



SandhurstTrustees

Bendigo SmartStart Super[®]

This booklet contains:
Application Form
Binding Death Benefit Nomination Form
Request to Transfer Form
Insurance Application and Personal
Health Statement Form

1 July 2019



Under the Superannuation Industry (Supervision) Act 1993, Sandhurst is authorised to collect your tax file number (TFN), which will only be used for legal purposes and in accordance with Sandhurst's privacy policy. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you do not provide your TFN, there may be adverse consequences. Please refer to "Providing your tax file number" in the "How Super is Taxed" section of the Reference Guide.

TFN

Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF) Law, please advise the following: (Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate Sandhurst's compliance with AML/CTF Law)

Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person? Yes No

If Yes, please nominate one of the below:

I hold one of the above mentioned publicly exposed roles. Please specify:

I am a close associate/family member. Please specify your relationship to the PEP:

Source of wealth (the origin of your financial standing or total net worth i.e. how you generated your wealth)*

Employment Investments Other (please specify, eg inheritance)

Source of funds (the origin of your contributions to set up your account)*

Employment Investments Other (please specify, eg inheritance)

Step 2 Employer Details

Please provide your employer details below if your employer is a member of the Plan's Employer-sponsored division or your employer will be making contributions for you.

Employer name

Employer's phone Date joined employer / /

Step 3 Deposit Instruction

Please advise us of your preferred Deposit Instruction. Members that do not provide a Deposit Instruction will be invested in Bendigo MySuper (refer to the ‘How we invest your money’ section of the PDS and Reference Guide). Prior to selecting your investment options, Sandhurst recommends you obtain personal advice from a licensed financial adviser.

I am transferring my balance from my existing Bendigo SmartStart or Bendigo SmartOptions account and wish to retain my existing Deposit Instruction (subject to the existing investment options being available).

OR

I wish to invest in Bendigo MySuper (If you mark this box, move to Step 6).

OR

I wish to establish my Deposit Instruction in accordance with the below.

Note: Please ensure that your Deposit Instruction includes at least the default minimum allocation of 1.5% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.

Investment option name	Percentage Allocation
Cash Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> % (minimum 1.5%)
Investment funds	
Sandhurst Strategic Income Fund - Class B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Socially Responsible Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
	100 %

Step 4 Income Preference*

I direct Sandhurst to manage any income distributions or interest payments that I receive from my managed funds as follows (only one option can be selected and will apply to all investment options):

Re-invest (default option)

All income or interest will be re-invested back into the same investment that made the payment.

OR

Retain in Cash Account

All income distributions or interest payments will be retained in your Cash Account.*

*Not available for MySuper members. Please refer to the Reference Guide for further information.

Step 5 Cash Account Preference*

If the balance in your Cash Account is zero or below, you authorise us to top up the balance to:

1.5% (default option)

OR

Percentage nominated in your Deposit Instruction

We will 'top up' your Cash Account balance using one of the following methods (only one method can be selected):

Pro-rata (default option)

Redeem funds across all managed funds according to the proportion of your account balance (excluding the Cash Account) they represent.

OR

Redemption Instruction - Percentage

Redeem funds from specified managed funds according to the percentage allocation nominated below.

Please note: The percentages allocated to your selected managed funds must add up to 100% not including the Cash Account.

Investment option name	Percentage Allocation
Investment funds	
Sandhurst Strategic Income Fund - Class B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Socially Responsible Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
	100 %

* If you are currently invested in Bendigo MySuper we will top up your Cash Account from the relevant age-based investment option applicable to your age and you are unable to alter this instruction. Please refer to the Reference Guide for further information.

Step 6 Transfer from an existing Bendigo SmartStart or Bendigo SmartOptions account

Do you wish to transfer your balance from an existing Bendigo SmartStart or Bendigo SmartOptions account?

No Yes - Member Number

By providing your member number and by signing the member declaration in Step 13, you authorise the transfer of the balance (in full or in part) from your existing Bendigo SmartStart or Bendigo SmartOptions account.

You will automatically retain your existing investment portfolio and Deposit Instruction (unless you instruct us otherwise at Step 3). Under this process, the transfer will not give rise to a capital gains tax event, however it is subject to your existing investment options being available.

Amount to be transferred into Bendigo SmartStart Super:

Full balance Partial Balance \$ *

* If you are only transferring a partial balance, you may choose to transfer selected investment options below. If you do not nominate any specific investment options, your funds will be transferred to your Bendigo SmartStart Super account on a pro-rata basis.

APIR	Investment option name#	% or \$ amount

Investments not available in Bendigo SmartStart Super will be redeemed and invested in your Cash Account.

Step 7 Contribution eligibility

*** If you do not complete this section, we may not be able to accept your application.**

I am under 65 years of age.

