

# Product Disclosure Statement

Nationwide Super®

1 July 2025



## Contents

1. About Nationwide Super.....	1
2. How super works.....	2
3. Benefits of investing with Nationwide Super.....	2
4. Risks of Super.....	2
5. How we invest your money.....	3
6. Fees and costs.....	4
7. How super is taxed.....	6
8. Insurance in your super.....	6
9. How to open an account.....	8

### Guides

Important information relating to your category of membership within the Fund is provided in the Insurance, Fees and Costs Guide, the Investment Guide and the Super Guide. These Guides form part of the PDS and should be read before making a decision to invest in the Fund. These Guides are available on your online account.

## 1. About Nationwide Super

Nationwide Super is a multi-industry super fund providing exceptional personal service and simple-to-understand products to members working in all industries. We call ourselves the "Small Business Super Business", and are here to look after the millions of people who work in and run small businesses right around Australia.

Nationwide Super has two products available:

- Nationwide Super – Employer for employees of participating employers in any industry
- Nationwide Super – Personal for members of the general public, and those that are self-employed/sole traders or in a partnership

You will need to complete and return an Application form to join Nationwide Super – Personal.

Nationwide Super is MySuper compliant and offers members a range of 20 investment options to choose from. Our default investment option is GoalTracker. If you don't make an investment choice, your super will be invested in GoalTracker.

For Nationwide Super – Employer members, you can join the Fund online. See 'How to Open An Account' for more details.

For Nationwide Super – Personal members, you must select an investment option when you join and different insurance arrangements apply (i.e. you do not receive automatic cover and must apply for insurance cover).

### Information at your fingertips

Visit [nationwidesuper.com.au/trusteerequireddisclosure](https://nationwidesuper.com.au/trusteerequireddisclosure) for all disclosure information relating to the Fund that must be disclosed under the Corporations Act 2001, Superannuation Industry (Supervision) Act 1993 (SIS) and SIS Regulations. This includes the following: Product Disclosure Statements, Product Dashboards, the Trust Deed, Annual Report, remuneration for Executive officers and any other documents required to be disclosed.


## Important information about this Product Disclosure Statement (PDS)

This PDS provides a summary of the significant information you need to make a decision. It includes links to important information that is part of this PDS as marked with a symbol. This is important information you should read before making a decision to invest in the Fund. The information provided in the PDS is general information only and has not been prepared having regard to your objectives, financial situation or needs. Before making an investment decision, you need to consider if this information is appropriate to your objectives, financial situation and needs. If you'd like personal advice, we can refer you to the appropriate person. This PDS is produced by Total Risk Management Pty Limited (Trustee), ABN 62 008 644 353, AFSL 238790 as the Trustee of the Russell Investments Master Trust. Nationwide Super® is a Division of the Russell Investments Master Trust (Fund or Nationwide Super), ABN 89 384 753 567. The information in the PDS is correct at the time of publication of each document comprising the PDS. However, the information may change from time to time and if there is a material change to any of the information in any document, the Trustee will issue an updated document. However, if the change is not materially adverse to members, the Trustee may instead provide the updated information to members via the website [nationwidesuper.com.au/trusteerequireddisclosure](https://nationwidesuper.com.au/trusteerequireddisclosure). A paper copy of this information will be sent to any member, free of charge on request, by calling 1800 025 241. Financial product advice may be provided by Russell Investments Financial Solutions Pty Ltd ABN 84 010 799 041, AFSL 229850 (RIFS) or MUFG Retire360 Pty Limited (Retire360) ABN 36 105 811 836, AFSL 258145. RIFS is the provider of the MyTracker tools available at [nationwidesuper.com.au/goaltracker](https://nationwidesuper.com.au/goaltracker). Russell Investments Employee Benefits Pty Ltd (70 099 865 013) (RIEB) is the provider of the Super Tracker Mobile App. The Target Market Determination for the Fund is available on our website at [nationwidesuper.com.au/ddoreporting](https://nationwidesuper.com.au/ddoreporting). The Financial Services Guide (FSG) for the Fund is available on our website at [nationwidesuper.com.au/fsg](https://nationwidesuper.com.au/fsg). TRM, RIEB and RIFS are part of Russell Investments. Russell Investments or its associates, officers or employees may have interests in the financial products referred to in this document by acting in various roles including broker or adviser, and may receive fees, brokerage or commissions for acting in these capacities. In addition, Russell Investments or its associates, officers or employees may buy or sell the financial products as principal or agent. To the extent permitted by law, no liability is accepted for any loss or damage as a result of reliance on this information. This material does not constitute professional advice or opinion and is not intended to be used as the basis for making an investment decision. References to the Plan in this PDS refer to your specific employer Plan within the Fund.

## 2. How super works

Superannuation is a long-term, partly compulsory way of saving for your retirement. There are different types of contributions available (for example, compulsory contributions by your employer, voluntary personal contributions that you choose to make and Government co-contributions). There are limitations on contributions you can make to your superannuation and restrictions on when you can make withdrawals from superannuation. Tax benefits are provided by the Government to encourage you to save more for retirement. Most people have the right to choose which superannuation entity their employer should direct their compulsory employer contributions into. These are known as Superannuation Guarantee (SG) contributions.

In Australia, superannuation investments receive special tax concessions that aren't available to other types of investments. That's why superannuation is such a powerful vehicle to save for retirement. As your superannuation is likely to be one of your biggest assets in retirement, the choices you make today could significantly impact your lifestyle in retirement.

 You should read the important information about 'How super works' before making a decision. Go to [nationwidesuper.com.au/superguide](https://nationwidesuper.com.au/superguide) and read the Super Guide. This material relating to 'How super works' may change between the time when you read this PDS and the day when you acquire the product.

## 3. Benefits of investing with Nationwide Super

Your benefit in the Fund is accumulation style. All contributions and positive investment earnings are credited to your account. Any fees, tax and negative investment earnings are debited from your account. When you leave the Fund, the balance of your account will be paid to you (if no longer preserved) or to another fund, as directed by you.

You can choose how your account is invested from the available investment options. In the event of your death or if you become disabled while a member of the Fund, you may be entitled to an insured benefit in addition to your account balance (provided you satisfy any eligibility conditions for provision of insurance). Refer to section 8 'Insurance in your super' for details of the available insurance cover.


**Investing in Nationwide Super offers you a range of benefits:**

- **GoalTracker™:** Our award-winning GoalTracker program is designed to help you achieve your ideal lifestyle in retirement. GoalTracker is easy-to-use and offers a simple, step-by-step approach to help you grow and manage your super, and plan for retirement. In three simple steps, our GoalTracker program can:
  - 1) **CALCULATE** the amount of income you're heading for in retirement
  - 2) Help you **SET** an income goal that's right for the retirement lifestyle you want
  - 3) Offer tailored advice and strategies to help **ACHIEVE** itJoin the thousands of Australians taking action for their financial future with GoalTracker.
- **Investment choice and flexibility:** Choose from 20 different options, including 'MySuper', 'diversified' or 'sector' options. Switch your options any time.
- **Online access and E-communications:** Access your online account, as well as helpful information and the GoalTracker tools at [nationwidesuper.com.au](https://nationwidesuper.com.au). If you or your employer provide us with your email address, you will be opted-in for e-communications and receive our communications via email.

Of course, you can change your preferred method of communication at any time through your online account at [nationwidesuper.com.au/login](https://nationwidesuper.com.au/login) or by calling us.

- **Help and advice:** We offer a range of tools and advice options designed to suit your needs no matter what stage of life you are at.

**Call us on 1800 025 241 to find out more or see which service is right for you. Many of the services are provided at no cost, for those that incur a fee, you will always be notified upfront. For more information, please refer to your Super Guide.**


 You should read the important information about the 'Benefits of investing with Nationwide Super' before making a decision. Go to [nationwidesuper.com.au/superguide](https://nationwidesuper.com.au/superguide) and read the Super Guide. This material relating to the 'Benefits of investing with Nationwide Super' may change between the time when you read this PDS and the day when you acquire the product.

## 4. Risks of Super

All investments carry risk. It's the trade-off for the return that investors seek. Different strategies (such as the investment options described in section 5 of this PDS) may carry different levels of risk, depending on the assets that make up the strategy. Assets with higher expected long-term returns generally carry the highest level of short-term risk. For example, shares and commodities have relatively higher risk and higher expected returns than fixed interest and cash.

What you should consider:

- the value of your investments will vary and the level of returns will vary depending on the options you are invested in.
- returns are not guaranteed and may result in a loss.
- past returns are not a reliable indicator of future returns.
- superannuation and taxation laws affecting your super may change in the future.
- the amount of your future superannuation savings (including contributions and returns) may not be enough to provide adequately for your retirement.
- the level of risk varies for each person – how you invest your super will depend on a range of factors including your age, your investment timeframes, other investments you may have and your tolerance for risk.

 You should read the important information about the 'Risks of Super' before making a decision. Go to [nationwidesuper.com.au/investmentguide](https://nationwidesuper.com.au/investmentguide) and read the Investment Guide.

This material relating to the 'Risks of Super' may change between the time when you read this PDS and the day when you acquire the product.

## 5. How we invest your money

For Nationwide Super – Employer members, you'll be invested in the GoalTracker (MySuper) investment option, unless you make an investment choice. For Nationwide –Personal members you will need to make an investment choice when you join. The GoalTracker investment option automatically invests your super based on your age, through a diversified portfolio invested across a range of asset classes. When you're younger, your investment strategy will have a higher allocation to growth assets to help grow your super balance. To help protect your savings as you approach retirement, your allocation to defensive assets will increase. Refer to the table below. By telling us more, you can then opt for GoalTracker Plus to create and manage a tailored investment strategy just for you.

