

Important information about additional and regular investments

How do I make an additional investment?

You can make additional investments by cheque or direct debit at any time. Cheques should be made payable to: FirstChoice Employer Super, [your name]. For every additional investment, we need to know the type of contribution (eg personal contribution, employer contribution, etc) and your current employment status. This information will determine your eligibility to contribute and the amount of tax applicable to your investment. For more information, refer to the current Product Disclosure Statement. If we receive additional or regular investments into a suspended, restricted or unavailable option, we will invest those funds into the FirstChoice Lifestage default option and notify you with your confirmation.

Please note: If you are contributing certain types of payments, ie directed termination payments (DTPs), CGT contributions or personal injury contributions, further information may be required. Please contact the ATO, your adviser or Employer Services on 1300 654 666 for further details.

If we receive your additional investment instructions at our office before 3pm on a NSW business day, the entry unit price calculated at the end of that day will apply. Additional investment instructions received after 3pm are calculated at the following day's entry unit price. Should you wish to cancel your application, you must advise us in writing or by fax before 3pm on a NSW business day on the day your completed application is received by Colonial First State.

How do I make a regular investment?

You can arrange regular monthly investments of \$100 or more by setting up a Regular Investment Plan. If we receive additional or regular investments into a suspended, restricted or unavailable option, we will invest those funds into the FirstChoice Lifestage default option and notify you with your confirmation.

You can use this form to establish a Regular Investment Plan. If the account the funds are to be withdrawn from is a third party bank account that party will need to complete a separate Direct Debit Authority Form. Regular investments are debited from your Australian financial institution on the first working day after the 9th of the month. Regular investments are accepted in accordance with the conditions outlined in the current Product Disclosure Statement.

To obtain the most current Product Disclosure Statement (PDS), you can:

- visit our internet site at colonialfirststate.com.au
- phone Employer Services on 1300 654 666 for the cost of a local call within Australia.

Please phone Colonial First State Employer Services on 1300 654 666 with any questions.

What should I know about providing my Tax File Number (TFN)?

We can collect your Tax File Number (TFN) under the Superannuation Industry (Supervision) Act 1993. It is not an offence not to quote your TFN.

Please note: If we don't have your TFN, employer contributions made to your account will be taxed at the top marginal tax rate plus Medicare and other applicable levies instead of the normal concessional tax rate of 15%. Additionally, you won't be able to make any non-concessional or personal contributions.

Also, if you do not provide your TFN, then:

- more tax may become payable on your benefits than would otherwise be payable
- if you are eligible, you may not receive your Government co-contribution
- it may become more difficult to locate or amalgamate your superannuation benefits in the future to pay you any benefits you are entitled to.

If you provide your TFN to us, we will use it only for legal purposes, which include:

- calculating tax on any benefit you may be entitled to
- providing information to the Commissioner of Taxation (including disclosing your TFN).

If you provide your TFN to us, you consent to us using it to:

- seek information about your superannuation accounts from the Australian Taxation Office (ATO) using the ATO's Supermatch program or other facility provided by the ATO
- where, as a result, we locate information about superannuation accounts which you hold with other superannuation providers, contacting those providers to confirm the accuracy of the information.

After we have confirmed that you hold superannuation monies with other superannuation providers we will notify you and you can authorise us to consolidate those accounts on your behalf if you choose to do so.

Please note: The legal purposes may change in the future following legislative change and the consequences of not providing the TFN may also change as a result.

If you provide your TFN to us, we may provide it to another superannuation fund trustee or Retirement Savings Account provider to whom your benefits are to be rolled over, unless you request us not to do so in writing. In all other respects, your TFN will be treated as confidential.

TFN tax – Provide your Tax File Number to your super fund

It is not compulsory to provide us with your TFN. However, if you do not, we may be required to deduct additional tax of 34% from your taxable superannuation contributions (in addition to the 15% tax already payable). If you are an existing investor as at 1 July 2007, you will only be charged this TFN tax on your contributions if they exceed \$1,000 in a financial year.

