



Issued by Host-Plus Pty Limited ABN 79 008 634 704, AFSL No. 244392 as trustee for the **HOSTPLUS** Superannuation Fund ABN 68 657 495 890, RSEL No. L0000093, RSE No. R1000054. We're here to help – call **HOSTPLUS Executive** on **1300 799 998**, 8am – 8pm, Monday to Friday or visit hostplusexecutive.com.au

HOSTPLUS Executive Member Forms

31 October 2011



Which forms do I need?

To join HOSTPLUS Executive, please complete and return the *Membership form*.

Request to transfer your entire account balance into HOSTPLUS Executive

Complete this form if you would like to transfer of the WHOLE balance of your superannuation benefits to HOSTPLUS Executive.

Insurance transfer form

Complete this form to transfer existing Death and/or TPD or Salary Continuance insurance cover from another super fund to HOSTPLUS Executive.

Membership form




31 October 2011

Complete this application if you are joining HOSTPLUS Executive through your employer.

OFFICE USE ONLY

This application is for joining HOSTPLUS Executive if:

- You are joining through your employer who is, or has become, a participating HOSTPLUS Executive employer, or
- You have requested that your employer becomes a participating employer.

 This form must be completed in full. Please use BLOCK letters and BLACK or BLUE pen.
You should read the current Member Guide Product Disclosure Statement and the associated reference material available at hostplusexecutive.com.au or call us on 1300 799 998 to obtain a copy before completing this form.

Step 1. Provide your personal details

Please tick appropriate box

Mr Mrs Ms Miss Dr Other

Payroll number (if applicable)

*Mandatory fields

Full given name*

Surname*

Date of birth*

/ / This is required for insurance purposes

Age

Gender*

Male Female This is required for insurance purposes

Address*

Suburb State Postcode

HOSTPLUS communications will be sent to your postal address. This includes your membership card and statements.

Telephone number

()

Mobile number

Preferred method of contact (please select one)

Mail Email Phone

Email address

Occupation

What is your gross annual salary?

\$, p.a.

Have you previously been registered as a member of HOSTPLUS?

Yes - Please provide your HOSTPLUS membership number.

No

HOSTPLUS membership number

I wish to transfer my HOSTPLUS account into HOSTPLUS Executive.

I consent to transfer my HOSTPLUS account into HOSTPLUS Executive including the transfer of my investment choice and account balance. I understand that should my insurance cover in my HOSTPLUS account be higher than my HOSTPLUS Executive insurance cover then this will be transferred across to my HOSTPLUS Executive account.

I wish to retain my HOSTPLUS account.

I understand that while retaining my HOSTPLUS account I can only have one insurance arrangement and I consent to the cancellation of the lower value insurance of either my HOSTPLUS or HOSTPLUS Executive account. I also understand that I will pay member fees for both accounts.

Step 2. Provide us with your Tax File Number (TFN)

The trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN will be treated confidentially and only used as required by law. You should be aware of the following if you do not provide your TFN:

- If you don't provide your TFN, your concessional contributions are subject to additional tax of 31.5% and you will not be able to make non-concessional (personal) contributions.
- The trustee is required to provide your TFN when transferring benefits to another super fund, approved deposit fund or retirement savings account, unless advised otherwise.
- If you provide your TFN, it's easier to keep track of your super benefits, especially if you have multiple accounts.
- Your benefits may also be subject to additional tax which may be claimed from the ATO when you lodge your tax return.

The lawful purposes for which TFNs can be used for and the consequences of not quoting it are subject to change.

My Tax File Number is*

Step 3. Provide your employer's details and your working arrangements

Your employer's HOSTPLUS Executive account number

Your employer's ABN

***Mandatory fields**

Your employer's trading name*

Your employer can provide you with their HOSTPLUS Executive account number and trading name

Your employer's telephone number

Date commenced with employer

The date when you started with your current employer tells us when we should expect superannuation payments for you.

Your answers to the following questions will help us to determine the insurance scale you qualify for.

Are your occupational duties undertaken within an office or similar environment?

 Yes No

How many hours a week are you employed on an ongoing basis?

 Under 15 15 and over

Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week.

 Yes No

On what basis are you employed?

 Full time Part time Casual

Do you work in any of the following occupations?

 Management Clerical Administration Accounting

 Other sedentary occupation agreed to in writing by the insurer – please specify

Are you currently employed and able to attend work and perform your normal duties, without restriction as a result of injury or illness?

 Yes No

If you are not actively at work at the time of joining HOSTPLUS Executive, your TPD or Salary Continuance Insurance Cover will be restricted to 'new events' cover only. Full TPD or Salary continuance insurance cover will start once you commence active employment.

Have you ever received a benefit for Total and Permanent Disability (TPD) or have you had a TPD benefit claim approved from any other source?