GoalTracker Option	AGE	BELOW 40	41 - 50	51 - 55	56 - 60	60+
<b>Investment return objective<sup>1</sup>:</b> % above inflation p.a.		4.3%	4.3%	3.8% to 4.2%	3.3% to 3.7%	3.3%
<b>Standard risk measure<sup>2</sup>:</b> Estimated number of negative annual returns over any 20-year period		6 (High) 5 - 6	6 (High) 5 - 6	6 (High) 5 - 6	6 (High) 4 - 5	6 (High) 4 - 5
<b>Suitable for Investors seeking to build wealth over this term.</b> Investors willing to accept the possibility of negative returns over this term.		<b>Long-term</b>		<b>Medium to Long-term<sup>3</sup></b>		
		<b>Short to medium</b>		<b>Shorter-term<sup>3</sup></b>		
<b>Minimum investment timeframe (years):</b>		7	7	6 - 7	5 - 6	5
<b>Investment strategy<sup>4</sup>:</b>	The option is typically exposed to a diversified mix between growth and defensive investments as shown below (the option may be exposed to derivatives) <sup>7</sup> :					
<b>Growth investments:</b>		95	95	82.5 - 92.5 <sup>5</sup>	70 - 80 <sup>6</sup>	70
<b>Defensive investments:</b>		5	5	7.5 - 17.5	20 - 30	30
<b>Investment Fees &amp; Costs:</b> 0.65% p.a. comprised of:	Investment Fee: 0.45% p.a. and Estimated Indirect Costs: 0.20% p.a.					
<b>Transactions Costs:</b>	0.09% p.a.					
<b>Strategic Asset Allocation<sup>7</sup></b>	<b>SAA %</b>	<b>SAA %</b>	<b>SAA %</b>	<b>SAA %</b>	<b>SAA %</b>	<b>SAA %</b>
Australian Equities	39.0	39.0	32.0 - 38.0	25.0 - 31.0	25.0	
International Equities	48.0	48.0	41.0 - 47.0	34.0 - 40.0	34.0	
Property	5.0	5.0	5.0 - 6.0	6.0 - 7.0	7.0	
Fixed Income	0	0	2.0 - 9.0	11.0 - 18.0	18.0	
Cash	5.0	5.0	6.0 - 8.0	9.0 - 12.0	12.0	
Infrastructure	3.0	3.0	3.0	4.0	4.0	
Commodities	0	0	0	0	0	
Other Alternatives	0	0	0	0	0	
<b>Asset Allocation range<sup>8</sup></b>	<b>Range %</b>	<b>Range %</b>	<b>Range %</b>	<b>Range %</b>	<b>Range %</b>	<b>Range %</b>
Australian Equities	20 - 80	20 - 80	20 - 80	20 - 70	10 - 60	
International Equities	20 - 80	20 - 80	20 - 80	20 - 70	10 - 60	
Property	0 - 20	0 - 20	0 - 20	0 - 20	0 - 20	
Fixed Income	0 - 30	0 - 30	0 - 30	10 - 40	10 - 40	
Cash	0 - 20	0 - 20	0 - 20	0 - 30	0 - 30	
Infrastructure	0 - 20	0 - 20	0 - 20	0 - 20	0 - 20	
Commodities	0 - 10	0 - 10	0 - 10	0 - 10	0 - 10	
Other Alternatives	0 - 20	0 - 20	0 - 20	0 - 20	0 - 20	

1. The objective is to earn a return, after costs and tax, which exceeds CPI by the % p.a. shown, measured over rolling 5 and 10 year periods. CPI stands for Consumer Price Index, which is used as a measure of inflation.

2. Refer below for more information, including the risk levels for each investment option.

3. Medium to Long-term suitability and possibility of negative returns changes at age 58.

4. Please refer to the asset allocation ranges for details of the parameters surrounding the investment strategy.

5. Growth assets typically decrease by 2.5% each year from 92.5% at age 51 to 82.5% at age 55. Defensive assets increase by 2.5% each year from 7.5% at age 51 to 17.5% at age 55.

6. Growth assets decrease by 2.5% each year from 80% at age 56 to 70% at age 60. Defensive assets typically increase by 2.5% each year from 20% at age 56 to 30% at age 60.


7. SAAs may not total 100% due to rounding.

8. The actual asset allocation may temporarily fall outside ranges stated in certain circumstances, such as asset transitions or extreme market movements.

## Our range of investment options

We offer 20 investment options, across a number of categories including MySuper, diversified and sector options as listed below. Members can invest in GoalTracker or in up to 19 of the remaining options.

CATEGORY	MYSUPER	DIVERSIFIED	THIRD PARTY	SECTOR	RESPONSIBLE
<b>Investment option</b>	<ul style="list-style-type: none"> <li>• GoalTracker</li> </ul>	<ul style="list-style-type: none"> <li>• Defensive</li> <li>• Diversified 50</li> <li>• Balanced Growth</li> <li>• Growth</li> <li>• High Growth</li> </ul>	<ul style="list-style-type: none"> <li>• Third-party Indexed Australian Shares</li> <li>• Third-party Indexed Global Shares</li> <li>• Third-party Indexed Global Shares \$A Hedged</li> </ul>	<ul style="list-style-type: none"> <li>• Australian Cash</li> <li>• Australian Floating Rate</li> <li>• Australian Fixed Income</li> <li>• Australian Shares</li> <li>• Global Fixed Income - \$A Hedged</li> <li>• Listed International Property Securities - \$A Hedged</li> <li>• Global Shares</li> <li>• Global Shares - \$A Hedged</li> <li>• Emerging Markets</li> </ul>	<ul style="list-style-type: none"> <li>• Low Carbon Australian Shares</li> <li>• Low Carbon Global Shares</li> </ul>

 **Warning:** You must consider the likely investment return, the risk and your investment timeframe when choosing a MySuper product or an investment option into which to invest. You should read the important information about 'How we invest your money' which will have details on each of the investment options, before making a decision. Go to [nationwidesuper.com.au/investmentguide](https://nationwidesuper.com.au/investmentguide) and read the Investment Guide. This material relating to 'How we invest your money' may change between the time when you read this PDS and the day when you acquire the product.

## 6. Fees and costs

### Did you know?

Small differences in both investment performance and fees and costs can have a substantial impact on your long-term returns. For example, total annual fees and costs of 2% of your account balance rather than 1% could reduce your final return by up to 20% over a 30-year period (for example, reduce it from \$100,000 to \$80,000).

You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs. You or your employer, as applicable, may be able to negotiate to pay lower fees. Ask the Fund or your financial adviser.

### To find out more

If you would like to find out more, or see the impact of the fees based on your own circumstances, the **Australian Securities and Investments Commission (ASIC)** Moneysmart website ([www.moneySMART.gov.au](https://www.moneySMART.gov.au)) has a superannuation calculator to help you check out different fee options.

Note: The Moneysmart calculator can be used to calculate the effect of fees and costs on account balances.

The information in this Fees and Costs Summary can be used to compare costs between different superannuation products. Fees and costs can be paid directly from your account or can be deducted from investment returns. Taxes and insurance costs are set out in another part of this document.

### Fees and costs summary

#### GoalTracker Investment Option

TYPE OF FEE OR COST	AMOUNT <sup>2</sup>	HOW AND WHEN PAID
Ongoing annual fees and costs <sup>1</sup>		
Administration fees and costs	<b>On total account balances up to \$1 million</b>	<b>On any excess account balance over \$1 million</b>
	An asset based administration fee of between 0.15% and 0.21% per year	Nil
	For balances in the GoalTracker investment option: 0.15% per year	
	For balances in other investment options: 0.21% per year	
	Plus a Trustee Administration Fee of 0.02% per year of your total account balance	
	Plus a fixed dollar fee of \$60.00 per year	
	In the 2023/2024 financial year, the Trustee incurred excess administration costs of approximately 0.01% of Fund assets that were paid from the Fund reserve	
Investment fees and costs <sup>5</sup>	0.65% per year <sup>6</sup>	The asset based administration fee and the fixed dollar fee are deducted from your account on the last Friday of each month <sup>2</sup> . The fixed-dollar fee will be indexed with AWOTE <sup>3</sup> at 1 October each year. <i>The Trustee passes through the tax deductions it receives.<sup>4</sup></i>  The Trustee Administration Fee is deducted from the investment returns. It is not deducted from your account.  The Fund reserve is maintained by the Trustee to operate the Fund. This includes paying for some expenses, such as costs associated with product and strategic services provided to the Trustee. These expenses are deducted from the Fund reserve, as required, and are not deducted from your account.  The investment fees and costs are deducted from the investment returns before the net earnings are declared and applied to your account. They are not deducted from your account. Please refer to the 'Additional explanation of fees and costs' section of your Investment Guide for further information.

TYPE OF FEE OR COST	AMOUNT <sup>2</sup>	HOW AND WHEN PAID
Transaction costs	0.09% per year	Transaction costs are deducted from the investment returns. They are not deducted from your account. Please refer to the 'Additional explanation of fees and costs' section of your Investment Guide for further information.
<b>Member activity related fees and costs</b>		
Buy-sell spread	These spreads vary depending on the investment option(s) you choose. For more information, please visit <a href="https://nationwidesuper.com.au/buysellspread">nationwidesuper.com.au/buysellspread</a> .	You can read more about the buy-sell spread in the 'Additional explanation of fees and costs' section of your Investment Guide.
Switching fee	Nil	Not applicable.
Other fees and costs <sup>7</sup>	<b>Insurance fees:</b> For insurance fees, please refer to 'Insurance in your super' in this PDS.	The insurance fee is calculated monthly and deducted from your account on the last Friday of the month. Please refer to the 'Types of insurance cover within Nationwide Super' section of your Insurance, Fees and Costs Guide for further information.
	<b>Family Law fees:</b> Nil.	Not applicable.