OR

I am age 65 or over (but under the age 75). I have worked at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contribution will be made.

OR

I am 75 or over and will be receiving only mandated employer contributions.

OR

I am 65 years of age or over and I am making a downsizer contribution (You must provide us with a completed ATO downsizer contribution form before or at the time of making your downsizer contribution. The form is available from the ATO website).

OR

One-off exception

I am 65 or over (but under 75), have a total super balance (as defined in the Reference Guide) below \$300,000 and worked at least 40 hours in not more than 30 consecutive days during the previous financial year to which this contribution is being made, and have never made a contribution using this one-off exemption in this or any other super fund.

Step 8 Transfer from other superannuation funds

Do you have any other super funds that you would like to transfer into the Plan? No Yes

If yes, please complete one of the following three options.

I will register for online access and use the electronic search and combine tool to find my super

I will complete the Request to Transfer form contained in this booklet and/or also available on our website. Please note, you will need to complete one form per fund. Please insert how many superannuation funds you will transfer:

I will organise the transfer with the other super fund.

Please sign below to acknowledge that you authorise payment of the Member Advice Fees outlined in this section:

Member Signature

Date

 / /

I confirm that the financial advice services that I will provide to the member are solely in relation to the member's Plan account.

Adviser name

Adviser signature

Date

 / /

Step 12 Financial adviser details (adviser to complete, if applicable)

Adviser details

Dealer Group name

AFSL number

Dealer code

Adviser full name

Adviser code

Adviser signature

Date

 / /

If you are a new adviser, please also provide the following details:

Business name

Business address

Town/Suburb

State

Postcode

Postal address (if different to above)

Town/Suburb

State

Postcode

Work Telephone

Facsimile

Mobile

Email

Step 13 Member declaration

General

- I have read and understood the PDS dated 1 July 2019 (including information incorporated into the PDS, being the Reference Guide and Insurance Guide) to which this Application Form relates and:
 - confirm I have received a copy of the PDS within Australia; and
 - acknowledge that applications from outside Australia will not be accepted; and
 - apply to participate as a member of Bendigo SmartStart Super (the Plan), of which Sandhurst Trustees Limited is the trustee, and agree to be bound by the provisions of the Trust Deed constituting the Plan, as amended from time to time.
- I must be at least 18 years of age to complete this application and if I am under the age of 18, this application will be signed by my parent/guardian on behalf of me.
- I declare that, in accordance with the eligibility criteria applicable to the Plan from time to time (refer to the 'How super works' section of the PDS and Reference Guide), I am eligible to become a member of the Plan and make contributions to the Plan.
- I consent to my employer or my spouse or any other permitted person, if applicable, making contributions to my account.
- Should any of the information I provide in this Application Form change, I will notify Sandhurst of such changes as soon as possible.
- I understand that certain transactions (including switches, partial withdrawals and other payments) may result in my Cash Account balance temporarily going into negative, and acknowledge that interest will be charged at the daily rate applicable to the Cash Account for the period that my Cash Account has a negative balance.

Appointment of representative (financial adviser authority)

- I wish to authorise my financial adviser to operate my account or give certain instructions on my behalf.
- I acknowledge and authorise my nominated financial adviser and their staff (my financial adviser) to operate my account and to give certain instructions on my behalf in relation to my account to Sandhurst by any method acceptable to Sandhurst, including electronically. For example, my financial adviser may make enquiries about my account, review correspondence regarding my account, access my account online, submit switching or portfolio reweight instructions or establish or change Standing Instructions.
 - I understand that I still retain full control of my account and acknowledge that the following are some examples of instructions which Sandhurst **will not** accept from my financial adviser:
 - providing a request to withdraw any funds from my account;
 - providing new bank account details;
 - changing my bank account details held on file with the Plan;
 - authorising any other person to operate my account;
 - changing any fees payable to my nominated financial adviser;
 - signing any form where the law or an external party requires the member's signature on the form (eg. Binding Death Benefit Nomination, Request to Transfer, Direct Debit Request);
 - changing the name on my account;
 - appointing a new financial adviser for my account; and
 - changing my communication preferences (if applicable)
 - I agree to release and indemnify Sandhurst, any company in the Bendigo and Adelaide Bank Group and any associated company (including any of their officers, employees or agents) from and against any and all losses, liabilities, actions proceedings, accounts, claims and demands arising from the appointment or exercise of powers by my financial adviser under this authority.
 - I understand and acknowledge that, under this authority, I am bound by the actions of my financial adviser in relation to the operation of my account unless their rights to operate have been withdrawn by you.
 - I understand that this arrangement will continue until I cancel the authority in writing, or until Sandhurst exercises its rights to cancel the arrangement or vary these conditions on 14 days notice.