In addition, if you do not provide your TFN within 30 days of making any other type of contribution (including a personal or self-employed contribution), we are required to refund the contribution to you less taxes, fees, costs and insurance premiums, and reduced or increased for market movements.

If TFN tax has been deducted from your contributions, you can quote your TFN to your super fund within the following three financial years, for a refund. You should consider this before leaving the fund.

To avoid paying additional tax or a refund of your contributions, please make sure we have your TFN recorded.

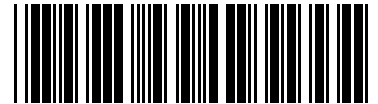
Anti-Money Laundering and Counter-Terrorism Financing laws and Sanctions laws

We are required to comply with these laws, including the need to establish your identity (and, if relevant, the identity of other persons associated with your account).

Additionally, from time to time, we may require additional information to assist with this process.

We may be required to report information about you to the relevant authorities. We may not be able to tell you when this occurs. We may not be able to transact with you or other persons. This may include delaying, blocking, freezing or refusing to process a transaction or ceasing to provide you with a product or service. This may impact on your investment and could result in a loss of income and principal invested.

FirstChoice Employer Super Additional and Regular Investment Form



Before completing this form you must have a copy of the current Product Disclosure Statement.
Please phone Colonial First State Employer Services on 1300 654 666 with any enquiries.

SAVE FORM

PRINT FORM

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

OFFICE USE ONLY

1 INVESTOR DETAILS

FirstChoice Employer Super account number

0 6 5

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Employer name

(Please refer to attached instructions for information about the collection of your TFN and the implications of not providing your TFN. This could mean that you will pay more tax or that certain contributions will not be accepted).

TAX FILE NUMBER

Date of birth

dd/mm/yyyy

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Work phone number

Home phone number

Mobile phone number

Email address

Why we ask for your email address and mobile number

- By providing your email, you are consenting to receive communications, including statements, e-IQ newsletters, promotions, significant event notices and other important information to your email address.
- By providing your mobile number, you are consenting to its use for security validations. This will allow you to access communications such as your statement via email.

You are able to change your contact preferences at any time by logging on to FirstNet or contacting us on 1300 654 666.

2 INVESTMENT INSTRUCTION

Cross (X) one box only

I would like an additional investment and (or) regular investment plan to be made in line with existing investment selections or auto rebalancing instructions (go to **section 4**).

I would like to specify the amount I wish to invest in each option, and understand that this will cancel the auto rebalancing facility, if applicable (complete **section 3** below).

The minimum regular investment plan amount is \$100 per month.

3 INVESTMENT ALLOCATION

Cross (X) this box if you would like to increase your regular investment plan amount in line with inflation (or 3%, whichever is greater) each year.

If you have established auto-rebalancing on your account, all additional deposits must be made in line with your nominated weightings, otherwise the facility will be cancelled. **Please note:** additional investments can only be made to options in the FirstChoice Lifestage and Select menu.

Option CODE (refer to the back page of this form)	Additional investments	OR	%	Regular investment plan
<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"/>	\$ <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"/>		<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"/> %	\$ <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"/>
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>		1 0 0 %	\$ <input type="text"/>

4 EMPLOYMENT DETAILS

In order to invest in super you need to meet certain criteria, based upon your age and employment status. Please place a cross (X) in the box which represents your status.

Under age 65

Aged 65-74 Have you worked for at least 40 hours over a period of 30 consecutive days in the current financial year? Yes No

5 PAYMENT DETAILS

How will this investment be made? NOTE: Cash is not accepted.

- Cheque (attached) Make cheque payable to 'FirstChoice Employer Super, <Investor name>'
- Direct debit Make sure you also complete your bank account details in section 7. Please ensure cleared funds are available
- Rollover Make sure you have completed and sent the Request to transfer form to your current superannuation provider and completed section 6 of this form. If you wish to transfer the full amount write 'Balance'.
- BPAY Please see colonialfirststate.com.au/paymentoptions for details on how to make a BPAY payment to your account
- Direct credit Please see colonialfirststate.com.au/paymentoptions for details on how to make a direct credit payment to your account

6 CONTRIBUTION/ROLLOVER DETAILS

Please indicate below the amount of your contribution and/or rollover.