1. If your account balance for a product offered by the superannuation entity is less than \$6,000 at the end of the entity's income year, certain fees and costs charged to you in relation to administration and investment are capped at 3% of the account balance. Any amount charged in excess of that cap must be refunded.
2. The asset based administration fee applies to the first \$1 million of your total account balance and will depend on the investment option you are invested in. This fee may be charged in two parts and show as separate transactions in your account. Please refer to the 'Additional explanation of fees and costs' section of your Insurance, Fees and Costs Guide for further information on how the cap applies.
3. AWOTE means Average Weekly Ordinary Times Earnings.
4. As the Trustee passes through the tax deduction it receives, the deduction you will see for the fees described above is 0.1275% per year for the GoalTracker investment option, 0.1785% per year for other investment options and \$51.00 per year for the fixed-dollar fee.
5. The Investment fee varies according to the option you invest in. The quoted fee here is for the GoalTracker option.
6. Investment fees and costs includes an amount of 0.09% per year for performance fees. The calculation basis for this amount is set out under the "Additional explanation of fees and costs" section of the Investment Guide.
7. Additional fees may apply. Refer to the 'Additional explanation of fees and costs' section of your Super Guide.



You should read the important information about 'Fees and costs' before making a decision.

Go to [nationwidesuper.com.au/ifcguide](https://nationwidesuper.com.au/ifcguide) and read the Insurance, Fees and Costs Guide for Insurance and Administration Fees and Costs. Go to 'Additional explanation of fees and costs' in the Investment Guide at [nationwidesuper.com.au/investmentguide](https://nationwidesuper.com.au/investmentguide) for Investment Fees and Costs. Go to 'Additional explanation of fees and costs' in the Super Guide at [nationwidesuper.com.au/superguide](https://nationwidesuper.com.au/superguide) for all other fee information, such as Family Law, Advice Fees and Fee definitions. The materials may change between the time when you read this PDS and the day when you acquire the product. You can also find the relevant fee definitions in the ASIC Corporations (Disclosure of Fees and Costs) Instrument 2019/1070 at Division 4A, section 209A at [www.legislation.gov.au/Details/F2021C00160](http://www.legislation.gov.au/Details/F2021C00160). Our contact details are provided on page 8 if required.

## Changes in fees

The Trustee has the right to change fees at any time without your consent. The fixed-dollar administration fee is automatically indexed to Average Weekly Ordinary Time Earnings (AWOTE) each year on 1 October. Any material increase in the fees you are charged will be communicated to you at least 30 days before they are charged.

## Example of annual fees and costs for the superannuation product

This table gives an example of how the ongoing annual fees and costs for the GoalTracker option for this superannuation product can affect your superannuation investment over a 1-year period. You should use this table to compare this superannuation product with other superannuation products.

EXAMPLE: GOALTRACKER INVESTMENT OPTION		BALANCE OF \$50,000
Administration fees and costs	0.17% per year Plus \$60.00 per year Plus 0.01% (paid from the Fund reserve) <sup>1</sup>	For every \$50,000 you have in the superannuation product, you will be charged or have deducted from your investment <b>\$90.00</b> in administration fees and costs, plus <b>\$60.00</b> regardless of your balance
<b>PLUS</b> Investment fees and costs	0.65% per year	<b>And</b> , you will be charged or have deducted from your investment <b>\$325.00</b> in investment fees and costs
<b>PLUS</b> Transaction costs	0.09% per year	<b>And</b> , you will be charged or have deducted from your investment <b>\$45.00</b> in transaction costs
<b>EQUALS</b> Cost of product <sup>2</sup> :		If your balance was \$50,000, at the beginning of the year, then for that year you will be charged fees and costs of <b>\$520.00<sup>3</sup></b> for the superannuation product.

1. This reflects the excess administration costs incurred by the Trustee and paid from the Fund reserve in the 2023/2024 financial year, the Trustee incurred additional administration costs (as described in the Fees and Costs table above).
2. Additional fees may apply.
3. The Trustee passes on the tax deductions it receives so the estimated cost to you would be **\$499.75**.



## 7. How super is taxed

Superannuation is one of the most tax-effective ways to save for retirement. Even so, taxation laws are complex and subject to change. To make the most of your superannuation, you might like to consult your accountant or tax adviser for specific details about how you will be taxed. This advice may be particularly useful as you approach retirement and need to decide how and when to withdraw your superannuation.

### Contributions

Contributions made by your employer, or by you from your before-tax pay, are called 'Concessional Contributions', and these contributions generally have a 15%<sup>^</sup> contributions tax deducted from them. Any money you transfer into your account from an untaxed source (post 30 June 1983 untaxed component only) is also generally taxed at 15%<sup>^</sup>.

Contributions that you make from your after-tax pay are called 'Non-concessional Contributions', and these contributions are not subject to the contributions tax because you have already paid income tax on that money.

There are (different) limits on Concessional and Non-concessional Contributions. It is very important for you to be aware that there will be negative tax consequences for you if you breach either of these limits.

<sup>^</sup> High income earners may pay a further 15% tax. Refer to our fact sheet Understanding how super is taxed.



There are Concessional Contribution and Non-concessional Contribution limits. If these limits are exceeded, there are taxation consequences.

For more information on contribution limits and the co-contribution amount including the current threshold, visit [nationwidesuper.com.au/rates](https://nationwidesuper.com.au/rates)

### Investment earnings

Investment earnings in superannuation are taxed at a maximum rate of 15%. The effective tax rate on some earnings is lower because of further tax concessions or credits available to the Fund. The investment return we disclose to you is net of tax.

### Withdrawals

Tax on withdrawals varies depending on your age, the type of withdrawal, and the ratio of taxable to tax-free components in your account. We withhold appropriate tax from amounts we pay to you. Generally, lump-sum withdrawals are tax-free if you are aged 60 or over.



You should provide us with your Tax File Number (TFN) when you join the Fund. If you or your employer do not provide the Fund with your TFN, all Concessional Contributions will be taxed at the top marginal rate plus Medicare levy and you cannot make after-tax contributions. If you do not provide your TFN to the Fund, tax will be withheld at the top marginal rate plus Medicare levy on the taxable component of any payment made to you.



You should read the important information about 'Fees and costs' before making a decision. Go to [nationwidesuper.com.au/ifcguide](https://nationwidesuper.com.au/ifcguide) and read the Insurance, Fees and Costs Guide for Insurance and Administration Fees and Costs. Go to 'Additional explanation of fees and costs' in the Investment Guide at [nationwidesuper.com.au/investmentguide](https://nationwidesuper.com.au/investmentguide) for Investment Fees and Costs. Go to 'Additional explanation of fees and costs' and 'How super is Taxed' in the Super Guide at [nationwidesuper.com.au/superguide](https://nationwidesuper.com.au/superguide) for all other fee information, such as Family Law, Advice Fees and Fee definitions. The materials may change between the time when you read this PDS and the day when you acquire the product.

## 8. Insurance in your super

For detailed information on the insurance cover available (including any limitation that may apply) refer to the Insurance, Fees and Costs Guide at [nationwidesuper.com.au/ifcguide](https://nationwidesuper.com.au/ifcguide). Insurance fees are deducted from your account on the last Friday of each month. It is important to note that there are differences in the insurance available for Nationwide Super - Employer and Nationwide Super - Personal members. Refer to the appropriate section below.

### Types of insurance cover

The types of insurance cover that may apply.

- Death only cover
- Death & Total and Permanent Disablement
- TPD only cover
- Income Protection

### Automatic or voluntary insurance

Insurance within the Fund could be available on an automatic or voluntary basis.

- Automatic insurance cover is available where your employer pays for your insurance fees. Otherwise if you have an account balance of less than \$6,000, or you are under 25 when you join, then you will not be provided with automatic insurance cover. You will need to opt in for this cover.
- Voluntary insurance cover is cover that is not issued automatically. You must apply for cover and may be required to provide evidence of your health to the insurer, who will decide whether to accept (on standard terms or non-standard terms) or decline your application.

### Limitation on insurance cover

If you are a new member under 25 or your balance is less than \$6,000, your cover will not be provided automatically. You will need to tell us if you want insurance cover now. When you reach both 25 years old and you have a balance of more than \$6,000, cover will automatically commence (eligibility requirements and limitations may apply). To opt in to insurance, please log on to your online account or complete and return the Insurance Form (available on our website or call us for a copy).

### Inactive for 16 months

Where you have insurance and your account has been inactive (where no funds were received) for 16 months or more, your cover will be cancelled. We will contact you if your insurance is about to end. If you want to keep your insurance, you'll need to advise the Fund by calling us or logging in to your online account.

### Change or cancel your insurance cover

You can change, opt-out of (i.e. cancel) your insurance cover at any time by logging in to your super account or by completing and returning an Insurance Form (available on our website or call us for a copy).

### Death and TPD insurance

#### Automatic Death and TPD insurance

For Nationwide Super - Employer members only. If you are a new member under 25 or your balance is less than \$6,000, your cover will not be provided automatically. You will need to tell us if you want insurance cover now. When you reach both 25 years old and you have a balance of more than \$6,000, cover will automatically commence (eligibility requirements and limitations may apply). To opt in to insurance, please log on to your online account or complete and return the Insurance Opt-in Form (available on our website or call us for a copy).

The amount of your automatic insurance cover varies according to your age. (See automatic Insurance cover in the insurance fees section below). Members may apply to qualify as a white collar or professional worker, and if accepted, will receive higher insured benefits at no extra cost. Death and TPD cover is issued in units, where the value of each unit varies with your age, as shown in the insurance fees section.