Investment

- I acknowledge that Sandhurst has provided me with access to the disclosure statements for the investment options (except the Cash Account) I have selected via the Plan's website and I agree to access them on the Plan's website at www.sandhursttrustees.com.au/super
- I acknowledge that neither Sandhurst nor any other person guarantees the return of capital or the performance of the investment funds.

Insurance

I acknowledge and agree that:

- The insurance arrangements under the Plan are governed by the terms and conditions contained in the group life and group income protection insurance policies issued by TAL Life Limited to Sandhurst, in its capacity as trustee of the Plan.
- The information contained in the PDS and Insurance Guide is only a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Sandhurst's Client Services Team on 1800 033 426.
- If I do not decline the standard default cover in full, premiums will be deducted from my account for as long as cover continues.

Privacy

I have read and understood the Bendigo and Adelaide Bank Group's Privacy Policy which is available at www.sandhursttrustees.com.au and the 'Your personal information section of this Application Booklet (below) and agree that Sandhurst and the Bendigo and Adelaide Bank Group may collect, use and disclose my personal information in accordance with the Privacy Policy and the 'Your personal information' (below) section of this Application Booklet.

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)

Sandhurst must adhere to AML/CTF rules. These require Sandhurst to undertake ongoing due diligence of customers and transactions within the Plan.

Sandhurst must:

- immediately monitor and report any suspicious transactions or matters to the appropriate authority; and
- obtain the prescribed certified copies of documents that prove your identity when paying a benefit to you or your beneficiary/ies.

By making an application, you acknowledge and warrant to us that:

- you have not knowingly done anything to put the Trustee in breach of AML/CTF laws;
- you will notify us if you become aware of anything that would put Sandhurst in breach of AML/CTF laws;
- if requested you will provide additional information and assistance and comply with all reasonable requests to facilitate the Trustee's compliance with AML/CTF laws;
- if you fail to provide us with additional information and documentation requested of you, your application and/or benefit payment may be delayed or refused by us;
- you are not aware and have no reason to suspect that:
 - the money used to fund your investment is derived from or related to money laundering, terrorism financing or similar illegal activities; and
 - proceeds of investment made in connection with this product will fund illegal activities.

Electronic instructions

In respect of electronic instructions (email, fax) relating to investment switching, benefit payment requests, or notifying us of a change in details, you agree and acknowledge that we:

- will not accept electronic instructions unless it is accompanied by your scanned or faxed signature;
- are not responsible for any loss or delay that results from a transmission not being received by the Trustee;
- will only process your electronic instructions if they are received in full and have been signed by you;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions;
- will not compensate you for any losses relating to electronic instructions, unless required by law; and
- do not take responsibility for any fraudulent or incorrectly completed electronic instructions. In the event of fraud you agree to release us from, and indemnify us against, all losses and liabilities whatsoever arising from our acting in accordance with any instructions received electronically bearing your member number and a signature purportedly yours.

Instructions provided online

In respect of my online account, I agree and acknowledge that by accessing my account online I will do so in accordance with the Terms and Conditions.

Online reporting

I acknowledge that Sandhurst may make The Bendigo Superannuation Plan's annual report available to me on the Plan's website at www.sandhursttrustees.com.au/super and I will access the annual report from the website.

Member signature

Date

If you are under 18 we require a parent/guardian to sign this application here:

Parent/guardian signature

Date

Parent/guardian full name

Your personal information

Collection of your personal information

Sandhurst collects your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to Sandhurst or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

Collection of personal information about third parties

Sandhurst may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

Use and disclosure of your personal information

Sandhurst may use your personal information to perform its business functions (for example internal audit, operational risk, product development and planning). Sandhurst may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details). Your information may be disclosed to your employer in order for them to comply with their superannuation guarantee obligations.

Sandhurst will treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include, insurers, intermediaries and government authorities. Your information may be disclosed to our related entities, our joint venture partners and **Community Bank®** companies where its confidentiality is maintained at all times.

If you are investing through a financial adviser and their details are included on the application form or are otherwise linked to your account upon your written instruction, you agree that by doing so, you consent to Sandhurst disclosing your personal information to the relevant financial adviser including by Sandhurst providing them with copies of correspondence relating to your account, and access to view your account online, and providing any information about your account when they make an enquiry.

Disclosure of personal information to overseas organisations

Some of the organisations Sandhurst discloses your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

Direct marketing

Sandhurst may use your personal information to inform you about financial products and services that are related to those you have with Sandhurst or other products and services we think you may be interested in. These may be products and services provided by Sandhurst, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us please call us on 1800 033 426.

Privacy Policy

You should also read our Privacy Policy.