 Yes, you may apply for Death Only Cover. No

If you do not answer this question, your response will be assumed to be 'NO'. However if you later lodge a TPD claim and it is found you have previously received a TPD benefit, your claim under HOSTPLUS Executive will not be considered and your cover will be limited to Death Only cover.

Step 4. Employer sponsored insurance arrangement (ESA)

Employees who join HOSTPLUS Executive via an employer who has an ESA will be provided with this cover. If your employer does not have an ESA, you will be provided with automatic default cover for Death and TPD as outlined in Step 5.

 I wish to **cancel** my employer sponsored arrangement. You must complete Step 5.

HOSTPLUS Executive provides default insurance cover to members who do not have an ESA or do not wish to take up their ESA. If you don't complete Step 5 you will be provided with automatic default cover.

Step 5. Advise us of your insurance cover details

HOSTPLUS Executive automatically provides two units of Death and Total and Permanent Disability (TPD) insurance cover to employee members who do not have or have opted out of their ESA arrangements and are aged 25 and over at a cost of \$3 per week. Members aged under 25 automatically receive one unit of Death and TPD insurance cover at a cost of \$1.50 per week.

As a special offer to new members of HOSTPLUS Executive, you have the opportunity to increase your default insurance cover and/or obtain Salary Continuance cover provided you return this form within 6 months from the effective date from the first on time SG Contribution is received or within 60 days from the day you receive your HOSTPLUS Executive welcome letter, whichever is the latter. You can also use this form to fix your cover or move to the Management/Clerical (white collar scale). If you wish to vary your insurance cover as is otherwise provided for in this form, please complete the **Increase your insurance cover application - Part A and Part B** (if applicable) form available at hostplusexecutive.com.au

 I wish to cancel my default insurance cover.

Section 5.1 Personal statement

This section must be completed in all circumstances.

i) Have you previously been paid, or been entitled to receive, a TPD benefit?

Date

 Yes - Please provide details - **super fund name** and **when**. No

(If yes, your insurance cover will be limited to Death only cover).

ii) Are you currently in receipt of, or intending to, or entitled to, apply for any form of sickness, accident or disability benefit(s) from any source such as a life insurer or WorkCover authority?

 Yes No

iii) Are you restricted, due to injury or illness, from carrying out the usual duties of your current and normal occupation on a full-time basis (even if you are currently working on a full time, part time or casual basis)? Full-time basis is considered to be at least 30 hours per week.

 Yes No

*If you have answered 'Yes' to questions ii) or iii) in this Section, you will be provided with 'New Events TPD cover' only. You will also not be eligible to apply for Salary Continuance cover using this form.

Section 5.2 To apply for additional units - Special offer for new HOSTPLUS Executive members

Complete this section to apply for additional units of Death and TPD cover (Option 1 and Option 4). You cannot use this form to increase your Death and TPD cover if you have answered 'Yes' to question i) in Section 5.1 or if your employer who has an ESA has non-united cover.

Please indicate the **total** number of units that you require by placing an '✓' in the relevant box. If your application is accepted, your existing allocation of insurance units will be changed to reflect the number of units you have requested in this form.

If you are **under age 25**, indicate whether you would like a total of 2 or 3 units of Death and TPD by placing an '✓' in the relevant box:

2 units Death and TPD 3 units Death and TPD

If you are **25 or over**, indicate whether you would like a total of 3 or 4 units of Death and TPD by placing an '✓' in the relevant box:

3 units Death and TPD 4 units Death and TPD

If you require higher levels of cover as indicated above, please complete the **Increase your insurance cover application Part A and B** (if applicable) form available at hostplusexecutive.com.au.

Section 5.3 To apply to replace unitised cover with fixed cover (you must also complete section 5.5)

Complete this section if you would like to change your unitised Death and TPD cover to fixed cover (that is your amount of cover remains the same but the premium increases as you age or if you would like to nominate a fixed level of Death and TPD). Please note that you cannot hold unitised and fixed cover at the same time. If you complete this section, your total cover will become fixed cover for Death and TPD cover.

i) Would you like to convert the total number of units you selected in section 5.2 to Fixed cover?

Yes - proceed to **section 5.5** No - proceed to question ii) in this **section**.

When cover is being converted from Unitised to Fixed the level of cover will be rounded up to the nearest \$1,000 dollars. (For example, 4 units of unitised cover at age next birthday of 36 provides a sum insured of \$452,360. To fix that level of cover, the sum insured is rounded up to the next multiple of \$1,000 i.e. \$453,000).

OR

ii) Indicate the level of fixed Death and TPD cover you require by placing an '✓' in the relevant box. If your application is accepted, your existing allocation of insurance Units will be replaced with Fixed cover.