## Voluntary Death and TPD insurance

For both Nationwide Super - Employer and Nationwide Super - Personal members. You can also apply to match any existing insurance cover you hold through another super Fund when rolling over to Nationwide super. Generally, voluntary insurance cover is underwritten, which means that you may be asked to provide health evidence to the insurer. Voluntary insurance cover is only provided after the insurer has assessed your health evidence and confirmed you have been accepted.

For Nationwide - Employer only - You may apply for Death and TPD cover it can either be unitised or fixed cover. Unitised cover is when your premiums remain fixed and your level of cover provided per unit changes with your age. Fixed or (non-unitised) cover is where the level of cover remains fixed and your premiums change with your age. The cost of your voluntary insurance cover will depend on the type of cover chosen (fixed or units), level of cover and occupation. In addition, the cost of fixed cover is dependent on your gender and age.

For Nationwide - Personal members only: You may apply for Death and TPD cover fixed cover only. Fixed cover is where the level of cover remains fixed and your premiums change with your age. The cost of your voluntary insurance cover will depend on your gender and age.

You can apply for cover by completing an application for insurance cover form available online at [nationwidesuper.com.au/forms](https://nationwidesuper.com.au/forms) or by calling us on 1800 025 241.

### Occupational Category for Death and TPD

Insurance fees depend on your age, the type of cover selected and how the insurer classifies your occupation (your 'Occupational Category'). For Death and TPD the Occupational Categories are:

- Professional
- White collar
- Blue Collar (formerly Standard)

You may be placed in a 'Blue Collar' occupation category. Lower insurance fees or a higher amount of cover apply if your Occupational Category is classified as 'White Collar' or 'Professional'. You may apply to the insurer to change your Occupational Category using the Insurance Form, which is available on our website.

### Occupational Category for Income Protection

Insurance fees depend on your age, the type of cover (i.e. waiting period and benefit period selected), your gender and Occupational Category. For Income Protection the Occupational Categories are:

- Professional
- White collar
- Light manual
- Heavy manual

Lower insurance fees apply if your Occupational Category is classified as 'White Collar' or 'Professional'. You may apply to the insurer to change your Occupational Category using the Insurance Form, which is available on our website.

### Income Protection

Income Protection is not issued automatically. If you want this cover, you must apply for it and provide evidence of your health to the insurer, who will decide whether to accept (on standard terms or non-standard terms) or decline your application. To be eligible for this cover, you need to be under age 65 and employed for at least 15 hours per week.

Where provided, your Income Protection cover is up to 85% (including 10% superannuation contribution benefit) of your 'salary', as defined by the insurer. If you satisfy the insurer's definition for Income Protection, the benefit is paid monthly in arrears. It offers various waiting periods (30, 60 or 90 days) and benefit period options (2 years or through to age 65) to suit your needs. Your Income Protection cover may be reduced by any amount of workers' compensation or other payments which you are eligible to receive.

## How to apply for cover

You can apply for insurance cover by logging in to your super account or by completing and returning an Insurance Form (available on our website or call us for a copy).

### Insurance fees

All insurance fees shown in this document include the tax deduction the Fund claims for insurance costs and passes on to you. Insurance fees outlined here are current at the time of printing. The Trustee and insurer have the power to alter the insurance fees and you will be given 30 days' written notice of any increases. Please refer to your Insurance, Fees and Costs Guide for further details on the insurance fees payable in the Fund.

### Death and TPD insurance

#### Automatic Death and TPD insurance

For Nationwide Super - Employer members only.

Age next birthday	Insured benefit		Insurance fee (\$ per week)*
	Death (\$)	TPD (\$)	
12-24	22,500	54,000	\$2.46
25-31	100,000	81,000	\$3.69
32-37	140,000	90,000	\$3.69
38	140,000	85,500	\$3.69
39	135,000	81,000	\$3.69
40	120,000	72,000	\$3.69
41	105,000	63,000	\$3.69
42	93,000	55,800	\$3.69
43	87,000	51,574	\$3.69
44	85,000	51,574	\$3.69
45	83,000	51,574	\$3.69
46	78,000	46,800	\$3.69
47	69,000	41,400	\$3.69
48	60,000	34,468	\$3.69
49	55,000	34,468	\$3.69
50	53,000	34,468	\$3.69
51	51,000	30,600	\$3.69
52	43,500	26,100	\$3.69
53	37,020	22,212	\$3.69
54	30,000	22,212	\$3.69
55	24,680	14,808	\$2.46
56	21,000	12,600	\$2.46
57	18,000	10,800	\$2.46
58	15,000	9,000	\$2.46
59	12,500	6,809	\$2.46
60	10,000	6,809	\$2.46
61	9,000	6,809	\$2.46
62	8,000	6,809	\$2.46
63	7,000	6,809	\$2.46
64	6,000	6,809	\$2.46
65	5,000	6,809	\$2.46
66	4,500	2,539	\$2.46
67	4,000	2,233	\$2.46
68	3,500	1,962	\$2.46
69	3,000	1,724	\$2.46
70	2,500	1,514	\$2.46

\* Death & TPD cover ceases at age 70.

### Voluntary cover

The cost of your insurance cover will depend on the amount of cover you request, your age, occupation, gender and in the case of income protection cover, your salary.



You should read the important information about insurance cover (including eligibility and cancellation, conditions and exclusions that may apply to you) and consider whether it is appropriate for you before making any decision - go to [nationwidesuper.com.au/ifcguide](https://nationwidesuper.com.au/ifcguide) and read the Insurance, Fees and Costs Guide. This material relating to 'Insurance in your superannuation' may change between the time when you read this PDS and the day when you acquire the product.

## 9. How to open an account

### For Nationwide - Employer members

To join Nationwide Super - Employer, your employer will firstly need to be a participating Employer of Nationwide Super. The following will get you started:

1. Read this PDS and the other important information referred to in the PDS.
2. Join online at [nationwidesuper.com.au/join](https://nationwidesuper.com.au/join) and complete the Member Application form.

### For Nationwide - Personal members

To join Nationwide Super - Personal, the following will get you started:

1. Read this PDS and the other important information referred to in the PDS.
2. Complete the Application form included with this PDS or available from [nationwidesuper.com.au/forms](https://nationwidesuper.com.au/forms).

### Enquiries or complaints

If you have any questions that are not answered in this PDS, please call us. If your enquiry is not resolved to your satisfaction and you wish to lodge a complaint, please contact us:

**By phone** 1800 025 241 **By email** [complaints@nationwidesuper.com.au](mailto:complaints@nationwidesuper.com.au)

### By mail

Complaints Officer  
Nationwide Super  
Locked Bag A4094  
Sydney South NSW 1235

Depending on the nature of your complaint, we may ask you to provide further information in writing so that we can fully understand the complaint. We will provide assistance to you if necessary and a prompt written acknowledgment of receipt of your complaint. Our goal is to handle your complaint efficiently and fairly and we will provide the Trustee's decision as quickly as possible. We generally aim to have complaints resolved within 45 days.

However, if your complaint relates to a death benefit claim or to a declined disablement benefit claim, it may take some time to gather all the information necessary to enable the complaint to be properly considered. You can obtain advice in relation to the complaints handling process or feedback on the status of your complaint by calling us.

If your complaint is not resolved by our internal complaints process or if you are not satisfied with our response to your complaint, you can take the matter to the Australian Financial Complaints Authority (AFCA). AFCA can be contacted at:

**By phone** 1800 931 678 **By email** [info@afca.org.au](mailto:info@afca.org.au)

### By mail

Australian Financial Complaints Authority  
GPO Box 3  
Melbourne VIC 3001

### Cooling-off period

You have a cooling-off period to reconsider your investment. To withdraw, we must receive your written request within 14 days of the earlier of:

- The Date you receive your Welcome Statement; or
- Five business days after you become a member of the Plan.

The option to withdraw is not available if you have exercised your rights as a member, for example, if you have switched investment options.

If you withdraw your investment during the cooling off period, the amount payable to you may be different to the amount you invested due to changes in the unit price, tax and reasonable administration costs.

To withdraw your investment, you will need to complete a Benefit Payment Direction Form which is available on our website. Please note superannuation preservation rules apply.



You should read the important information about 'How to open an account' - go to [nationwidesuper.com.au/superguide](https://nationwidesuper.com.au/superguide) and read the Super Guide. This material relating to the 'How to open an account' may change between the time when you read this PDS and the day when you acquire the product.

## What is GoalTracker Plus?

Using the information you provide about yourself through the GoalTracker program, such as your income goal for retirement and the age you wish to retire, GoalTracker Plus can create and manage a tailored investment strategy for you. Similar to a trusted adviser, GoalTracker Plus will regularly review your investment strategy, make a recommendation and implement any changes automatically (unless you opt out), to help keep you on track. For more information on GoalTracker Plus and how you can activate this additional service at no further cost, refer to [nationwidesuper.com.au/goaltrackerplus](https://nationwidesuper.com.au/goaltrackerplus).

### Phone

Within Australia

**1800 025 241**

Outside Australia  
**+61 2 8571 6855**

Monday to Friday, 8:30am – 5:30pm (AEST)

### Mail

Nationwide Super  
Locked Bag A4094  
Sydney South NSW 1235

### Website

[nationwidesuper.com.au](https://nationwidesuper.com.au)

### Email

[enquiries@nationwidesuper.com.au](mailto:enquiries@nationwidesuper.com.au)




## Nationwide Super – Employer

Use this form to provide important details required to set up your Nationwide Super – Employer account. Print clearly in BLOCK LETTERS.