Our Privacy Policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by Sandhurst and how we will deal with a complaint; and
- c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website www.sandhursttrustees.com.au or by telephoning 1800 033 426.

Where to send your completed forms?

GPO Box 264

Melbourne VIC 3001

superannuation@bendigobank.com.au

Contact details:

Website: www.sandhursttrustees.com.au/super

Client Services Team: **1800 033 426**

Bendigo SmartStart – Binding Death Benefit Nomination Form



SandhurstTrustees

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Complete the attached form if you want to make a binding death benefit nomination for your Bendigo SmartStart Super or Bendigo SmartStart Pension products. A separate form will need to be completed for each product you hold.

By completing this form you will bind Sandhurst Trustees Limited (Sandhurst) to pay your superannuation benefit on your death to the person(s) you have nominated in this form. Please ensure that you read the terms and conditions outlined in Step 6 prior to completing this form.

* Indicates a **mandatory field**. If you do not complete all of the mandatory fields, there may be a delay in processing your request. Please complete this form in **black or blue ink** using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

Step 1 Member details

Member number (if known)	<input type="text"/>		
Title	<input type="text"/>	Surname*	<input type="text"/>
Given name(s)*	<input type="text"/>		
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex*	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential address*	<input type="text"/>		
Town/Suburb*	<input type="text"/>	State*	<input type="text"/>
Postal address	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
Postcode*	<input type="text"/>	Postcode*	<input type="text"/>
Contact phone number*	<input type="text"/>		
Email	<input type="text"/>		

Step 2 Binding death benefit nomination of beneficiaries

Nomination status * New nomination **OR** Amendment **OR** Revocation (do not complete Step 3)

How many beneficiaries do you wish to nominate?

This is form of used for this nomination
(If you want to nominate more than four beneficiaries, you must complete and attach an additional form).

Step 3 Nominated beneficiary details

In the event of my death, I direct Sandhurst to pay my death benefit from the Plan in accordance with the following direction:

Pay 100% of my death benefit to my legal personal representative (on behalf of my estate). Do not complete beneficiary details below.

OR

Pay my death benefit to my beneficiary/ies as outlined below.

Step 6 Conditions

Read how your personal information may be used:

Sandhurst collects your personal information and the personal information of your beneficiary/ies to assess and administer your request. If you do not provide the information we ask for, we may be unable to do this. We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as administrators, mailing and printing houses, to IT providers, to account holders and operators, and to your financial adviser. Some of these organisations may be located overseas. Your information may be disclosed to related companies within the Bendigo and Adelaide Bank Limited group of companies, where its confidentiality is maintained at all times. We do not sell, rent or trade your personal information. You should also read our Privacy Policy which contains information about how you can gain access to and seek correction of your personal information, and how you can complain about a breach of the privacy laws by Sandhurst and how we will deal with a complaint. Our Privacy Policy is available at www.sandhursttrustees.com.au.

In the event of your death Sandhurst may pay the following benefits as a lump sum or as a pension:

- the amount of your superannuation benefits in the Plan which will comprise your Member Account balance plus
- the proceeds of any Death insurance cover you have through the Plan.

There are rules that Sandhurst will follow when paying your death benefit. These rules are described below.

If you want to direct Sandhurst to pay your benefit to a particular person (called your beneficiary), then you can complete a Binding Death Benefit Nomination. A valid Binding Death Benefit Nomination means your death benefit will be paid to the beneficiary/ies that you nominate.

When you have nominated a beneficiary and the nomination is valid and current, it will be legally binding upon Sandhurst and Sandhurst must act in accordance with that nomination. Commonwealth Government Regulations have imposed strict conditions on how a binding death benefit nomination must be made, amended or revoked. Also, family law and a relationship breakdown can also affect your nomination as the nominated person may no longer be eligible to receive a superannuation death benefit. We recommend you speak to a licensed financial adviser if this may apply to you.

The following conditions apply to binding death benefit nominations of beneficiaries:

- (a) Nominations can only be accepted on a form which is approved by Sandhurst. This form is an approved form.
- (b) An original signed copy of this form must be provided to Sandhurst. An electronic version (fax or email) can be accepted.

(c) Each beneficiary must be either your Legal Personal Representative (on behalf of your estate) or a dependant for superannuation purposes. Your Legal Personal Representative is the person or organisation you appoint as the executor of your Will, or who is appointed as the administrator of your estate if you die without a valid Will. If you nominate your Legal Personal Representative, then they will receive your death benefit on behalf of your estate. Currently, your dependants for superannuation purposes are:

(i) Your spouse which includes:

- another person (whether of the same sex or a different sex) with whom the person is in a relationship that is registered under law; and
- another person (whether of the same sex or a different sex) who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.