	Investment or contribution amount	Regular investment plan
(a) Personal contribution	\$ <input type="text"/>	\$ <input type="text"/>

If you intend to claim a tax deduction^{1,2} for your personal contributions, you will need to provide us with a completed 'Notice of intent to claim or vary a deduction for personal super contributions' form, available in the forms library on our website, colonialfirststate.com.au, or from the ATO.

(b) Employer contribution	\$ <input type="text"/>	\$ <input type="text"/>
(c) Salary sacrifice	\$ <input type="text"/>	\$ <input type="text"/>
(d) Spouse contribution	\$ <input type="text"/>	\$ <input type="text"/>
(e) Rollover	\$ <input type="text"/>	

If (e) is selected, provide the following information:

Name of previous institution	Approx. amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

(f) CGT contribution \$

Please provide a CGT cap election form at the time you make the contribution (available from the ATO).

(g) Personal injury payment \$

Please provide a contribution for personal injury form at the time you make the contribution (available from the ATO).

Total investment \$ \$

7 BANK ACCOUNT DETAILS

This form can only be used to nominate an account which is held in your name(s).

If you wish to make investments from a nominated account in a different name or names to this investment, it will be necessary for you to use a separate direct debit authority form.

BANK ACCOUNT 1

Please provide your account details in this section if you have requested us to debit or credit your bank account.

Name of Australian financial institution

Branch name

Branch number (BSB) Account number
-

Name of account holder

BANK ACCOUNT 2

Only complete your account details in this section if you would like your **Regular Investment Plan** debited from a **different** bank account.

Name of Australian financial institution

Branch name

Branch number (BSB) Account number
-

Name of account holder

1 Claiming a full or a partial tax deduction may result in personal deductible contributions which are subject to 15% contributions tax and may count towards your concessional cap. Please refer to the current PDS for further information.

2 A partial or full withdrawal or rollover made from this account may reduce your eligibility to claim a personal tax deduction.

8 DEDUCTION OF FEES AND ADVISER SERVICE FEE

Please nominate an investment option below from which the monthly administration fee and (if applicable) adviser service fee is to be deducted.

Option **CODE** (Refer to the back page of this form)

If more than one option is nominated we will deduct this fee in the order outlined on the back page of this form.

Complete this section if you have agreed with your financial adviser to have an **ongoing** OR **one-off** adviser service fee deducted from your account. Refer to the PDS for details.

ONGOING FEE

Ongoing adviser service fee

Select **ONE** option only

% of account balance . % per annum

OR

\$ amount \$ per month

OR

Combination of above . % per annum AND \$ per month

Cross (X) this box if you would like to increase your set dollar amount by a percentage based on CPI (or 3%, whichever is greater) each year.

AND/OR

ONE-OFF FEE

Investment options from which fee is to be deducted.

Indicate one option only

OR Deduct as per investment weighting at time of deduction.

One-off adviser service fee

\$

9 DECLARATION AND SIGNATURE

I declare and agree that:

- I have received and read the current PDS and I acknowledge I have access to all statements and information that are incorporated by reference, together referred to below as 'the PDS', and have accepted the offer in Australia
- if I have received the current PDS electronically, that I have received it personally or a printout of it
- my application is true and correct
- I have legal power to invest
- if there is no investment option selected or I have selected a suspended, restricted or unavailable investment option, the trustee may choose to reject my investment or invest it in the FirstChoice Lifestage default investment option
- I will tell you if my employment status changes, in particular I acknowledge that if I am age 65 or over I must meet the work test to make contributions to super
- my adviser will receive the payments as specified in this application form via redemption of units from my investment and I consent to Colonial First State deducting and paying the amount of adviser service fee as specified in **section 8** of the application form to my adviser through their dealer group
- future investments will be made in line with the most recent transaction (excluding regular investment plan) unless I instruct you otherwise
- by providing my Tax File Number, I give my consent to its use and disclosure as set out in the current PDS
- by investing (and remaining invested) with Colonial First State, I give my consent to the collection, use and disclosure of personal information as set out in the current PDS
- I confirm that the adviser service fee agreed with my adviser is:
 - only for financial advice provided to me
 - only for financial advice in relation to my investment in FirstChoice Employer Super, and
 - I believe, a reasonable amount for the financial advice provided.