This Application Form relates to the current Nationwide Super Product Disclosure Statement (the 'PDS') within the Nationwide Super Division of Russell Investments Master Trust (the Fund). The PDS is available to download from **[nationswidesuper.com.au/forms](https://nationswidesuper.com.au/forms)** or by calling 1800 025 241. Terms defined in the PDS have the same meaning in this form. The PDS contains important information about investing in the Fund. It is important that you read the PDS before applying for units in any of the investment options of the Fund.

## 1. PERSONAL DETAILS

 If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at [nationwidesuper.com.au/privacy](https://nationwidesuper.com.au/privacy) or call us on 1800 025 241.

a. Title (please select)

Mr  Mrs  Miss  Ms  Dr  Other  →

b. Surname

[illegible]

c. First name(s)

[illegible]

d. Date of birth (DD MM YYYY)

e. Sex (please select)

Male  Female

f. Address

[illegible]

g. Work telephone

#### h. Home telephone

i. Mobile number<sup>1</sup>

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j. Email address<sup>2</sup> (Give us your email address to receive all future communications electronically.)

[illegible]

k. Name of employer

[illegible]

<sup>1</sup> We may SMS you from time to time.

<sup>2</sup> If you provide us with your email address, you will be opted-in for e-communications. This means our communications to you will be uploaded to your online account and you will receive an email notification when the communication is available online. Of course, you can change your preferred method of communications at any time through your online account or by calling us.

## 2. SEARCH FOR YOUR SUPER

☐

Tick this box to provide consent.

By ticking this box, you are consenting to the Trustee of Nationwide Super, a division of the Russell Investments Master Trust (the Fund) using your Tax File Number (TFN) to search for other super accounts you may have, now and in the future, using a facility provided by the Australian Taxation Office (ATO). We will automatically consolidate any ATO-held super (known as Lost or Unclaimed money). If we find any super with other funds we will let you know, so you can decide if you want to transfer them into your Nationwide Super account.

## 3. PROVIDING YOUR TAX FILE NUMBER (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect, use and disclose your TFN. The Trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

Declining to quote your TFN to the Trustee of your superannuation provider is not an offence. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- Your superannuation fund will be able to accept all permitted types of contributions to your account(s).
- Other than the tax that may ordinarily apply, *you will not pay more tax than you need to – this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits.*
- It will make it much easier to trace different superannuation accounts in your name, so that you receive all your superannuation benefits when you retire.

Your TFN will otherwise remain confidential.

Fill in your TFN here:

## 4. MAKE AN INVESTMENT CHOICE

You can choose to invest in the GoalTracker Investment Option or set your own investment strategy. If you do not make a choice, you will be a 'MySuper' member and you will be invested in the Fund's default investment strategy, the GoalTracker Investment Option. For more information, please refer to the current Product Disclosure Statement (PDS) available on our website.



Some of the investment options given below have a footnote included, and it's important that you read the footnote on the relevant investment options before completing the form.

### 1. Choose the GoalTracker Investment Option

☐

By ticking the box, GoalTracker will automatically invest your super based on your age. By telling us more, you can then opt for GoalTracker Plus to create and manage a tailored investment strategy just for you.

#### MySuper option

GoalTracker

.00%

OR

### 2. Set your own investment strategy

Choose one or more options in the table below (continued over the page).

#### Diversified options

Defensive	<input type="text"/> <input type="text"/> <input type="text"/>	.00%
Diversified 50	<input type="text"/> <input type="text"/> <input type="text"/>	.00%
Balanced Growth	<input type="text"/> <input type="text"/> <input type="text"/>	.00%
Growth	<input type="text"/> <input type="text"/> <input type="text"/>	.00%
High Growth	<input type="text"/> <input type="text"/> <input type="text"/>	.00%

#### 4. MAKE AN INVESTMENT CHOICE (CONTINUED)

##### Sector options

##### Cash and Fixed Income sector options<sup>1</sup>

Australian Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Australian Floating Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Australian Fixed Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Global Fixed Income – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

##### Equity sector options<sup>2</sup>

Australian Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Global Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Global Shares – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

##### Specialist sub-sector options<sup>3</sup>

Emerging Markets	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Listed International Property Securities – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

##### Responsible options<sup>2</sup>

Low Carbon Global Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Low Carbon Australian Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

##### Third party options<sup>2</sup>

Third Party Indexed Australian Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Third Party Indexed Global Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%
Third Party Indexed Global Shares – \$A Hedged	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00%

**Total allocation =**    .00%

<sup>1</sup> These investment options carry a low level of investment risk, which means they are likely to deliver low investment returns. If you're planning to invest a significant amount of your super in these options for more than 1-2 years, it's important to consider this. You should read the PDS and/or get financial product advice before you continue. If you have any questions or want more information, please contact us.

<sup>2</sup> If you are planning to invest a significant portion of your super in a single asset class, it's worth considering diversification when making decisions about super investments. You should read the PDS and/or get financial product advice before you continue. If you have any questions or want more information, please contact us.

<sup>3</sup> These investment options carry a very high level of investment risk. If you're planning to invest a significant amount of your super in these options, it's important to consider this risk. You should read the PDS and/or get financial product advice before you continue. If you have any questions or want more information, please contact us.

Your request will be effective two business days after we receive your completed form. You can update your choice(s) at any time by logging into your online account at [nationwidesuper.com.au/login](https://nationwidesuper.com.au/login)

#### 4. MAKE AN INVESTMENT CHOICE (CONTINUED)

##### Do you want to rebalance your investments?

This is only relevant to you, if you have selected more than one investment option. If you select to rebalance your investments, we reset your account balance on the 15th of each month, to match the original investment strategy you selected.

Below is an example where the member investment strategy is 50% Balanced Growth and 50% Defensive:

	BALANCED GROWTH	DEFENSIVE	TOTAL
Initial investment	\$5,000	\$5,000	\$10,000
Your balance on the 15th of the following month	\$5,300	\$5,100	\$10,400
Your balance after rebalancing	\$5,200	\$5,200	\$10,400

If you select this option, you cannot switch your investments during the two working days prior to the 15th of each month.

I would like to rebalance my investments automatically each month:

☐ Yes ☐ No

#### 5. OPT IN FOR AUTOMATIC INSURANCE

I am a new member and want to opt in for the following types of automatic insurance cover:

- ☐ Death Only cover
- ☐ Death and Total and Permanent Disablement cover
- ☐ Income Protection cover

Note, if your insurance fees are paid by your employer, you will receive automatic insurance and do not need to opt in. However, if you are transferred to another division of the Fund you will need to opt in. This could happen, for example, if you leave your employer.

##### Important information to note:

- If you opt in, we will maintain your insurance even if your account is inactive for 16 months or more, or your account is transferred to another division of the fund (this could happen, for example, if you leave your employer).
- By opting in, you acknowledge that you understand the effect this may have on your account balance and you do not require any further information.
- Limited cover may apply for a period, if you opt in after joining. Please see your Insurance, Fees and Costs Guide for more information.
- If you do not opt in to any cover at this time, when you are at least 25 years old and you have a balance of \$6,000 or more, cover will automatically commence (eligibility requirements and limitations may apply).
- If you choose to opt in to some but not all of the insurance cover available to you, you will have to reapply if you would like that cover in future.
- Insurance fees will be deducted from your account while you have cover, unless your cover is paid for by your employer.
- You can change or opt out of (i.e. cancel) your insurance cover at any time by sending us a completed Insurance Form, available at [nationwidesuper.com.au/forms](http://nationwidesuper.com.au/forms) or by calling us on 1800 025 241.

#### 6. DOUBLE INSURANCE COVER

Death, and Total and Permanent Disablement (TPD) insurance cover. For new employees within 6 months of joining only. No health questions required.

- ☐ Yes, I want to automatically double Death and TPD cover. Limited cover will apply to any increase in cover received under this section, unless you are in Active Employment on the date of this application. Please refer to the Insurance, Fees and Costs Guide for full details.

## 7. NOMINATION OF BENEFICIARIES



Please specify the type of dependant for each person and indicate the percentage of your benefit you wish to allocate to each person listed. For more information, please refer to the Nomination of beneficiaries section at the bottom of this form.

The total proportions nominated must equal 100% and only whole percentages may be used.

Types of dependants include spouse, child, financial dependant or person who is interdependant. You may also nominate your estate.

Only if at the time of death there are no dependants or an estate, can a payment be made to a party that is not a dependant or the estate.

**My nomination of beneficiaries:**

1 Full name

[illegible]

Type of dependant

☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependant ☐ Legal personal representative

### Dependant's details

Date of birth (DD MM YYYY)

% of benefit

□ □ □ .00%

Address

[illegible]

## 2 Full name

[illegible]

Type of dependant

☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependant ☐ Legal personal representative

### Dependant's details

Date of birth (DD MM YYYY)

% of benefit

□ □ □ .00%

Address

[illegible]



## 7. NOMINATION OF BENEFICIARIES (CONTINUED)

### 3 Full name

Type of dependant

☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependant ☐ Legal personal representative

#### Dependant's details

Date of birth (DD MM YYYY)

% of benefit

Address

  
  
 State  Postcode 

### 4 Full name

Type of dependant

☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependant ☐ Legal personal representative

#### Dependant's details

Date of birth (DD MM YYYY)

% of benefit

Address

  
  
 State  Postcode 

### 5 Full name

Type of dependant

☐ Spouse ☐ Financial dependant ☐ Child ☐ Interdependant ☐ Legal personal representative

#### Dependant's details

Date of birth (DD MM YYYY)

% of benefit

Address

  
  
 State  Postcode 

Total =

7. NOMINATION OF BENEFICIARIES (CONTINUED)

If you have completed the beneficiary details above, it will automatically be loaded as a preferred (non-binding nomination). However, if you'd like to make a binding nomination, please complete the below section.