(ii) Your child or children which includes:

- an adopted child, a stepchild or an ex-nuptial child of the person; and
- a child of the person's spouse; and
- someone who is a child of the person within the meaning of the Family Law Act 1975.

(iii) A person with whom Sandhurst is satisfied you had an "interdependency relationship" on the date of your death. Under superannuation law, an "interdependency relationship" is defined as a close relationship between two people who reside together, where one or both provides the other with domestic support and personal care. The definition also extends to include two people who have a close personal relationship, but the relationship does not satisfy the residential and support requirements because either of them has a physical, intellectual or psychiatric disability (this would include a person who, for example, lives in an institution).

(iv) Any other person who is wholly or partially financially dependent on you at the time of your death.

- (d) If any beneficiary nominated is not your Legal Personal Representative, spouse, child, financial dependant or a person with whom you had an interdependency relationship on the date of your death, your nomination will not be valid. This may include situations where you divorce or leave a de facto relationship after making a nomination.
- (e) If you want to nominate more than four beneficiaries, you must complete and attach an additional form.
- (f) For each beneficiary, you must specify the proportion of your benefit they are to be paid. The total benefit must have been allocated by you on the form (or forms, if you have nominated more than four persons). Please note: if your allocation does not total 100% the entire nomination will be invalid.
- (g) The nomination must be signed by you and in the presence of two witnesses, both of whom must be at least 18 years of age and not nominated as beneficiaries.

- (h) The entitlements of any nominated beneficiary may be subject to family law legislation in relation to superannuation splitting arrangements.
- (i) You should consider revising your nomination whenever your personal circumstances change. This nomination may be amended or revoked at any time by submitting a new approved form.
- (j) A nomination will remain valid for a period of three years if no amendment or revocation is made by you during that period. You may confirm (renew) your nomination within this period by sending a signed, written notice to Sandhurst. The nomination will be valid for an additional three years from the date of confirmation. If you amend your nomination, the amended nomination is valid for three years from the date the amendment is made.
- (k) Sandhurst will contact you before the expiry date to give you the opportunity to renew your nomination. However, it is your responsibility to keep it up-to-date and to renew it every three years. If the nomination remains valid and is in effect at the time of your death, then Sandhurst has no power to vary it.
- (l) Sandhurst will remind you annually (via your annual member statement) of the details of your nomination and of its expiry date.
- (m) If you do not nominate a beneficiary or your nomination is invalid (including if it is unclear or defective) or your nomination is not renewed or is revoked before its expiry date, Sandhurst will consider that no nomination applies. Any benefit payable on death will be paid to your Legal Personal Representative on behalf of your estate as a lump sum payment.
- (n) If your Legal Personal Representative cannot be found, then Sandhurst may pay your benefit to your dependants, or, if they cannot be located, then to another individual, as allowed under superannuation law.
- (o) If your nomination is clearly invalid (i.e. if it is completed incorrectly), Sandhurst will contact you to permit you to re-submit a valid nomination.
- (p) If you would like information about the taxation of death benefits, please refer to the 'How super is taxed' section of the Bendigo SmartStart Super Reference Guide.

Bendigo SmartStart Request to Transfer Form



This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Use this form to transfer some or all of your super balance from another superannuation fund to Bendigo SmartStart Super or Bendigo SmartStart Pension. This form will NOT change the fund to which your employer pays your contributions. If you would like your employer to make contributions into this account, you must complete the Standard Choice Form which is available on our website.

Please complete this form in **black** or **blue** ink using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

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

Step 1 Member personal details

Member number (if known)	<input type="text"/>	Title	<input type="text"/>
Surname*	<input type="text"/>	Given name(s)*	<input type="text"/>
Other/previous names#	<input type="text"/>		
Home Phone*	<input type="text"/>	Work Phone	<input type="text"/>
Mobile*	<input type="text"/>		
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:*	Male <input type="checkbox"/> Female <input type="checkbox"/>

Under the Superannuation Industry (Supervision) Act 1993, Sandhurst, is authorised to collect your Tax File Number (TFN), which will only be used for legal purposes and in accordance with Sandhurst's privacy policy. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you do not provide your TFN, tax penalties may apply. Your FROM fund may also require your TFN to process the transfer.

TFN

Current residential address (PO Box is not acceptable)

Residential address*

Town/Suburb* State* Postcode*

Previous address

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

Residential address

Town/Suburb State Postcode

If you have recently changed your name, please provide a certified copy of a Marriage Certificate, Deed Poll or Change of Name certificate from the Births, Deaths and Marriage Registration Office.

Step 2 Fund details

If you have multiple superannuation accounts, you must complete a separate form for each account you wish to transfer.