Fixed amount of Death and TPD cover

\$100,000 \$200,000 \$300,000 \$400,000 \$500,000

Please proceed to section 5.5

If you require Fixed cover that is different from these amounts, please complete **Increase your insurance cover application - Part A and Part B** (if applicable) form available at hostplusexecutive.com.au Premium rates applicable for Fixed cover will depend of the type of work you perform in your usual occupation (Management/Clerical (White collar), Light blue collar or Heavy blue collar).

Section 5.4 Apply for Salary Continuance cover (you must also complete section 5.5)

Complete this section if you wish to obtain Salary Continuance cover.

Salary Continuance provides you with a benefit for if you are unable to work as a result due to injury or illness for longer than the waiting period.

By using this form, you can elect to have a monthly benefit of up to \$4,000 per month, for up to two years. If you require cover above this amount, or for a benefit period to age 65, please complete the **Increase your insurance cover application - Part A and Part B** (if applicable) form available at hostplusexecutive.com.au

i) Please indicate the number of units of Salary Continuance cover you require by placing an ✓ in the relevant box. The table indicates the number of Units that are required to insure each salary. You have the option to select Salary Continuance cover that relates to a lower salary than you receive.

Salary*	Monthly benefit*	Units	Place ✓ here	Salary*	Monthly benefit*	Units	Place ✓ here
\$6,666	\$500	5	<input type="checkbox"/>	\$33,333	\$2,500	25	<input type="checkbox"/>
\$13,333	\$1000	10	<input type="checkbox"/>	\$40,000	\$3,000	30	<input type="checkbox"/>
\$20,000	\$1,500	15	<input type="checkbox"/>	\$46,480	\$3,500	35	<input type="checkbox"/>
\$26,666	\$2,000	20	<input type="checkbox"/>	\$53,120	\$4,000	40	<input type="checkbox"/>

*Salary is your annual gross (before-tax) salary, excluding employer super contributions.

*The maximum monthly benefit you are entitled to cannot be higher than 90% of your monthly salary (75% being paid to you and 15% to your HOSTPLUS Executive account).

ii) Nominate a Waiting period by marking the appropriate box with a ✓:

30 days 60 days 90 days

**If you don't select a waiting period you will default to 90 days.*

The Waiting Period is the period during which you must be totally or partially disabled before any benefit is payable. You are not entitled to any benefit for this period.

iii) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)?

Yes - Please complete the **Increase your insurance cover application - Part A and Part B** (if applicable) form available at hostplusexecutive.com.au as your current application for Salary continuance cover cannot proceed without more detailed information being provided.
 No

Section 5.5 Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/Clerical (white collar) scale	Light blue collar scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Wait Staff/Waitress/Waiter* <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* <input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/Retail Assistant <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew <input type="checkbox"/> Cleaner (Commercial) <input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/Farm Labourer <input type="checkbox"/> Labourer
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting		

* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Light blue collar, Group Salary Continuance = Heavy blue collar.

** Please note that you are only eligible for Death and TPD cover.

[^] You are not eligible for the management scales, please provide your occupation below to be assessed.

If your occupation is not listed above, please specify your occupation below and you will be assessed accordingly:

Occupation

Note: if no selection is made you will automatically default to the 'heavy blue collar scale'.

Step 6. Nominate your preferred beneficiaries

Please nominate who you would prefer your benefits to be paid to in the case of your death.

***Mandatory fields**

1. Given name*	Middle initial/s	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of dependency (spouse, child, etc.)*	Share %*
<input type="text"/>	<input type="text"/>

2. Given name*	Middle initial/s	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of dependency (spouse, child, etc.)*	Share %*
<input type="text"/>	<input type="text"/>

3. Given name*	Middle initial/s	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of dependency (spouse, child, etc.)*	Share %*
<input type="text"/>	<input type="text"/>

4. Given name*	Middle initial/s	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of dependency (spouse, child, etc.)*	Share %*
<input type="text"/>	<input type="text"/>

You can nominate more than four beneficiaries by attaching extra names to this form. You are able to nominate dependants (spouse, child, financial dependant, interdependent) or your legal personal representative who you would prefer to receive your superannuation benefits in the event of your death. Under the HOSIPLUS Executive trust deed the trustee decides who receives your death benefit. However, the trustee will consider your nomination and other information on dependants obtained when any claim is lodged.

Total
 %

If you would like more information on binding death benefit nominations please refer to hostplusexecutive.com.au

Step 7. Transferring other super accounts into HOSTPLUS Executive

If you have any other superannuation accounts, you may be paying two or more sets of administration fees. By transferring your other super accounts into HOSTPLUS Executive you avoid paying multiple sets of fees.