I acknowledge and agree that:

- where a dollar and percentage adviser service fee is elected, this election can be revoked within 30 days of the date of receipt of the request by Colonial First State. Any ongoing adviser service fee deducted during this period will be reimbursed to my account
- Colonial First State has the discretion to decline a request to pay this adviser service fee in order to comply with its obligations under superannuation law, and
- it may be an offence including an illegal early release of super scheme if the above confirmation is not true and correct.

I acknowledge that:

- investments in FirstChoice Employer Super are not investments, deposits or other liabilities of Commonwealth Bank of Australia or its subsidiaries and are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested
- neither Colonial First State nor Commonwealth Bank of Australia or its subsidiaries guarantee the repayment of capital or the performance of the options or any particular rate of return from the options.

Direct Debit Request Authorisation

- I authorise Colonial First State Investments Limited (User ID 011802) to arrange for funds to be debited from my account at the financial institution identified in **section 7** above and in accordance with the Bulk Electronic Clearing System (BECS).
- I have read the 'Direct Debit Customer Service Agreement' provided with this form and agree with its terms and conditions.
- I request this arrangement to remain in force in accordance with details set out in **section 7** and in compliance with the 'Direct Debit Customer Service Agreement'.

Investments in Colonial First State FirstChoice Employer Super USI FSF0361AU (referred to as 'FirstChoice Employer Super', 'FirstChoice' or 'the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468.

Original signature of member

Print name

Date signed

If you are signing under a Power of Attorney, please comply with the following:

- attach a certified copy of the Power of Attorney document
- each page of the Power of Attorney document must be certified by a Justice of the Peace, Notary Public or Solicitor. Additional certification options are available from our 'Certification of documents – list of prescribed persons' form at colonialfirststate.com.au/prospects/FS4523.pdf.
- should the Power of Attorney NOT contain a sample of the Attorney's signature, please also supply a certified copy of the identification documents for the Attorney, containing a sample of their signature, eg Drivers Licence, Passport, etc. The Attorney will also need to complete a power of attorney identification form which can be obtained from our forms library at colonialfirststate.com.au or by phoning Employer Services on 1300 654 666.

Please send the completed form to:
Colonial First State, Reply Paid 27, Sydney NSW 2001

ADVISER USE ONLY

Adviser name

Dealer/Adviser stamp (if applicable)

Contact phone number

Dealer ID

Adviser ID

By providing your (adviser) details you confirm that the adviser service fee agreed with the member is:

- to your knowledge, not calculated on or by reference to any money borrowed after 1 July 2013, used or to be used by the member to invest in this product or any other financial product
- only for financial advice provided to the member
- only for financial advice in relation to the member's investment in FirstChoice Employer Super, and
- of a reasonable amount for the financial advice provided.

And you acknowledge that:

- Colonial First State has the discretion to decline a request to pay this adviser service fee in order to comply with its obligations under superannuation law, and
- it may be an offence including an illegal early release of super scheme if the above confirmation is not true and correct.

If the adviser service fee is a large percentage of the application proceeds or of an unusually high amount, please provide reasons:

BRANCH USE ONLY

Name of referring branch

Branch number (BSB)

 –

Direct debit customer service agreement

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, providing no less than 14 days notice.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution prior to completing the direct debit request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are stopped either by you or the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Employer Services on 1300 654 666. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Employer Services on 1300 654 666. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries, and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

Please phone Employer Services on 1300 654 666 with any enquiries or send an email to employer@colonialfirststate.com.au.