Important note: Please ensure you contact your FROM fund to obtain information about any fees (including exit or withdrawal fees) that may apply. If you chose to leave your FROM fund, you may also lose any insurance entitlements (such as death and disability benefits) you have.

a) FROM

Fund name*																														
Fund administrator																														
Fund address*																														
Town/Suburb*																State*			Postcode*											
Fund phone number											Member/account number *																			
Fund Australian Business Number (ABN)*																														
Unique Superannuation Identifier*																														

b) TO

Fund name **Bendigo SmartStart (Bendigo SmartStart Super and Bendigo SmartStart Pension both form part of The Bendigo Superannuation Plan)**

Fund phone number **1800 033 426**

Member number (if known)

Australian Business Number (ABN) **57 526 653 420** Unique Superannuation Identifier **STL0050AU**

c) Amount to be transferred (If you do not make a selection your request will be treated as a whole balance transfer)

Whole balance (account in the FROM fund will be closed)

OR

Partial balance \$, , .

Step 3 Member declaration

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 authorise Sandhurst to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I understand and acknowledge the implications of transferring my benefit from my superannuation provider of my FROM fund into Bendigo SmartStart Super or Bendigo SmartStart Pension, including loss of any insurance cover held in my FROM fund.
- I authorise Sandhurst to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension (subject to legislative restrictions).
- I understand that a Capital Gains Tax ('CGT') liability may arise and be deducted from my benefit prior to the transfer.
- I consent to my Tax File Number (TFN) 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 Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I am aware I may ask the superannuation provider of my FROM fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I authorise the superannuation provider of my FROM fund to provide Sandhurst with all relevant details of my membership, a copy of my rollover benefit statement and any other information required by law to affect this transfer.

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 CAPITAL LETTERS)

Signature# Date / /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/guardian signature# Date / /

Parent/guardian full name:

#If you are signing on behalf of the applicant, please provide a certified copy of Guardianship papers or Power of Attorney.

Contact details:
Sandhurst Trustees Limited
Bendigo SmartStart
GPO Box 264
Melbourne VIC 3001
Phone: 1800 033 426
Fax: 03 6215 5800
Email: superannuation@bendigobank.com.au
Website: www.sandhursttrustees.com.au/SmartStart

Bendigo SmartStart Super[®]

Insurance Application and Personal Health Statement Form

You should use this form if you wish to apply for Tailored Cover or increase your existing Tailored Cover.

Your duty of disclosure to the insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL), is set out below.

Your 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; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something

If the insurance is for the life of another person and that person does not tell the insurer everything they should have, this may be treated as a failure by you to tell us something that you must tell the insurer.

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 3 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 3 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.

All questions on this Insurance Application and Personal Health Statement are relevant as to whether or not TAL accepts the risk and, if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dot or dash is not acceptable. Please mark questions with an X where appropriate.

Step 1 Personal details

Title	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Member number (only complete if existing Member)	<input type="text"/>		
Current residential address	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
May TAL contact you directly to clarify or gather information in relation to this application?	<input type="checkbox"/>	No	<input type="checkbox"/> Yes
(If yes, specify contact number and best time of day to call)	<input type="text"/>		

- 3.1 Is this an increase? No Yes
- 3.2 Have you ever held or applied for any life, disability, accident & sickness or trauma insurance, that was declined, postponed, premium increased or modified, or had a current policy cancelled or renewal reissued? No Yes
- 3.3 Have you claimed, or are you eligible to claim, on any type of disability, trauma, accident & sickness policy or such benefits through Workers' Compensation, another insurance policy or Motor Vehicle Third Party? No Yes
- 3.4 Do you have, or are you applying for, any other life or disability cover? No Yes

If Yes to 3.2, 3.3 or 3.4, please provide full details below.

Name of company	Cover type	Sum insured/ amount claimed	Date of application or claim	Accepted/Loaded Exclusion/Declined / Claim reason	Existing cover to be replaced	
			/ /		<input type="checkbox"/> No	<input type="checkbox"/> Yes
			/ /		<input type="checkbox"/> No	<input type="checkbox"/> Yes
			/ /		<input type="checkbox"/> No	<input type="checkbox"/> Yes

Step 4 Habits and activities

- 4.1 Do you drink alcohol? No Yes
 If YES, state the type and daily quantity (in standard units).
 Standard Unit = 1 nip (30ml) spirits, 1 wine glass (100ml), 1 glass of beer (285ml)
- 4.2 Have you smoked in the past 12 months? No Yes
 If YES, state the type and daily quantity
- 4.3 Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs? No Yes
 If YES, please provide full details
- 4.4 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? No Yes
 If YES, please complete a sports and pastimes statement.
- 4.5 Do you intend travelling outside Australia within the next 2 years? No Yes
 If YES, please provide full details (where, when, duration and reason)
- 4.6 Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? No Yes
 If NO to 4.6, please provide details

Step 5 Personal statement

5.1 Please state your: Height (cm) Weight (kg)

5.2 Name and address of your usual doctor

5.3 Details of last medical consultation with your usual doctor / /

Reason

Outcome/Result

5.4 If you have attended that doctor for less than 12 months, name and address of previous doctor

5.5 a) Within the LAST THREE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, chiropractor, physiotherapist or any other health care professional (naturopath etc) or been in hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquilisers?