If you wish to transfer your other superannuation into your HOSTPLUS Executive account, and save on fees, simply answer **YES** and complete the **Request to transfer** form attached to this guide. HOSTPLUS Executive will not charge you to transfer your other superannuation into HOSTPLUS Executive. If you need a spare form, please call us on 1300 799 998 or download more forms from hostplusexecutive.com.au

Do you wish to transfer money from another superannuation fund to HOSTPLUS Executive?

Yes – Fill in the Request to transfer form included in this booklet. A separate form and certified proof of identity is required for each account to be transferred into HOSTPLUS Executive.

No

Step 8. Topping up your super

You can also top up your superannuation with personal contributions. Your savings will benefit from compound interest and add to your retirement benefit. You can also make personal contributions through your SuperSite account.

Do you wish to make personal contributions?

No Yes – Choose your method of contribution:

My employer will pay my contributions on my behalf.

I have completed the Direct Debit authority form included in this guide.

Please send me a deposit book and I will deposit contributions myself.

BPAY® or POSTbillpay® via SuperSite.

Step 9. Sign the Declaration

I, declare that:

- I agree to be bound by the terms of the trust deed for HOSTPLUS Executive from the date on which I become a member of HOSTPLUS Executive.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance of HOSTPLUS Executive nor do they guarantee the repayment of capital from HOSTPLUS Executive.
- I have read and understood the Member Guide Product Disclosure Statement whether included with this application form or as currently available at hostplusexecutive.com.au I have also read the associated reference material available at hostplusexecutive.com.au
- I have read and understood the privacy information available at hostplusexecutive.com.au and agree, consent and acknowledge the Declarations, conditions and acknowledgments contained therein, including the collection, use, storage and disclosure of my personal information as described in the reference material.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in HOSTPLUS Executive. I undertake to provide the trustee with any further information that it may request which relates to my membership of HOSTPLUS Executive and I undertake that I will update the trustee if any of the information I provide changes. I consent to allowing HOSTPLUS Executive to contact my employer/s to confirm my hours of work (if required).
- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting). I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section overleaf. I have not withheld any information that may affect the insurer's decision as to whether to accept this application. I understand that the Duty of Disclosure continues after I have completed this application until I am notified of acceptance in writing by the trustee.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by the insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.
- I understand that I can only apply to increase my cover by an additional one or two units once under the special offer. I understand that HOSTPLUS Executive will process the first application that it receives from me (whether by post or electronically).



Don't
forget
to sign

SIGNATURE OF APPLICANT*

Date*

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.

Please note: It is important that you answer all questions on this form. Membership cannot be approved unless this form is signed and dated.

*Mandatory fields

Important notice

HOSTPLUS Executive has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:

HOSTPLUS Executive
Locked Bag 969
Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund.
You will be sent a HOSTPLUS Executive membership card, along with any other information you have requested on the form.

Issued by Host-Plus Pty Limited ABN 79 008 634 704
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Registrable Superannuation Entity No. R1000054
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OFFICE USE ONLY