Witness 1 signature

Date (DD MM YYYY)

Witness 1 name

Witness 2 signature

Date (DD MM YYYY)

Witness 2 name

By completing the above, your witnesses make the following declarations:

## 8. DECLARATION AND SIGNATURE

I acknowledge and declare that:

- All the information provided in this Application Form is true and correct.
- I have read and understood the PDS and the Insurance, Fees and Costs Guide to which the Application Form relates.
- I agree to be bound by the terms and conditions of the PDS and the Trust Deed for the Russell Investments Master Trust, as amended from time to time.
- I acknowledge that the Trustee reserves the right to refuse applications for units at its discretion.
- I acknowledge that the repayment of capital or the performance of any option in the fund is not guaranteed.
- I have read and agree to the **Your privacy** section of the PDS.
- I consent to the use of my personal information in accordance with the **Your privacy** section of the PDS.
- I understand that each year an Annual Report for the Fund will be available online.
- I have read and understood the contents of this form and have checked that all the information I have provided on this form is correct.

### Furthermore

- I have read and understood the Duty of Disclosure and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by the Russell Investments Master Trust and the Insurer.
- I am currently employed and am able to carry out all of the identifiable duties of my employment without restriction due to injury or illness, on a full-time basis.
- I understand any reduction in cover will be processed as soon as practicable after this form is received by the Russell Investments Master Trust.
- I understand the provision of insurance cover is subject to acceptance by the Insurer.
- I understand insurance fees, where applicable, will be deducted from my Nationwide Super account.
- I acknowledge that insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer of the Russell Investments Master Trust and as agreed between the Russell Investments Master Trust and its Insurer from time to time.

For information on the Insurer's privacy and information handling practices, read their Privacy Policy Statement at [commbank.com.au](http://commbank.com.au) or request a copy at any Commonwealth Bank Australia branch.

This Application Form must be signed by the applicant. If signed under Power of Attorney, the attorney verifies that no notice of revocation of power has been received. A certified copy of the Power of Attorney must be forwarded with this Application Form.

Signature

--

Date (DD MM YYYY)

--	--	--	--	--	--	--	--

Member surname

[illegible]

Member first name(s)

[illegible]

## 9. ADDITIONAL INFORMATION

### Making contributions

If you want to help your super grow faster by making contributions to supplement your employer contributions, please contact your payroll department.

### Insurance cover

Any insurance cover you have as a member of the Fund may be an important safety-net for you and your family. Please refer to the current PDS for details. If you would like to obtain, increase or decrease your insurance cover, you will need to complete an Insurance Form.

### Rolling over your benefits

You can consolidate your super by rolling money you have in other funds into Nationwide Super. If you wish to do this, you will need to complete the Rollover Form or log into your account when you receive your member number and password to combine your super.

### Nomination of beneficiaries

You should nominate how you want your benefit to be paid in the event of your death.

### Types of death benefit nomination

There are two types of nomination you can make, binding or preferred (non-binding).

### What is a binding nomination?

When you make a valid binding nomination, you decide who receives your benefit when you die, and how much of the benefit they receive. The Trustee must follow the instructions of a valid binding nomination. This can be useful if you have multiple dependants who may have a claim on the benefit. This benefit is generally faster to be paid.

The following conditions apply:

- To be valid all the beneficiaries listed must be dependants or your Legal Personal Representative (your estate) at the time of death and/or be the estate.
- It will be treated as a valid binding nomination for three years from the date the nomination is made. This nomination reverts to being a preferred nomination after the three-year period, if the nomination is not extended by lodging a new binding nomination request.

- It requires two witness signatures. Witnesses must be aged over 18, must not be one of your nominated beneficiaries and must be present when you sign the form. If the witnesses sign and date the form on a different date to your signature, the nomination will be invalid.
- An invalid binding nomination will be treated as a preferred nomination by the Trustee and will not revoke or replace an existing, valid binding nomination.

### What is a preferred nomination?

When you make a preferred nomination the Trustee will take into consideration any nomination you make. However, in this case, the Trustee has final discretion in deciding who will receive your superannuation benefit when you die. This can be useful as the trustee can take into account changes in your or your beneficiaries, circumstances after the nomination is made.

The following should be noted:

- If there are dependants at the time of death and/or an estate, these automatically exclude any non-dependant from receiving a benefit.
- The nomination should be changed if your circumstances change.
- Although a preferred nomination never expires, a more recent nomination would hold more weight with the trustee than one that is many years old.
- It requires no witnesses.

### Who qualifies as a dependant?

Dependants, as assessed at the time of death, include:

- Your spouse (including de facto of different or same sex).
- Your children of any age (including step, adopted, ex-nuptial, or a child of your spouse).
- Any person who is financially dependent on you.
- Any person with whom you have any interdependency relationship:
  - any person with whom you have a close personal relationship, and live with, and where one or both of you also provide ongoing financial support, and domestic support and personal care; or
  - interdependency can apply if the above requirements listed do not apply due to physical, intellectual or psychiatric disability.

### We're here to help

Please send your completed form to: Nationwide Super, Locked Bag A4094, Sydney South NSW 1235.

If you have any questions, please call us on **1800 025 241** (Monday to Friday 8.30am to 5.30pm AEST), email [enquiries@nationwidesuper.com.au](mailto:enquiries@nationwidesuper.com.au) or visit [nationwidesuper.com.au](http://nationwidesuper.com.au)

In preparing this form, the Trustee has not taken into account the investment objectives, financial situation or needs of any person. Accordingly, before making a decision to invest in a product, you should read the current Product Disclosure Statement (PDS) and seek advice tailored to your own financial circumstances. Call us on 1800 025 241 or visit [nationwidesuper.com.au](http://nationwidesuper.com.au) for a copy of the PDS. Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790, Trustee of the Russell Investments Master Trust ABN 89 384 753 567.

NW\_F\_Gen\_NewMem\_Employer\_V1F\_2507

Did you know, you can rollover your super using our simple online process? Just log in at [nationwidesuper.com.au/login](https://nationwidesuper.com.au/login) and go to 'Find & combine'. The transfer generally takes three days and you can monitor the progress of your transfer online.

## Rolling over your super is easy with Nationwide Super

Simply complete the three steps on this form and we'll take care of the rest.

- 1. Personal details** To get the ball rolling, we've inserted our details (fund name, etc). All you need to do is add in yours.
- 2. Previous fund details** This section provides us with all the required information about your previous fund, i.e. where you want to move your balance from. You should be able to find all this information on a statement or letter from your previous fund. You can also get this information by calling your previous fund.  
It is important you complete this section correctly. Super funds are sensitive when dealing with large amounts of money and may hold on to your balance if the information isn't complete. If you're not sure of something, give your previous fund a call.
- 3. Declaration and signature** The final step is to sign the form and give us consent to disclose your Tax File Number to your previous super fund (FROM fund). Before signing, please compare fees of your super accounts and check for any benefits (like insurance cover) that might cease if you move some or all your super out of your other accounts.

Print clearly in BLOCK LETTERS.

### 1. Personal details

**!** If you would like more details about how we collect, use and disclose your personal information, you can access the Trustee's privacy policy at [nationwidesuper.com.au/privacy](https://nationwidesuper.com.au/privacy) or call us on 1800 025 241.

a. Title (please select)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐ >

b. Surname

c. First name(s)

d. Date of birth (DD MM YYYY)

e. Sex (please select)

Male ☐ Female ☐

f. Home telephone

g. Work telephone

h. Mobile telephone<sup>1</sup>

i. Primary/personal email address<sup>2</sup> (Give us your email address to receive all future communications electronically.)

Secondary/work email address<sup>2</sup>

j. Address

State

Postcode

k. Rollover to the following fund (Fund name)

Nationwide Super, a division of the  
Russell Investments Master Trust

l. Fund telephone

1800 025 241

m. Australian Business Number (ABN)

89 384 753 567

n. Unique Superannuation Identifier (USI)

TRM0001AU

o. Member number

<sup>1</sup> We may SMS you from time to time.

<sup>2</sup> By providing your email address, you are advising us that online communication is your preferred method of communication. Going forward, we will email you with information and also advise when a communication has been added to your online account. We will issue paper communications rarely or where your email address no longer works. You can change your preferred method of communication at any time by calling us or logging in to your online account at [nationwidesuper.com.au/login](https://nationwidesuper.com.au/login)



## 2. Previous fund details

a. Previous fund name

b. Fund telephone

c. Member or account number

d. Australian Business Number (ABN)

e. Unique Superannuation Identifier (USI)

f. Approximate account balance (optional)

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

Whole balance

OR

Partial transfer of

\$

## 3. Declaration and signature

a. Your Tax File Number (TFN)

To consolidate your super, we need your consent to disclose your TFN to your FROM fund. If you have already provided your TFN, you give your consent when you sign this form. If you have not provided your TFN to give consent, write your TFN below and then sign the form. Please read the information about providing your TFN.

b. 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 understand I may lose insurance cover in my previous fund.
- I am aware I may ask my previous 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, and do not require any further information.
- I consent to my TFN being disclosed to my previous fund for the purposes of consolidating my super.
- I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to Nationwide Super, a division of the Russell Investments Master Trust.

Member signature

Date (DD MM YYYY)

Member name

### Providing your Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect, use and disclose your TFN. The Trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

Declining to quote your TFN to the Trustee of your superannuation provider is not an offence. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- Your superannuation fund will be able to accept all permitted types of contributions to your account(s).
- Other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits.

- It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Your TFN will otherwise remain confidential.