No Yes

b) Have you EVER had an ECG, X-ray, transfusion, mammogram, ultrasound or any other investigation?

No Yes

c) Have you EVER had any blood tests which revealed an abnormality?

No Yes

e.g. raised blood sugar, liver function, kidney function results, or anaemia, etc?

d) Do you plan to seek any medical examination, advice, treatment or surgery for any current health condition, in the future?

No Yes

5.6 Please provide full details for all 5.5 'Yes' answers.

Question	Dates (From/To)	Name/Address of doctor, hospital or clinic	Condition, medications, treatment & time off work	Recovery %

Step 6 Personal statement (cont'd)

6.1 Have you ever had, been advised that you had, or received advice or treatment for any of the following:

a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder?

No Yes

b) Bowel, stomach or intestinal problem, gallbladder, hepatitis or liver disease?

No Yes

c) Epilepsy, stroke, paralysis, multiple sclerosis or fainting attacks?

No Yes

d) Depression, anxiety, panic attacks, stress, chronic fatigue, fibromyalgia or any other mental or nervous condition?

No Yes

e) Diabetes, sugar in urine, pancreatic or thyroid problems?

No Yes

f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind?

No Yes

g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis?

No Yes

- h) Impairment of sight, hearing or speech? No Yes
- i) Asthma, bronchitis, sleep apnoea, or any lung complaint? No Yes
- j) Leukaemia, haemochromatosis, anaemia, or any blood problems? No Yes
- k) Kidney, prostate, or bladder problem? No Yes
- l) Psoriasis, eczema, any skin problems? No Yes
- m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? No Yes
- n) Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus? No Yes
- o) Have you ever engaged in any activity/ies reasonably accepted to having an increased risk of exposure to the HIV/AIDS virus? No Yes

Females only

- p) Have you ever had any gynaecological conditions (eg. endometriosis, abnormal pap smear, etc) No Yes
- q) Have you ever had any complications of pregnancy or childbirth? No Yes
- r) Are you currently pregnant? No Yes
- if yes, what is the expected delivery date? / /
- s) Have you ever had a breast lump (even if you have not seen a doctor about it)? No Yes

Please provide details for all Yes answers in the General Medical Questionnaire at Step 7 (below).

6.2 Has any of your immediate family (mother, father, brother or sister) suffered from diabetes, heart condition or stroke, cancer, kidney disease, mental health problems, Huntington's disease or any hereditary disorder? No Yes
 If YES, please complete step 6.3 or provide further details below.

6.3 Family history. Please give details of your family medical history.

Relationship to member	Current age	Medical condition (e.g. breast cancer, type 2 diabetes, stroke)	Age when diagnosed	Age at death (if applicable)

Step 7 General Medical Questionnaire

Please provide full details for all Yes answers in 6.1 a to s. Please complete a separate sheet if required.

Question no.	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>
Specific condition				
a) Date first symptoms first started and description of symptoms.				
b) What was the condition and which part and side of the body was affected?				
c) What was the medical diagnosis including results of x-rays and investigations?				
d) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e) What was the severity (mild/moderate/severe) and duration of attacks and symptoms?				
f) How long were you unable to work or perform your normal duties/activities?				
g) If a hospital visit was required, please provide the date and duration of your stay.				
h) What advice/treatment did you receive?				
i) Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
j) Date treatment/medication ceased.				
k) When did you last suffer from any symptoms?				
l) Degree of recovery (%).				
m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Step 8 Medical authority

I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not will be hereby authorised and directed by me to divulge to TAL and Sandhurst or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Full name of member

Signature of member Date / /

Step 9 Financial adviser details (if applicable)

Name of financial adviser

Phone number

Email address

Step 10 Election to opt-in to insurance cover

We are required to cancel your cover if no contributions have been received for a period of 16 continuous months (inactive). You can elect to maintain insurance cover in your account while it is inactive by marking the box below with an x. Please note that your cover will not commence if no contributions have been received into your account for a period of 16 continuous months.

- I elect to keep the insurance cover I have applied for in Bendigo SmartStart on the date of this election, even if my account is inactive for a continuous period of 16 months.
- I acknowledge that insurance premiums for the insurance cover I have elected to retain will continue being charged to my account and I can request to cancel my insurance at any time.