Investment choice guide
BLS number

Deposit book
BLS number

Insurance guide
BLS number

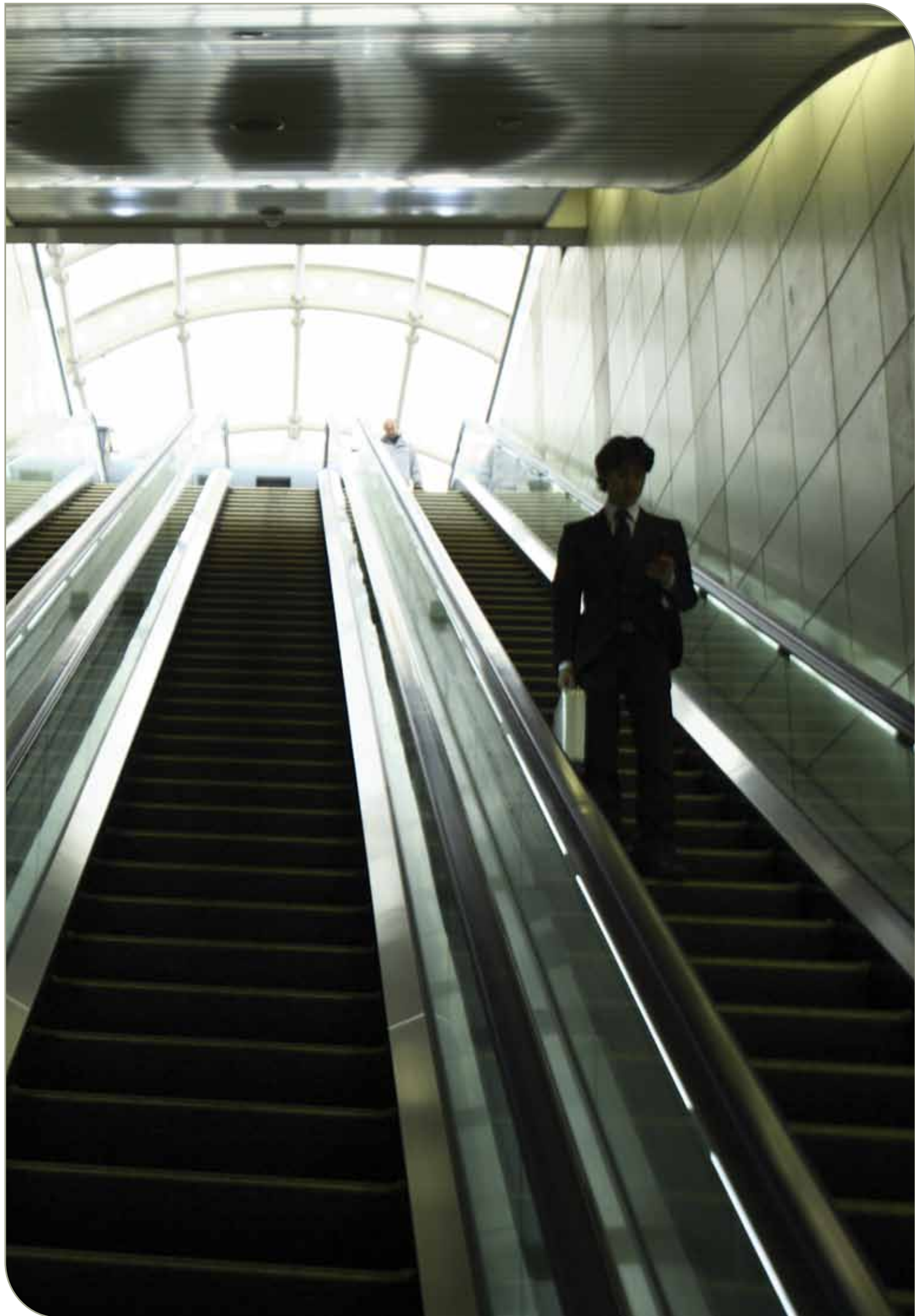
Transfer protocol forms
BLS number

Membership form checklist

Before you return your completed membership form, use the checklist below to ensure your form is processed promptly and we can get your super working for you without a hitch.

- Yes, I have provided all my contact details in Step 1.**
- Yes, I have provided my Tax File Number in Step 2.**
- Yes, I have provided my employer details and start date in Step 3.**
- Yes, I have considered choosing insurance cover in Step 5.**
- Yes, I have nominated my preferred beneficiaries in Step 6.**
- Yes, I have indicated whether I want to transfer my other super account into HOSTPLUS Executive in Step 7.**
Remember to complete the ***Request to transfer*** form in this booklet if you wish to consolidate.
- Yes, I have indicated if I want to make personal contributions in Step 8.**
- Yes, I have signed and dated the Declaration in Step 9.**





A guide to transferring your entire account balance into HOSTPLUS Executive



31 October 2011

By completing the **Request to transfer** form, you're requesting the transfer of the WHOLE balance of your superannuation benefits to HOSTPLUS Executive. The form CANNOT be used to transfer part of the balance of your superannuation benefits. The 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.

How to transfer

Before completing the **Request to transfer** form

Please ensure you read the important information below.

When completing the **Request to transfer** form

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

What happens to my future employer contributions?

Using the **Request to transfer** 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 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 www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

More information

- ! This transfer may close your account (you will need to check this with your FROM fund).

The **Request to transfer** form CANNOT be used to:

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

Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation 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 the form. The fees could include administration fees as well as exit or withdrawal fees. The differences in fees that different funds charge can have a significant effect on what 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. HOSTPLUS Executive may not offer the same insurance so it's important that you check the costs and amount of cover offered.

How long will it take?

Generally funds process transfer requests within 30 days of you providing all necessary information. We are reliant on receiving information from the fund you are exiting from to finalise your request within the time limit. If the required information is not received within 30 days from your exiting fund, we will notify you.

What happens if I do not quote my Tax File Number (TFN)?

If you do not provide your TFN, contributions made to your account may be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional tax rate of 15%. HOSTPLUS Executive may deduct this additional tax from your account.

If we do not have your TFN, you will not be able to make personal contributions to your HOSTPLUS Executive account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, HOSTPLUS Executive 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 superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Your privacy

The information requested on the **Request to transfer** form is required in order for us to carry out your instructions to transfer your superannuation to us. We will provide this information to our administrator and to your old fund. If you do not provide us with this information we may not be able to carry out your transfer instructions.