### Please return your completed form to:

Nationwide Super  
Locked Bag A4094  
Sydney South NSW 1235

### Contact Nationwide Super:

P: 1800 025 241 (Toll free, Mon – Fri, 9am – 5pm AEST)  
E: [enquiries@nationwidesuper.com.au](mailto:enquiries@nationwidesuper.com.au)  
W: [nationwidesuper.com.au](http://nationwidesuper.com.au)

## Consent

### Sensitive Information regarding the Underwriting of your Insured Benefits

By signing this Form, you consent to the use and disclosure of your personal information to the Trustee, its service providers and other experts and advisers for the following purpose:

*Assessment by the Fund's insurer of your entitlement to be insured for death and/or disablement benefits provided by the Fund, relying on input from others, including medical experts.*

If there is a dispute with respect to your entitlement, the Trustee may be required to disclose this information to a Tribunal or Court.

If you do not provide this consent the Insurer may not be in a position to consider whether to provide you with Death and/or Disability Insurance through the Nationwide Super Division of the Russell Investments Master Trust.

You can view a copy of the Fund's Privacy Policy at [nationwidesuper.com.au/privacy](https://nationwidesuper.com.au/privacy) or if you have any questions about the Fund, please call us on 1800 025 241.

Signature	<input type="text"/>	Date	<input type="text"/>
Name (please print)	<input type="text"/>		

#### » Please return your completed form to:

Nationwide Super  
Locked Bag A4094  
Sydney South NSW 1235

#### Contact Nationwide Super:

P: 1800 025 241 (Toll free, Mon – Fri, 9am – 5pm AEST)  
E: [enquiries@nationwidesuper.com.au](mailto:enquiries@nationwidesuper.com.au)  
W: [nationwidesuper.com.au](https://nationwidesuper.com.au)



# Personal Statement Member's Declaration

## About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

## The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

## If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

## Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

## Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

## If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

## Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any *impact on the cover*.

## A. Life Insured (Life insured to complete this section in full.)

	Title	Surname	Given Name
1. Name			
2. Date of Birth (dd/mm/yy)			3. Gender at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Residential Address	No.	Street	
	Suburb	State	Postcode
5. Mailing Address <small>(if different to above)</small>			
	Suburb	State	Postcode
We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours. Please nominate a preferred local contact time: <input type="checkbox"/> 8am – 11am <input type="checkbox"/> 11am – 2pm <input type="checkbox"/> 2pm – 5pm			
6. Contact Details	Phone (home)	Phone (work)	Mobile
	E-mail		
7. Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please advise what type of visa you hold and expiry date. <div style="border: 1px solid black; width: 400px; height: 20px;"></div>			

## B. Type of Insurance

<small>(Please tick)</small> <input type="checkbox"/> New <input type="checkbox"/> Increase	<small>(Please tick)</small> <input type="checkbox"/> Death Only <input type="checkbox"/> TPD Only	Amount \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/> Death & TPD <input type="checkbox"/> Income Protection	Amount \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Amount \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<b>Income Protection only:</b>				
Benefit Period	<input type="checkbox"/> 2 years (to age 65 if earlier)	<input type="checkbox"/> To Age 65	<input type="checkbox"/> Other – please specify <div style="border: 1px solid black; width: 50px; height: 20px;"></div> years/other	
Waiting Period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> Other – please specify <div style="border: 1px solid black; width: 50px; height: 20px;"></div> days

### C. Personal History (Life insured to complete this section in full.)

1. (a) Do you have, or are you applying for life, disability (including Total & Permanent Disablement or Salary Continuance cover) or trauma insurance on your life (including any pending applications held with any other insurer)? ..... Yes ☐ No ☐  
If 'Yes', please complete policy details below.

Policy Number	Commencing Date	Policy Owner	Insurer	Type of Cover	Amount of Cover	Existing Income Protection: Waiting Period/ Benefit Period	To Be Replaced 'Y' or 'N'

If you are intending to replace any existing cover that you hold as part of making this application, you should not cancel your existing cover until we have confirmed that we have accepted your application. If we don't accept this application, it could mean you have no cover.

The general risks of replacing life insurance cover may include but are not limited to:

- implications of any errors or omissions in your new application
- your existing policy containing differing terms, conditions, features and/or benefits to a new policy (e.g. waiting periods and qualifying periods restarting).

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

- (b) Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance? ..... Yes ☐ No ☐
- (c) Have you **ever** claimed benefits from any source (excluding unemployment), e.g. Accident, Sickness, Workers Compensation, Social Security, Disability Income Insurance or Pension? If 'Yes' please give the name of the company, date, amount and reason for each claim below. .... Yes ☐ No ☐

**If you answered 'Yes' to 1(b) or 1(c) please provide details.**

2. (a) In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products?..... Yes ☐ No ☐  
If 'Yes', please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)

- (b) Do you drink alcohol?..... Yes ☐ No ☐  
If 'Yes', please state how many standard drinks you consume per week on average  
(one standard drink = 30 ml spirits (one nip), 100 ml wine, 10 oz/285 ml beer):.....

- (c) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? ..... Yes ☐ No ☐  
If 'Yes', please provide details.

--

- |                             |    |                          |    |
|-----------------------------|----|--------------------------|----|
| 3. (a) What is your height? | cm | (b) What is your weight? | kg |
|-----------------------------|----|--------------------------|----|

4. Do you have definite plans to travel or reside overseas? If 'Yes', please state:..... Yes ☐ No ☐

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /



C. Personal History (Life insured to complete this section in full.)

5. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? ..... Yes ☐ No ☐
- If 'Yes', please fill in **Section G** (Aviation or Activities/Pursuits Questionnaire).

Family History

6. Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever experienced heart disease, stroke, breast cancer, ovarian cancer, prostate cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Parkinson's disease or any other hereditary disease? ..... Yes ☐ No ☐

If 'Yes', please provide details in the table below.

	Condition/Illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			

Sexual Health

7. In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? ..... Yes ☐ No ☐

Remainder of this page has been left intentionally blank.



## E. Doctor's Details (Life insured to complete this section in full.)

1. (a) Details of your personal doctor.

**IF NO PERSONAL DOCTOR, PLEASE STATE NAME/ADDRESS OF LAST DOCTOR OR MEDICAL CENTRE YOU ATTENDED.**

Name:		
Address:		Postcode
Phone (    )	Fax (    )	Email (if known)

- (b) What was the date of your last consultation? (Give approximate date if exact date unknown.)

- (c) How long have you been attending the surgery/practice?

- (d) If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name:		
Address:		Postcode
Phone (    )	Fax (    )	Email (if known)

## F. Present Occupation (Life insured to complete this section in full)

1. (a) What is your usual occupation?

- (b) Do you perform any manual work? If 'Yes', please describe duties and percentage of time spent in each. .... Yes ☐ No ☐

Type of work	% of time	Please describe your specific duties and where they are performed
Sedentary		
Light manual		
Heavy manual		

2. What is your annual income?

\$

3. Hours currently working per week

☐ Zero    ☐ 1–14 hours    ☐ 15–60 hours    ☐ >60 hours – please provide number of hours if >60

## Questionnaires (Life insured to complete – may be photocopied for additional activities/pursuits.)

### G. Aviation Questionnaire

1. Please state the number of hours flown where applicable:

(a) <b>Private flying</b> Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg. Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) <b>Commercial flying</b> (excluding large mainstream carriers, eg. Qantas) Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg. Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(c) <b>Agricultural flying</b> Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg. Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are your flying activities:

☐ Recreational, or ☐ Required for your occupation?

Please provide details.


3. (a) Name of aircrafts flown.


(b) Make and model of the aircrafts.


(c) **If pilot only.**

(i) Age of the aircrafts flown.

(ii) Is the aircraft serviced and maintained in Australia? If 'No', where is the aircraft serviced? ☐ Yes ☐ No

4. Do you fly or intend to fly outside Australia?

If 'Yes', please provide details. ☐ Yes ☐ No


5. Do you participate in or intend to participate in any flying activities such as aerobatics, stunt flying or exhibitions? If 'Yes', please provide details. ☐ Yes ☐ No


6. Have you ever been involved in any aviation accidents? If 'Yes', please provide details. ☐ Yes ☐ No


### G. Activities/Pursuits Questionnaire

1. Please describe the activity or pursuit.

2. Please advise the number of times you engage in the activity per year.

3. How many actual events/hours/trips/flights/dives/climbs/jumps/others, did you participate in over the last twelve months approximately?

4. What qualifications, certificates, licences, associations and club memberships do you hold?

5. How long have you been involved in this activity?

6. Where do you engage in this activity and in what locations?


7. Do you ever engage in this activity alone, or are you always with a group?

8. Do you compete in this activity? ☐ Yes ☐ No

If 'Yes', please advise the level of competition and names of events.


9. Do you receive any payments for your involvement in this activity? ☐ Yes ☐ No

If 'Yes', please advise details.

10. Please advise the maximum heights, speeds, depths the activity includes.

11. Are any of the above likely to change over the next 2 years? ☐ Yes ☐ No

If 'Yes', please provide full details.

12. Are you involved in any record attempts? ☐ Yes ☐ No

If 'Yes', please provide details.

13. Are all recognised/standard safety measures and precautions followed? Please provide any additional details.


14. Please provide details including engine size and model for any cars, boats, planes (state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.


15. Have you ever been involved in any accident/mishap whilst participating in this activity? ☐ Yes ☐ No

If 'Yes', please provide details.

## H. High Blood Pressure/High Cholesterol Questionnaire

1. When was high blood pressure/ high cholesterol first diagnosed?

2. What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?

Readings	Results	Date diagnosed
Blood Pressure		
Total Cholesterol		
HDL		
LDL		
Triglycerides		

3. Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage

4. Are you still on treatment? ☐ Yes ☐ No  
If 'No', when was treatment discontinued and why?

5. Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results

6. Regarding the monitoring of your condition:

(a) Name of medical attendant:

(b) How often do you attend for follow-up?

