of insurance cover, please complete the following information request. It is important to provide this information as your cover type, amount and premiums will depend on your occupation, age, sex and smoking status. Please refer to the Insurance Factsheet for more information.

If you are under 25 years of age and/or you have under \$6,000 in your super account, and you would like to elect to take out default Death and TPD insurance cover, you will also be required to complete the **risk-control questions in section 5.5** and make a **PMIF Election in section 5.6** on the following page.

5.3 Duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for
- is common knowledge
- they know or should know as an insurer
- they waive your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the application form.

5.4 Occupation

What is your occupation*?

*It is important to provide your occupation as your cover type, amount and premiums will depend on your occupation, age, sex and smoking status. Please refer to the Insurance fact sheet for further information.

- Y N 1. Are you a smoker?
- Y N 2. Are you, due to sickness, accident or injury, currently unable to perform your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time, casual, unemployed or domestic duties?
- Y N 3. Have you been diagnosed with or do you suffer from, an illness that reduces your life expectancy to less than 12 months or may cause a Terminal Illness or permanent inability to work?
- Y N 4. Have you had an application for life or disability insurance cover declined, or been offered cover on alternate terms?
- Y N 5. Have you ever made, or are you entitled to make, a claim or any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing total & permanent disablement, accident or sickness cover?
- Y N 6. Are you engaged in a hazardous occupation (refer to the Insurance Factsheet for further information)?

Note: Cover only commences upon the Insurer's acceptance of your eligibility and this duly completed application. Generally, applicants who smoke are likely to pay higher insurance premiums.

You have a duty to disclose all information relevant to the Insurer's decision to accept your application as outlined in the Insurance Factsheet. Failure to do so may lead to the Insurer declining your automatic insurance application. If your application for automatic insurance is declined you may be eligible to apply to the Insurer for new cover. This will require you to meet the Insurer's underwriting requirements, which might include providing evidence of good health.

5.5 Risk-controls questions

If you are under 25 years of age and/or you have under \$6,000 in your super account, and you have elected to take out default Death and TPD insurance cover, you are required to complete the following risk-controls questions.

- Y N 1. Are you:
- a. unemployed; or
 - b. unable to do the duties of your usual job without restriction for at least 30 hours per week due to illness or injury (even if you are not employed to work 30 hours per week)?
- Y N 2. Due to illness or injury, have you:
- a. been away from work for more than 10 working days in a row (other than with a cold or flu) in the past 12 months;
 - b. been told by your doctor that you'll need to take at least 10 working days in a row off work within the next 12 months; or
 - c. changed your usual job or work duties in the past 12 months?
- Y N 3. Have you ever had any application for death, terminal illness, total and permanent disability or income protection cover:
- a. declined; or
 - b. offered to you with an exclusion and/or loading?
- Y N 4. Do you have an illness or injury which will, or is likely to, reduce your life expectancy to less than 12 months?
- Y N 5. Due to illness or injury have you ever made a claim, or are you intending to make a claim:
- a. for Workers' Compensation;

- b. for Government benefits (e.g. sickness benefit, invalid pension);
- c. from a motor accident scheme; or
- d. from a superannuation fund or an insurance policy that provides terminal illness cover, total and permanent disability cover, or income protection cover (including accident or illness cover)?

Your answers to the questions above will determine if you are eligible to receive default cover.

5.6 Putting Members Interest First (PMIF) Election

If you do not meet the insurance eligibility requirement in section 5.2 on the previous page, you can opt-in to insurance by selecting the below box. For information about eligibility and the PMIF legislation, please read the Insurance Factsheet.

- I am under 25 years of age and/or I have under \$6,000 in my super account. I wish to elect to take out default Death and TPD insurance cover even if I have under \$6,000 in my super account or I am under 25 years of age.

5.7 Protecting Your Super (PYS) Election

We are required to cancel your insurance cover if your account becomes inactive. An inactive account is one for which no amount (e.g. a contribution or a rollover in) is received by the Trustee for you for a continuous period of 16 months. You may elect to maintain insurance even if your account becomes inactive by ticking the box below. Note this election only covers your first continuous period of inactivity.

- I elect to maintain my insurance cover where my account becomes inactive for a continuous period of 16 months.

5.8 Income Protection insurance cover

If you wish to apply for Income Protection insurance cover, you can do so immediately on your account becoming operational, or anytime from thereon in, by clicking on the "Insurance" tab in your member portal.

Step 6 – Declaration and authorisation

- I hereby apply to become a member of the Qudos Super and, if accepted, acknowledge that I am bound by the Trust Deed applicable to CUBS Superannuation Fund.
- I have received, read and understood the current Product Disclosure Statement (PDS) and all fact sheets incorporated into the PDS.
- To the best of my knowledge, the information provided in this application and in any other documents I provide for the purposes of this application is true and correct.
- I understand that it is not the Trustee responsibility to ensure that my employer meets employer contribution requirements.
- I understand that Qudos Super may share my personal information with third parties involved in the administration or promotion of CUBS Superannuation Fund. If I don't want my information shared I can let them know by giving them a call on 1300 721 720.
- I authorise the Trustee to exchange my Tax File Number (TFN) and other relevant personal information with other funds and the ATO in searching for any old or lost super I may have. I have read and understood the information about TFNs and privacy in the PDS and fact sheets and acknowledge that my TFN and personal information may be used in accordance with CUBS Superannuation Fund privacy policy.
- I acknowledge that the Trustee will invest my superannuation in accordance with my instructions set out in this application but that the Trustee reserves the right not to do so where necessary or appropriate.
- I understand that investments may rise or fall and I acknowledge that the Trustee and any of its associated or related entities do not guarantee the return of capital or the performance of the Qudos Super or its investment options.
- I understand that neither the Trustee nor any underlying manager is responsible for the investment selection made by me and I accept the investment risks, fees and costs, and rewards of the investment options I choose.
- I understand that my investment selection will be processed as quickly as possible and that there may be delays in processing any change to my investment strategy if I have not properly completed this form. I understand that my investment selection is not effective until processed by the Administrator.
- If I have applied for insurance, I hereby declare that to the best of my knowledge and belief all of the answers to questions on this insurance application are true and accurate and I have not deliberately withheld any information material to the proposed insurance as defined in the terms and conditions agreed to.
- If I have applied for insurance, I acknowledge that I have read and understood the duty of disclosure notice as detailed in the Insurance fact sheet.
- I agree to receive Fund communications from a website where I am notified by email that a communication is available from a website. I understand that it is my responsibility to view, download and print a communication from the website after being notified that it is available.

Signature

Date