Your personal information will not be used or disclosed for any other purpose without your consent, except where required by law. You are able to gain access to this information by calling **1300 799 998**, 8am–8pm, Monday to Friday. Alternatively, you can email info@mail.hostplusexecutive.com.au with your request.

Checklist

- Have you read all the information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the **Request to transfer** form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

The simple way to certify proof of identity



When submitting forms to HOSTPLUS Executive you may be required to provide documentation so we can verify your identity. To help you provide the right documentation, we've provided a step-by-step guide on how to certify your proof of identification documents. If you have changed your name or signing on behalf of someone else you must follow this same process.

Step 1

Make a copy of your driver's licence or passport

Ensure the copy is clear and legible. If you're using your driver's licence, remember to make copies of both sides.

i A commercial organisation may be used to independently verify your identification details. All documents provided to us will be stored securely and will only be used for the purpose of proving your identity in relation to this claim.

Other acceptable ways to prove your identity

If you don't have a driver's licence or passport, use one document from Group A and one document from Group B.

Group A	Group B
Birth certificate	Letter from Centrelink
Citizenship certificate	Tax office notice of assessment
Centrelink pension card	Rates notice from local council

Step 2

Certify every page of your proof of identity

Bring your original documents and copies to an authorised person. The most convenient places to find an authorised person is at your **post office, police station or pharmacy**.

What do they need to do?

The certifier will need to compare your copy with the original, then stamp or write **'This is a true and correct copy of the original'**.

On every page of your proof of identity **the certifier must include** all of the following:

- signature
- name
- address
- occupation
- phone number
- registration number (if applicable)

Can't get to a post office, police station or pharmacy?

Other authorised people who can certify proof of identity

Chiropractor	Psychologist	Magistrate	Judge
Dentist	Veterinary surgeon	Ministry of religion	Notary public
Nurse	Registered medical practitioner	Justice of Peace	Registrar or Deputy Registrar of a court
Bank officer with two or more years continuous service	Finance company officer with two or more years continuous service	Member of the Institute of Chartered Accountants in Australia (ICA) or the Australian Society of Certified Practising Accountants (ASCPA)	Chief executive officer of a Commonwealth court

Step 3

Mail your completed form and certified copies of your identity to HOSTPLUS Executive

We need to sight the original signatures on both your form and your certified proof of identity documents. So you can't fax, scan or email them to us. Send your certified documentation to:

HOSTPLUS Executive
Locked Bag 969
Carlton South VIC 3053

Have you changed your name or are signing on behalf of someone?

You'll have to provide one of the following linking documents to prove a relationship exists between the two (or more) names.

Please ensure any documentation you send to us is certified as outlined in steps 1 and 2.

Change of name	Signing on behalf of someone
Marriage certificate	Guardianship papers
Deed poll	Power of attorney
Change of name certificate	

Important note

The person certifying your documents can not be the benefactor or be connected to any organisation you are using to assist you in obtaining access to your super, even if they are authorised to certify documents. If this condition is not met, HOSTPLUS Executive will be unable to process your request.

More information: If you need more information about certifying a document, simply call **1300 366 991**, 8am–8pm, Monday to Friday.

Request to transfer your entire account balance into HOSTPLUS Executive



31 October 2011

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

OFFICE USE ONLY

- Sign the authorisation
- Send form and certified proof of identity documents to:
HOSTPLUS Executive, Reply Paid 83142,
Carlton South VIC 3053

Step 1. Personal details

Please tick appropriate box

Mr
 Mrs
 Miss
 Ms
 Other

Please specify

*Mandatory fields

*Given name(s)

*Surname

Email address

My Tax File Number is:

*Contact phone number

*Date of birth

/ /

See 'What happens if I do not quote my 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.

Step 2. Residential details

Address

State

Postcode

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

Previous address

State

Postcode

Step 3. Fund details

Where are you transferring from?

*Fund name

Membership or account number

Fund Australian Business Number (ABN)

Fund phone number

Superannuation Product Identification Number

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

Where are you transferring to?

*Fund name

H O S T P L U S S U P E R A N N U A T I O N F U N D

*Membership or account number

Fund Australian Business Number (ABN)

6 8 6 5 7 4 9 5 8 9 0

*Fund phone number

1 3 0 0 7 9 9 9 9 8

Superannuation Product Identification Number

H O S 0 1 0 0 A U

Insurance transfer form



31 October 2011

Please use BLOCK letters and BLACK or BLUE pen.

OFFICE USE ONLY

When to use this form:

This form is for members of HOSTPLUS Executive who wish to transfer their existing Death and/or TPD or Salary Continuance Insurance Cover to HOSTPLUS Executive.

How to use this form:

- You must complete Steps 1, 2, 3, 4, and 5. This form must be completed in full.