(c) When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time.

(d) Have you experienced any of the following conditions:

(i) Eye disorder (other than short/long sightedness) ☐ Yes ☐ No

(ii) Symptoms or disorder relating to heart or circulatory system ☐ Yes ☐ No

(iii) Kidney disorder or protein in urine ☐ Yes ☐ No

(iv) Dizziness, fainting episodes or stroke ☐ Yes ☐ No

If you answered 'Yes' to any of the above, please provide details:

Date	Symptoms	Investigations	Results

(e) How long has your blood pressure/cholesterol been well controlled?

☐ < 6 months ☐ 6 months to 12 months ☐ > 12 months

7. Please provide any additional information on your condition which you feel will be helpful in processing your application.

8. Please attach copies of any reports or results (eg. xray, pathology, ultrasound, etc) you may have.

## I. Asthma Questionnaire

1. Date asthma first diagnosed.

 /  / 

2. How often do you experience symptoms?  
eg. wheezing, breathlessness, chest tightness.

☐ Daily ☐ Weekly ☐ Monthly ☐ Other

3. When was your most recent episode of asthma?

 /  / 

4. Are you aware of any causes that trigger your symptoms?  
eg. allergy, exercise.

5. Have you ever been off work due to asthma? ☐ Yes ☐ No  
If 'Yes', please advise when, and for how long.

6. Name of medications.

(a) Dosage

(b) Frequency

(c) When was the last time you received medication?

(d) What additional treatment do you use to control an attack?

7. Have you ever required steroid therapy  
(by tablet or syrup)?

☐ Yes ☐ No

If 'Yes', please provide details.

8. Have you ever been in hospital or received  
emergency treatment for asthma?

☐ Yes ☐ No

If 'Yes', please state when, for how long and where?

9. Have you ever undergone a lung function test?

☐ Yes ☐ No

If 'Yes', please advise dates and highest and lowest readings, if known.

10. Have you ever consulted a specialist for this  
condition?

☐ Yes ☐ No

If 'Yes', please advise name and address of doctor of last consultation.

11. Please provide details of your most recent visit to any other doctor for  
this condition. Include date, name and address of doctor consulted.

**J. Multi-Purpose Questionnaire**

1. Name of condition (exact diagnosis).
2. (a) What part of the body was affected?   
(b) Please state which side. ☐ Left ☐ Right ☐ Not applicable
3. The cause.
4. (a) Date symptoms commenced.  /  /   
(b) How long have you been free of symptoms?   
(c) How often do/did you have symptoms?
5. Have you ever been off work or your normal daily activities restricted in any way related to this condition? ☐ Yes ☐ No  
If 'Yes', please state when, duration and reason/restriction.
6. Have you any residual, on-going effects or restriction in your daily activities? ☐ Yes ☐ No  
If 'Yes', please give details.
7. Have you taken regular or occasional medication for this condition? ☐ Yes ☐ No  
If 'Yes', advise names of medication(s), dosage(s) and frequency.  
  
Are you still taking this medication? ☐ Yes ☐ No
8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)? ☐ Yes ☐ No
9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)? ☐ Yes ☐ No
10. Have you ever been in hospital or received emergency treatment for anything related to this condition? ☐ Yes ☐ No
11. Have you seen a doctor or other therapist for anything related to this condition. ☐ Yes ☐ No  
If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

**If you answered 'Yes' to questions 8 –11 please advise details including date, type of treatment and tests.**


12. Has further treatment been recommended for this condition? ☐ Yes ☐ No  
If 'Yes', please provide details.
13. Does your usual doctor have details of this condition? ☐ Yes ☐ No  
If 'No', provide name and address of doctor who has full details.

**J. Multi-Purpose Questionnaire**

1. Name of condition (exact diagnosis).
2. (a) What part of the body was affected?   
(b) Please state which side. ☐ Left ☐ Right ☐ Not applicable
3. The cause.
4. (a) Date symptoms commenced.  /  /   
(b) How long have you been free of symptoms?   
(c) How often do/did you have symptoms?
5. Have you ever been off work or your normal daily activities restricted in any way related to this condition? ☐ Yes ☐ No  
If 'Yes', please state when, duration and reason/restriction.
6. Have you any residual, on-going effects or restriction in your daily activities? ☐ Yes ☐ No  
If 'Yes', please give details.
7. Have you taken regular or occasional medication for this condition? ☐ Yes ☐ No  
If 'Yes', advise names of medication(s), dosage(s) and frequency.  
  
Are you still taking this medication? ☐ Yes ☐ No
8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)? ☐ Yes ☐ No
9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)? ☐ Yes ☐ No
10. Have you ever been in hospital or received emergency treatment for anything related to this condition? ☐ Yes ☐ No
11. Have you seen a doctor or other therapist for anything related to this condition. ☐ Yes ☐ No  
If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

**If you answered 'Yes' to questions 8 –11 please advise details including date, type of treatment and tests.**


12. Has further treatment been recommended for this condition? ☐ Yes ☐ No  
If 'Yes', please provide details.
13. Does your usual doctor have details of this condition? ☐ Yes ☐ No  
If 'No', provide name and address of doctor who has full details.

## K. Mental Health Questionnaire

1. Please indicate the condition(s) you have had or received treatment for.

- ☐ Anxiety including generalised anxiety, panic or phobic disorder  
☐ Eating disorder including anorexia nervosa, bulimia  
☐ Depression including major depression or mild depression  
☐ Manic depressive illness, bi-polar disorder  
☐ Alcohol or other substance abuse or addiction  
☐ Post traumatic stress  
☐ Schizophrenic or any other psychotic disorder  
☐ Stress, sleeplessness, chronic fatigue  
☐ Other (please specify)

2. Describe your symptoms including the date they first started and how long they lasted.

Symptoms	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Have you had any recurrences? ☐ Yes ☐ No  
 If 'Yes', please provide details.

Symptoms	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. (a) Has any reason for your condition been identified or are there any factors which trigger your condition?

(b) Have you ever had any suicidal thoughts, attempted suicide, threatened to self-harm or engaged in self-harm? ☐ Yes ☐ No  
 If 'Yes', please provide details.

5. (a) Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Are you currently receiving treatment? ☐ Yes ☐ No

(c) If 'Yes', please provide details.

6. Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Have you ever been off work or your normal daily activities restricted in any way due to your condition? ☐ Yes ☐ No  
 If 'Yes', when and how long?

8. Have you any ongoing effects or restriction to your activities of any kind due to your condition? ☐ Yes ☐ No  
 If 'Yes', please provide details.

## L. Spinal/Joints Disorder Questionnaire

1. Area of spine (eg. neck, upper or lower back) and/or joints affected (eg. left knee, right hip, shoulders, elbows etc).

2. Please state the precise diagnosis.

3. When did symptoms first occur?

4. (a) What was the cause?

(b) Please describe your symptoms.

(c) Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs? ☐ Yes ☐ No

(d) State frequency and severity of attacks/symptoms prior to treatment.

5. Are you still experiencing symptoms? ☐ Yes ☐ No

(a) If 'No', date of last experienced symptoms.

(b) If 'Yes', how frequently have symptoms occurred since commencing treatment?

☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

6. (a) What is the nature of the treatment (eg. medication, physiotherapy, exercise, etc)?

(b) Are you still receiving treatment? ☐ Yes ☐ No

(i) If 'No', when did you cease treatment?

(ii) If 'Yes', how often do you attend for follow-up and date of last consultation?

(c) Name and address of doctor or therapist consulted.

7. Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition? ☐ Yes ☐ No  
 If 'Yes', please provide date(s) and full details including type of investigations, results and name of doctor.

8. Have you had an operation for this condition or is an operation being considered? ☐ Yes ☐ No  
 If 'Yes', please provide date(s) and full details including names of hospital and consultant/surgeon.

9. (a) Have you ever been off work due to your symptoms? If 'Yes', when and for how long? ☐ Yes ☐ No

(b) Are your occupation duties restricted in any way? ☐ Yes ☐ No  
 If 'Yes', please provide details.

(c) Is it necessary to avoid lifting or to restrict your daily activities in any way? ☐ Yes ☐ No  
 If 'Yes', please provide details.



## M. Declaration

- I declare that the information I provided in this Personal Statement (whether written in my hand or not) is true and correct and that no information material to the insurance has been withheld.
- I agree that any personal statements made (including this one) together with any relevant supporting documents shall form the basis of the proposed contract of insurance with AIA Australia Limited.
- I also understand that my duty to take reasonable care continues after I have completed the insurance application until AIA Australia has accepted the risk. I understand AIA Australia may cancel the cover from inception or provide cover on amended terms if I do not comply with my duty to take reasonable care.
- I consent to AIA Australia collecting sensitive information, i.e. health information about me, for the purpose of the performance of this contract.
- I agree that cover will not commence until the premium is paid and AIA Australia has accepted the risk.
- I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the AIA Australia Privacy Policy available at [www.aia.com.au](http://www.aia.com.au) as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy on AIA Australia's website.

**I confirm the Declarations are true and accurate.**

Signature

X

Date

## N. Privacy

Your privacy is important to us. The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at [www.aia.com.au](http://www.aia.com.au) or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser, employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services and other laws set out in the AIA Australia Privacy Policy; and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

If you do not provide the required personal and sensitive information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your personal information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's privacy policy.

## O. Authority to Release Health Information

### Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, (**AIA Australia**), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

### Authority 1

**Authority 1 explanatory notes** – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

#### Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **AIA Australia**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **AIA Australia** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

### Authority 2

**Authority 2 explanatory notes** – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

#### Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **AIA Australia**, or to third parties they engage, only if **AIA Australia** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name:

Signature:

Date:

☐ I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.