

Please tick appropriate box

New portfolio (please complete sections 1 and 3 onwards) Existing portfolio (please complete section 2 onwards)

Account type

Individual Unit trust
 Company Other trust
 Partnership
 SMSF Deceased estate

1. NEW PORTFOLIO DETAILS

Portfolio name

2. EXISTING PORTFOLIO DETAILS

Portfolio name

Registered Business Name

Country of establishment Settlor of the Trust (if applicable)

Trust ABN (if applicable) - - - Trust TFN (if applicable) - -

License/ Regulator details

Australian Registered Scheme Number (if applicable)

Company / Corporate trustee details (if applicable)

Full name

Registered address

Principal Place of Business

Company Type Private Proprietary Public

ACN - - Company ABN (if applicable) - - -

Current administrator details

Please provide details of the portfolio's current administrator to allow us to obtain the records and information necessary to undertake the administration of your portfolio.

Company name	<input type="text"/>		
Contact name	<input type="text"/>		
Postal address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone	<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"/>	Mobile	<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"/>
		Fax	<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"/>
Email	<input type="text"/>		

Current broker details

Please indicate if your listed shares are: Issuer sponsored (please provide copies of all holding statements) **OR** Broker sponsored (please complete below)

Holder identification number	<input type="text"/>		
Company name	<input type="text"/>		
Contact name	<input type="text"/>		
Postal address	<input type="text"/>		
	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone	<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"/>	Mobile	<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"/>

3. INVESTOR DETAILS

Please complete the Investor Details section using the full legal name of the individuals. These details must match their identification documents.

INDIVIDUAL 1 (PRIMARY CONTACT)

Title	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>			
Given name	<input type="text"/>			
Middle name	<input type="text"/>			
Date of birth	<input type="text"/>	Tax File Number	<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"/>	
Occupation	<input type="text"/>			
Residential address	<input type="text"/>			
Postal address	<input type="text"/>			
Phone	<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"/>	Email	<input type="text"/>	
Place of birth	City <input type="text"/>	State <input type="text"/>	Country	<input type="text"/>
Capacity	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee	<input type="checkbox"/> Investor	<input type="checkbox"/> Authorised Person
If the portfolio has a Corporate Trustee	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Secretary		

INDIVIDUAL 4

Title	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>			
Given name	<input type="text"/>			
Middle name	<input type="text"/>			
Date of birth	<input type="text"/>	Tax File Number	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>			
Residential address	<input type="text"/>			
Postal address	<input type="text"/>			
Phone	<input type="text"/>	Email	<input type="text"/>	
Place of birth	City <input type="text"/>	State <input type="text"/>	Country	<input type="text"/>
Capacity	<input type="checkbox"/> Individual Trustee	<input type="checkbox"/> Director of Corporate Trustee	<input type="checkbox"/> Investor	<input type="checkbox"/> Authorised Person
If the portfolio has a Corporate Trustee	<input type="checkbox"/> Chairperson	<input type="checkbox"/> Secretary		
How many authorised persons are required to sign instructions on behalf of the portfolio?	<input type="text"/>			

Additional authorised contacts

In addition to the authorised contacts specified above, your nominated adviser listed in section 5 is authorised to issue instructions to us on behalf of the portfolio.

4. BENEFICIARY DETAILS (APPLICABLE TO ANY DISCRETIONARY TRUST TYPES ONLY)

Full name	<input type="text"/>
Class of beneficiary (if applicable)	<input type="text"/>

5. ADMINISTRATION AND REPORTING

Please specify the first financial year for which SuperConcepts is required to prepare a Delated Income Tax Estimate Report: 30 June

Please indicate where annual tax reports should be sent: Adviser Investor Accountant (List details below)

Taxation management

Unless otherwise specified below we will calculate a realised gain so as to minimise the capital gains.

If you would like to use an alternative method, please indicate: LIFO (Last in first out) FIFO (First in first out)

Accountant

Company/Firm name	<input type="text"/>				
Contact	<input type="text"/>				
Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>				

Cash account

As part of our administration arrangement, you will need to use either a Macquarie Cash Management Account or an AMP SuperEdge Cash Account. Accounts established through our service will automatically include a data feed to our platform.

Accordingly, if an existing portfolio is currently not using one of these accounts, it will be necessary to change the portfolio cash account. To facilitate this change, we will prepare an application together with a bank closure letter for your signing to close the existing account arrangements and open the new account.

I/We request you to arrange for the opening of a cash account as follows:

Macquarie Cash Management Account

AMP SuperEdge Cash Account

If your portfolio has an existing cash account with Macquarie or AMP, please provide us with the details below:

Bank name	<input type="text"/>		
Account name	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>

Please confirm your operating instructions for the cash account: Any one of the individuals Any two of the individuals

Under SuperConcepts' daily administration service SuperConcepts authorised officers will act as an authority on the portfolio cash account.