Important information about transferring insurance cover

You can only apply to transfer your insurance cover to HOSTPLUS Executive if:

- You are applying for Death and TPD Cover and you are aged between 11 and 64.
- You are applying for Salary Continuance Insurance Cover and you are aged between 15 and 64.
- You wish to transfer cover up to a maximum of \$1,000,000 for Death and/or Death and TPD.
- You wish to transfer Group Salary Continuance (GSC) cover up to a maximum monthly benefit of \$6,000 per month in total. When you transfer GSC cover to HOSTPLUS Executive, the waiting period that applies to your GSC cover will be:
 - 30 days if it was 30 days or less with the former fund,
 - 60 days, if it was between 30 and 60 days with the former fund,
 - 90 days, if it was greater than 60 days but less than 90 days with your former fund.
- You have not made or you are not entitled to make a claim in relation to your insurance cover held in the other fund.
- Your insurance cover is held in another industry superannuation fund, mastertrust or a corporate superannuation fund – you cannot transfer insurance cover from an ordinary (non-superannuation policy) or retail or personal policy including self managed super funds.
- Your waiting period is less than 90 days. If your waiting period is greater than 90 days, please use the **Increase your insurance cover application Part A and B** (if applicable) form.
- The Salary Continuance Insurance benefit that will be provided by the Insurer in the event of disability will be capped to 75% of salary in addition to a Superannuation Contribution Benefit of 15%.
- Your TPD cover doesn't exceed your Death Cover.

There are two occupation based categories used to assess which Death and TPD scale you are eligible to have – Standard scale or Management/Clerical (white collar) scales. Answering the questions in Step 4 will allow HOSTPLUS Executive to determine which scale is applicable to you and this will therefore determine the number of units needed to match the cover you will be transferring or the cost of your fixed benefit cover. Your eligibility for management scales would only apply if:

- you are employed for a least 15 hours per week on an ongoing basis
- you spend at least 90% of your time working in an office
- undertake occupational duties within an office environment, and
- you are employed in one of the following occupations: management, clerical, marketing, administration, accounting or other similar lower risk occupations agreed to in writing by the insurer.
- You agree to cancel cover held in the relevant industry, mastertrust or corporate superannuation fund of which you are an insured member and transfer your super account to HOSTPLUS Executive once you have received written confirmation of acceptance of your transfer of cover from HOSTPLUS Executive.
- You agree that your cover provided through HOSTPLUS Executive will be subject to the underwriting terms provided by the former insurer (if any).
- Attach a copy of your most recent statement from your other fund or policy**, which sets out the type and level of cover you have with them. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover.

Do not cancel your existing insurance cover until you have received confirmation in writing that your request has been accepted by HOSTPLUS Executive.

Step 1. Personal details

HOSTPLUS Executive membership number*

Date of birth*

Gender*

 Male Female

Mr Mrs Ms Miss Dr Other

*Mandatory fields

Full given name*

Surname*

Current address*

Suburb State Postcode

Home phone*

Mobile phone

Work phone*

Email address

Step 2. Details of current insurance (non HOSTPLUS)

Please advise of the type of insurance you presently hold in the other fund (you can nominate more than one) and **attach a copy of your most recent statement** which sets out the type and level of cover you have. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover::

Death only Death and TPD Group Salary Continuance insurance

Name of Fund/Plan

Fund member number

Fund Superannuation Product Identification Number (SPIN)

I confirm that I have the following amounts of cover, in respect of each benefit:

a) Death cover \$ Date cover started / /

b) TPD cover \$ Date cover started / /

c) GSC cover per month \$ Date cover started / /

GSC waiting period? Days Benefit period YEARS

NOTE: The maximum transfer benefit period available for GSC cover under HOSTPLUS Executive is restricted to two years.

Do you require the Death or Death and TPD Cover through HOSTPLUS Executive to be fixed cover? Yes No

If YES, fixed-dollar cover will be rounded to the next highest multiple of \$1,000.

If NO, cover provided will be unit based cover. Cover will be rounded to the next highest unit (if rounding is required), subject to the limits set out on page 1.

Is your existing insurance cover subject to:

a premium loading? Yes* No

an exclusion? Yes* No

a restriction? Yes* No

a pre-existing condition? Yes* No

any other limitation of any sort? Yes* No

*If you answered YES to any of the above, please provide details of the premium loading, exclusion, restriction, a pre-existing condition or any other limitation. Please include a copy of the advice you received from the insurer or the former fund advising you of the acceptance of your cover subject to these additional terms.

