



a super start
setting up for your future

HEIDELBERG AUSTRALIA SUPERANNUATION FUND

Application and Change Request form

The Heidelberg Australia Superannuation Fund gives you a number of choices for your super. You can choose to make additional voluntary contributions and decide how you would like your super invested. For more information on these choices, please refer to the Fund's Product Disclosure Statement.

Use this form to make your choices when you join the Fund. You must make an investment choice when you join the Fund or your application cannot be processed. You can also use this form to vary your existing choices if you need to.

Your personal details

Title: Mr/Mrs/Miss/Ms (please circle)

Surname: _____ First name: _____

Address: _____

_____ State: _____ Postcode: _____

Date of birth: ____ / ____ / ____ Member number (if an existing member): _____

Email: _____

Providing your email address

The Trustee may decide to provide information about the Fund or your benefits electronically in the future. This might include Product Disclosure Statements, Benefit Statements, Exit Statements, Annual Reports, newsletters or information on material changes to your super or significant events. If you'd like to receive information electronically, where available, please provide your email address

Your contribution choice

Tick one of the options below to tell us if you would like to make additional voluntary contributions to your super, or to change the amount of your existing additional voluntary contributions.

I wish to *make* additional voluntary contributions to the Fund.

I wish to *change* the amount of additional voluntary contributions I currently make to the Fund.

Now please tell us how much you wish to contribute and whether you wish your contributions to be deducted from your before-tax or after-tax salary.

I wish to contribute _____% of my salary as additional voluntary contributions.

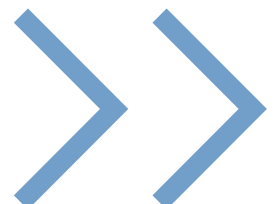
I wish to make my contributions from my (please tick your choice):

Before-tax salary* (i.e. by salary sacrifice)

After-tax salary

* Making additional voluntary contributions by salary sacrifice is subject to Company approval. For more information, refer to the Fund's Product Disclosure Statement.

HEIDELBERG





Your investment choice

Please invest the current balance of my super account with the Fund, together with any future contributions and rollovers, in the following investment option (please tick ONE option only):

Cash Capital Stable Balanced Growth Diversified Shares

If you are a current member of the Fund and you are using this form to switch your investment option, you should note that the Trustee permits switching once every month with your new option applying with effect from the first day of the month. You must return your form five days prior to the end of the month. Refer to the Fund's Product Disclosure Statement for more information on switching options.

Your approval

I hereby declare that:

- I have received and understood the Product Disclosure Statement (PDS) for the Heidelberg Australia Superannuation Fund.
- I agree to be bound by the terms and conditions of the Fund's trust deed and insurance policy.
- All of my super (for Accumulation members) or my accumulation accounts (for Defined Benefit members) will be invested in the investment option of my choice. I understand that investment returns may be positive or negative and are not guaranteed.
- I elect that the Fund (being a choice product) should receive all of the Company's future Superannuation Guarantee contributions until the Trustee (via the Fund Administrator) receives a new instruction from me.
- I direct the Trustee that my future contributions are to be invested in accordance with the investment option that I have selected on this form until the Trustee (via the Fund Administrator) receives a new instruction from me.
- My insurance cover under the Fund is subject to any health requirements being met.
- The choices I have made on this form supersede any previous choices that may have been made by me.
- If I am making changes to my existing membership details, I have completed the applicable sections of the form. Any section of the form that is not completed signifies that I wish to maintain my existing arrangement.
- If I have provided my email address on page 1, I agree that the Trustee may use that email address to send me information as set out on page 1 electronically.
- I have received, read and understood the summary of the *Privacy Policy* for the Fund as set out in the PDS. I agree to the use and disclosure of my personal information as disclosed therein.
- The information on this form is true to the best of my knowledge and belief.

Signature: _____ Date: ____ / ____ / ____

Please return your completed form to the Human Resources Department.

If you have any questions, please contact the Fund Administrator on 1800 127 953.