6. ADVISER DETAILS

Surname	<input type="text"/>		
Given name	<input type="text"/>		
AFSL number	<input type="text"/>	Licensee name	<input type="text"/>
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Fax	<input type="text"/>		
Email	<input type="text"/>		
Adviser's signature	<input type="text"/>	Date	<input type="text"/>

7. SUPERCONCEPTS DASHBOARD ACCESS

As a SuperConcepts client you will be provided with dashboard access to manage your portfolio on an ongoing basis.

Please confirm the email address that you would like to use to log into the dashboard. A temporary password will be issued to you separately once the portfolio has been established.

Email User ID

I have read, understood and accepted the Terms & Conditions set out in the Administration Services Guide.

I have attached two types of primary identification documents for each individual. Primary identification documents include the following:

- Australian Passport
- Australian Drivers Licence
- Medicare card

8. PRIVACY STATEMENT

SuperConcepts collects personal information from you, your nominated adviser and other (prospective) members of your Portfolio.

Our main purpose in collecting personal information is to establish and/or administer your Portfolio. If you do not provide the information necessary to process your application for Portfolio services, then we may not be able to process it.

We may collect personal information if it is required or authorised by under the various financial services laws. If you use our services through an intermediary (such as a financial adviser, stockbroker or accountant), we will not use your information for the purposes of direct marketing without the consent of that intermediary. If you use our services directly (not through an intermediary), we may also use your personal information for related purposes, such as keeping you informed of new services or special arrangements offered or distributed by us. Again, when conducting our marketing activities, we may disclose some personal information to our service providers. You can opt out of receiving direct marketing information from us at any time.

We usually disclose information of this kind to:

- other members of the AMP group
- other members of your Portfolio
- your financial planner or broker (if any)
- external service suppliers both here and overseas. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- to Regulators such as Australian Taxation Office (ATO)
- anyone you authorise/nominate, or if required by law.

If sensitive information is collected, for example health information or membership of a professional association, additional restrictions apply. The primary purpose for collecting and holding sensitive information is to administer your Portfolio's records of insurance held through your Portfolio. We may disclose sensitive information to your nominated adviser or other trustees/trustee directors of your Portfolio, anyone you have authorised or if required by law.

Under the SuperConcepts Privacy Policy, you may access personal information about you held by us. The SuperConcepts Privacy Policy sets out our policy on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy and information about how we deal with such complaints.

You may obtain a copy by contacting us on 1300 023 170 or visiting superconcepts.com.au/privacy

Please tick this box if you wish to opt-out of receiving direct marketing information from us.

9. DECLARATIONS AND CONSENTS

By signing below, I, on behalf of the trustees (or prospective Trustees) of the Portfolio;

- declare that I am authorised to make declarations on behalf of the persons (and any prospective Trustees) named in this application form;
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise SuperConcepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- agree that I have received the Administration Services Guide (ASG), and accompanying documents for the products and services I have selected. I have read, understood and agree to the terms and conditions contained therein and agree that the product and services will be provided on those terms and conditions. I acknowledge that by selecting this check box I have applied for the products and services I have selected, on behalf of the trustees of my Portfolio.
- have read and understood the Fee Schedule applicable for the Services as stated in the ASG document and consent to them being debited from my Portfolio's bank account
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, SuperConcepts will not be able to process my application or deliver the relevant Service(s);
- understand that SuperConcepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of SuperConcepts' information; organisations maintaining SuperConcepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that SuperConcepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify SuperConcepts of my decision not to receive further information by contacting SuperConcepts directly.

I/We acknowledge and agree that SuperConcepts (and any person appointed by SuperConcepts to act on its behalf) is appointed on the date set out below as the administrator of the portfolio.

I/We agree that neither I/we nor any person claiming through me/us has any claim to SuperConcepts in relation to a payment made or action taken by SuperConcepts under any of the facilities, if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later not shown to have been made by me/us.

I/We acknowledge that SuperConcepts is entitled either to cancel or change the terms and conditions of the facilities, including the replacement of the administrator, but may not do so without written notice.

I/We have read the Privacy Statement in this Application Form and agree (in my own capacity and on behalf of the persons (and any prospective Trustees) named in this application form) to the various uses and exchanges of personal information and acknowledge the right to access personal information held about me/us by SuperConcepts and its related bodies corporate.

Portfolio name

Trustee name

Trustee signature

Date

SUBMIT FORM

Mailing address

PO Box N316,
Grosvenor Place,
NSW 1220

Phone 1300 023 170
Email newbusiness@superconcepts.com.au
Website superconcepts.com.au



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