FirstChoice Lifestage and Select Option Menu

Please use the following **CODES** under **section 3** of this form to indicate which investment option(s) you would like to contribute to.

Please note: Where amounts are to be deducted from or credited to your investment, for example rebates or adviser service fees and no option or an invalid option has been nominated by you, a default order exists. Generally, the default order draws from or credits to the more conservative option first, as determined by us. Please call Employer Services on 1300 654 666 should you require further information.

Option name	Code
DEFAULT INVESTMENT OPTION	
FirstChoice Lifestage 1945–49	980
FirstChoice Lifestage 1950–54	981
FirstChoice Lifestage 1955–59	982
FirstChoice Lifestage 1960–64	983
FirstChoice Lifestage 1965–69	984
FirstChoice Lifestage 1970–74	985
FirstChoice Lifestage 1975–79	986
FirstChoice Lifestage 1980–84	987
FirstChoice Lifestage 1985–89	988
FirstChoice Lifestage 1990–94	989
FirstChoice Lifestage 1995–99	990
FirstChoice Lifestage 2000–04	991
SELECT INVESTMENT OPTIONS	
MULTI-MANAGER MULTI-SECTOR	
FirstChoice Defensive Select	911
FirstChoice Conservative Select	912
FirstChoice Diversified Select	948
FirstChoice Moderate Select	913
FirstChoice Balanced Select	914
FirstChoice Growth Select	915
FirstChoice High Growth Select	916
MULTI-MANAGER SINGLE SECTOR	
FirstChoice Fixed Interest Select	917
FirstChoice Australian Share Select	919
FirstChoice Australian Small Companies Select ¹	920
FirstChoice Global Share Select	921
FirstChoice Property Securities Select ¹	918
FirstChoice Global Infrastructure Securities Select ¹	922
FIRSTCHOICE MULTI-INDEX SERIES	
FirstChoice Multi-Index Conservative Select	923
FirstChoice Multi-Index Diversified Select	925
FirstChoice Multi-Index Moderate Select	949
FirstChoice Multi-Index Balanced Select	924
FirstChoice Multi-Index High Growth Select	958

Option name	Code
SINGLE MANAGER SINGLE SECTOR	
Cash and Deposits	
FirstRate Saver Select	926
Diversified fixed interest	
Colonial First State Diversified Fixed Interest Select	928
UBS Diversified Fixed Income Select	929
Australian fixed interest	
Aberdeen Australian Fixed Income Select	927
Alternatives² – Suggested to be no more than 20% of your portfolio	
Aspect Diversified Futures Select	947
Australian share	
Ausbil Australian Active Equity Select	935
Bennelong ex-20 Australian Equities Select	950
Colonial First State Australian Share – Core Select	938
Colonial First State Index Australian Share Select	934
Fidelity Australian Equities Select	933
Perennial Value Australian Share Select	937
Schroder Australian Equity Select	936
Global share	
Magellen Global Share Select	943
MFS Global Equity Select	940
Platinum International Select	939
Realindex Global Share Select	944
Realindex Global Share – Hedged Select	945
Global share – emerging markets² – Suggested to be no more than 50% of your portfolio	
Platinum Asia Select	942
Realindex Emerging Markets Select	941
Australian property securities² – Suggested to be no more than 50% of your portfolio	
Colonial First State Index Property Securities Select	931
Ironbark Property Securities Select	930
Global property securities² – Suggested to be no more than 50% of your portfolio	
Colonial First State Global Property Securities Select	932
Geared² – Suggested to be no more than 30% of your portfolio	
Colonial First State Geared Share Select	946

1 The trustee suggests that no more than 50% of your portfolio is invested in these investment options. See the Investment Options Menu for more information on diversifying your portfolio.

2 The trustee suggests that your portfolio holds no more of its value in these investment categories than the maximum limit shown. See the Investment Options Menu for more information on diversifying your portfolio.