Step 3. Personal statement

(a) Are you restricted, due to injury or illness from carrying out the usual duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full time basis)?
Full-time basis is considered to be at least 30 hours per week. Yes* No

(b) Are you currently in receipt of, or intending to, or entitled to, claim any form of sickness, accident or disability benefit(s) from any source such as a life insurer or workcover authority? Yes* No

(c) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)? Yes* No

(d) Have you been diagnosed with any illness that reduces your life expectancy to less than 12 months from today? Yes* No

*If you have answered YES to any question in Step 3 please complete the **Increase your insurance cover application – Part A and Part B** (if applicable) form available from **hostplusexecutive.com.au**

If your application is accepted, your existing allocation of insurance cover (if any) will be altered to reflect the value of insurance and type of cover you requested in this form.

Step 4. Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/clerical (white collar) scale	Light blue collar scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Wait Staff/Waitress/Waiter* <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* <input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/Retail Assistant <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew <input type="checkbox"/> Cleaner (Commercial) <input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/Farm Labourer <input type="checkbox"/> Labourer
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting		

**These occupations have a combination of two occupation collar type ratings: Death & TPD = Light blue collar, Group Salary Continuance = Heavy blue collar.*

*** Please note that you are only eligible for Death and TPD Cover only.*

**You are not eligible for the management scales, advise occupation to be assessed.*

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation

Note, if no selection is made you will automatically default to the Heavy blue collar scale.

What is your annual salary (including average bonus for the last three years)? \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week.

The list below represents the physical nature of duties only.

Nature of duty	Time
Administrative/clerical (for example computer work, office work, filing, typing, marketing, accounting, administrative)	<input type="text"/> %
Light manual work (for example driving with deliveries, lifting under 5kg etc)	<input type="text"/> %
Supervisor of manual work (not actually performing this work)	<input type="text"/> %
Caring for dependants	<input type="text"/> %
Manual work (cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Truck driving greater than a distance of 800km from base or working underground	<input type="text"/> %
Total	<input type="text"/> 100 %

Step 5. Sign the Declaration

This step must be completed in all circumstances.

I, whose signature appears below, declare that:

- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting). I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section overleaf. I have not withheld any information that may affect the Insurer's decision as to whether to accept this application. I understand that the Duty of Disclosure continues after I have completed this statement until I am notified of acceptance in writing by the trustee.
- I have read and understood the Member Guide Product Disclosure Statement whether included with this application form or as currently available at hostplusexecutive.com.au I have also read the associated reference material available at hostplusexecutive.com.au
- I have read and understood the privacy information available at hostplusexecutive.com.au and agree, consent and acknowledge the Declarations, conditions and acknowledgments contained therein, including the collection, use, storage and disclosure of my personal information as described in the reference material.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this form, my application will not be considered by the Insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.
- I have attached the most recent statement from my other fund or policy and this statements sets out the type and level of cover I have with them.

Don't forget to sign

SIGNATURE OF APPLICANT*

Date*

Important notice

HOSTPLUS Executive has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of his/her business, ought to know or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:

HOSTPLUS Executive
Locked Bag 969
Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund. You will be sent a HOSTPLUS Executive membership card, along with any other information you have requested on the form.

Issued by Host-Plus Pty Limited ABN 79 008 634 704
Australian Financial Services Licence No. 244392
as trustee for the HOSTPLUS Superannuation Fund ABN 68 657 495 890
Registrable Superannuation Entity Licence No. L0000093
Registrable Superannuation Entity No. R1000054
® Registered to Bw Pty Ltd ABN 69 079 137 518

OFFICE USE ONLY

Investment choice guide
BLS number

Deposit book
BLS number

Insurance guide
BLS number

Transfer protocol forms
BLS number



HOSTPLUS *Executive*
Member Forms

Host-Plus Pty Limited
ABN 79 008 634 704
AFSL No. 244392 as trustee for
the **HOSTPLUS** Superannuation Fund
ABN 68 657 495 890
RSEL No. L0000093
RSE No. R1000054
SPIN PIC HOS 0100AU

Postal address
Locked Bag 969
Carlton South VIC 3053

Phone 1300 799 998
Fax 1300 366 991

Visit hostplusexecutive.com.au
Email info@mailto.hostplusexecutive.com.au

WA
Level 2, 12 St. Georges Terrace
Perth WA 6000

Gold Coast
Shop 110/111
Pacific Fair Shopping Centre
Broadbeach QLD 4218

QLD
Level 10, 120 Edward Street
Brisbane QLD 4000

SANT
Level 2, 104 Frome Street
Adelaide SA 5000

VIC
Level 2, Casselden Place
2 Lonsdale Street
Melbourne VIC 3000

ACT
Level 2
11 London Circuit
Canberra ACT 2601

NSW
Level 5, Sydney Central
477 Pitt Street
Sydney NSW 2000

TAS
Level 2, 119 Macquarie Street
Hobart TAS 7000

5014 10/11