Step 11 Privacy statement

Sandhurst

Sandhurst collects, uses, and discloses your personal information (including health and sensitive information) on behalf of TAL so that TAL may assess, verify and process your application and any claim made. If the information requested is not provided, your application for insurance or any insurance claim may not be processed.

Sandhurst and its agents may collect or disclose information relating to you or your application or any claim you may make to TAL, financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of Sandhurst's regulatory requirements, personal accountants, current or former employers, lawyers or claim investigators and other third party service providers.

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

If you have provided Sandhurst with information about another person, you undertake to advise them that:

- Sandhurst collects holds and uses the personal information for the purposes set out in this privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

You should read Sandhurst's privacy policy which contains information about how you can gain access to and seek correction of your personal information, how you can complain about a breach of the privacy laws by Sandhurst and how Sandhurst will deal with a complaint. Sandhurst's privacy policy is available at www.sandhursttrustees.com.au or by telephoning 1800 033 426.

TAL

The way in which TAL collects, uses, discloses and secures your personal information is set out in their Privacy Policy which is available at www.tal.com.au/Privacy-Policy or free of charge on request. This document explains how you can gain access to and seek correction of your personal information and what to do if you have a privacy related complaint against TAL.

Collection and use of personal information

TAL collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that TAL may assess and administer insurance related matters. In certain circumstances TAL may be required to collect personal information of a sensitive nature such as lifestyle and medical history information.

TAL may take steps to verify the information it collects; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or TAL may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

TAL discloses relevant personal information to external organisations that help TAL provide services and may also disclose some of your personal information to other parties such as the following:

- Claims assessors and investigators, claims managers and reinsurers
 - Medical practitioners (to verify or clarify, if necessary, any health information you may provide)
 - For members of Bendigo SmartStart Super where TAL is the insurer, to Sandhurst, or administrator of the superannuation fund
 - Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney
 - If required or authorised to do so, regulatory bodies and government agencies
 - Other insurers that have, or have had, an arrangement without superannuation fund, or to which your insurance is transferred by your superannuation fund
 - Other organisations to whom TAL outsources certain functions such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants
- There are situations where TAL may also disclose your personal information in circumstances where it is
- Required by law (such as to the Australian Tax Office), and
 - Authorised by law (eg under Court Orders or Statutory Notices)

Access

Under current privacy legislation, you are generally entitled to access the personal information TAL holds about you. An access charge may apply, but not to the request itself. If you wish to access your personal information, TAL asks that you put this request in writing and send it to the following:

Bendigo Super
GPO Box 264
Melbourne VIC 3001
Email: superannuation@bendigobank.com.au

Changes to your personal information

TAL's goal is to ensure that the personal information it holds is complete, accurate and up to date. Please contact TAL via its Customer Care Centre, if there is any change to the details that you have previously provided to TAL, such as your postal or email address, telephone numbers, name or other contact details. Please also contact TAL if you believe that the information TAL has about you is not accurate, complete, or up to date.

Additional Information and further questions

Information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at www.oaic.gov.au

If you have any questions or would like further information on the TAL privacy and information handling practices, please refer to the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy

- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the Bendigo Superannuation Plan insurance policy.

Step 12 Declaration

- I confirm that to the best of my knowledge and belief all the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge that I have read the current Bendigo SmartStart Super Product Disclosure Statement (PDS) and the current Bendigo SmartStart Super Insurance Guide.
- I acknowledge and agree that the information contained in the PDS is only a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Sandhurst's Client Services Team on 1800 033 426.
- I acknowledge that I have read the notice of my duty of disclosure explained on page 1 and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all of the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of the insurance has been withheld.
- I, the Member, authorise and direct any medical or other practitioner to divulge at any time to TAL and Sandhurst or to any lawfully constituted tribunal any and all information concerning this application, including but not limited to my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I have read the privacy statement in Step 11 above, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL and Sandhurst or its external service providers/contractors as contemplated in this form, including collecting it from, and disclosing it to, any medical practitioner or third party as required to access, verify or process my application or any claim I may make. This consent applies to any health and sensitive information TAL and Sandhurst collects on this form or future forms in relation to this insurance.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the Bendigo Superannuation Plan insurance policy.
- I understand that if at the time of my application or prior to my cover being accepted my account has not received a contribution for a period of 16 continuous months; or I have not completed Step 10 of this form, then my application may not be accepted and cover will not commence.

Full name of member

Signature of member

Date

 / /

Please send completed forms to:

Bendigo Super
GPO Box 264
Melbourne VIC 3001

OR Email: superannuation@bendigobank.com.au



Bendigo and Adelaide Bank Limited ABN 11 068 049 178 1326688-1326687 BEN50BWP039 (06/19)