

Super Essentials Additional investment form

Please complete this form if you wish to make an additional investment into Super Essentials

1. Personal details

Title	Surname	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
Suburb/town		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (business)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Male	Female	Date of birth (dd/mm/yy)	Email address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / /	<input type="text"/>
TFN			
<input type="text"/> - <input type="text"/> - <input type="text"/>			

2. Deposit amount (to cash management account)

Contribution type	Amount
Employer (voluntary) see section 2(a)	\$
Superannuation guarantee	\$
Personal contribution see section 2(b)	\$
Spouse contribution see section 2(c)	\$
Personal injury payment	\$
CGT sale proceeds	\$
Rollover(s)	
	\$
	\$
	\$
TOTAL	\$
IMPLEMENTATION FEE (up to 4%)	%

(a) Name of employer

(b) Are you claiming a tax deduction for part or all of your personal contributions?

Yes No

Amount

\$.00

(c) Name of contributing spouse

3. Investment amount

Please list the investment option(s) to be purchased below. You only need to complete this section if you do not use the regular investment sweep and want to invest proceeds in an investment option of your choice. A transaction fee applies when purchasing investment options. A minimum of \$1,000 per investment option applies.

Investment option	Amount
	\$
	\$
	\$
	\$
	\$
TOTAL	\$
Implementation Fee (up to 4%)	%

4. Signature and confirmations

- I have received, read and understood the current Super Essentials Product Disclosure Statement
- I am eligible to invest in Super Essentials
- If you do not wish to receive information on other products and services that may be of benefit to you, please tick this box. Please see the current Product Disclosure Statement for details on privacy and personal information.

Signature

Date

 /

Financial planner only

Name

Phone number

AFSL holder

PortfolioNet account number

Referring source

Financial institution's BSB number

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- The implementation fee applicable to the investment options to be purchased is recorded in section 2 and/or Section 3 of this form.
- I acknowledge that any liability to pay an adviser service fee and implementation fee (to an AFSL holder approved by the Trustee and stated on this form) will not exceed the amount detailed on this form (except for a GST provision) and that the member or Trustee may cancel or reduce this amount at any time without notice.
- I indemnify the Trustee against any claims arising pursuant to the advice given by me to the member named on this form.
- I have given the member a current offer document and/or investment report for each investment option and a current Super Essentials Product Disclosure Statement.
- I have reviewed the member's financial situation, needs and objectives and confirm the investment options selected are appropriate and provide, when the investment portfolio is taken as a whole, adequate diversification.

Financial planner signature

Date

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