



Minter Ellison Partners' Superannuation Fund

Spouse member kit
(includes Application form)

Preparation date: 1 June 2024

What to do next

You are eligible to join the Minter Ellison Partners' Superannuation Fund if you are a spouse of an existing member.

Unless otherwise indicated, all forms and documents are available from our website smartMonday.com.au or by contacting us.

> Complete the Application form

Read the Product Disclosure Statement (PDS) available on the website at smartMonday.com.au/minterellison

To apply for membership, complete the Application form enclosed in this kit and **return it to your Partner Services Director at Minter Ellison**. They will verify and forward your details to us to set up your superannuation account.

> Set up your contributions

You can make your initial and/or regular contributions by BPAY[®], or by payroll deductions (if your employer agrees).

— If by BPAY, you'll need the relevant BPAY Biller Code and Customer Reference Number. These are available online by logging into your account, select 'Personal Contributions' and then 'Make a contribution'. [®]Registered to BPAY Pty Ltd ABN 69 079 137 518

— Consider having your employer make SG contributions to your account. See the *It's your choice* form at smartMonday.com.au for more information.

> Choose your investments

Before choosing your investment options, you should read the important information in the PDS reference guide *Your investment options* available at smartMonday.com.au/minterellison.

If you don't choose an investment option when completing the *Application* form, we will invest your money in the **MySuper** option.

> Consider insurance

See the Minter Ellison Partners' Superannuation Fund PDS *insurance guide* for important information about the insurance cover available to spouse members. If you want insurance in your spouse account, complete the *Your insurance options* section of the *Application* form. We'll notify you if further health information is required to support your application.

Please note: It is important that you tick the box in the PYS election section on page 2 to permanently keep any insurance cover you apply for switched on. This is important to avoid cancellation of your cover if your account becomes inactive (i.e. hasn't received a contribution for 16 months or more). It is also important that you ensure your account balance is sufficient to support the monthly deduction of insurance premiums.

> Nominate a beneficiary

Complete the *Binding nomination of beneficiaries* form available in this kit or at smartMonday.com.au. Alternatively, you can make a non-binding death benefit nomination for your super account by going online once you've received your username and registered for online services. Speak with your **Partner Services Director at MinterEllison** for more information about completing a nomination with your application to join the fund.

> Appointing a financial adviser

To appoint a financial adviser to your account, please complete and return a *Authority to Advise* form available from smartMonday.com.au

> Keep us updated of changes to your details

Complete *Change member details* form or log in online and make the changes at smartMonday.com.au once you've received your username and registered for online services.

Spouse application (Minter Ellison)

Issue date: 1 June 2024

Complete this form to become a spouse member of Minter Ellison Partners' Superannuation Fund. To be eligible for membership, your spouse must be an existing member of the fund. You'll need to provide their details on page 2.

Your details

If you have any questions, please call us on **1300 614 644** or email enquiry@smartmonday.com.au

For more information go to our website smartmonday.com.au

Given name	Surname	
Date of birth	Gender (M, F)	
Phone	Email	
Occupation		
Residential address		
Suburb	State	Postcode

If your postal address is different from your residential address, please provide details below.

Postal address		
Suburb	State	Postcode

Tax file number (TFN) declaration

I understand that I don't have to provide my TFN, however if I don't, my concessional contributions may be taxed at the highest marginal tax rate and that the trustee will not be able to accept non-concessional contributions on my behalf. I am choosing to provide my TFN to the trustee:

- > to facilitate the administration of my super account, and to facilitate any other uses authorised by super or taxation law.
- > to facilitate the search for and consolidation of my super accounts, by seeking super information from the Australian Taxation Office (ATO) and/or a RSA provider or superannuation entity, as law allows.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

Your spouse's details

Your spouse must be an existing member of the Minter Ellison Partners' Superannuation Fund.

Title	Given name	
Surname		Member number

Return your completed form to your Partner Services Director at Minter Ellison.

Your insurance options

See the Minter Ellison Partners' Superannuation Fund PDS *insurance guide* for important information about the insurance cover available to spouse members. If you want insurance in your spouse account, select the type of cover you want and the amount.

Death cover	\$
Total & permanent disablement cover	\$

Insurance cover will not be in force until you have been accepted by the insurer and advised by us in writing.

Keep your insurance cover on (PYS election)

In the event that you elect to transfer your MinterEllison Partners' standard insurance cover into your super account, it is important that you provide an election with this application to permanently keep your cover switched on. Under the government's *Protecting Your Super* rules, your cover may be cancelled if your account becomes inactive (i.e. hasn't received a contribution for 16 months or more). Tick the box to provide your PYS election:

I elect to keep any insurance cover I hold in my superannuation account switched on regardless of inactivity in my account, and I will ensure my account balance is sufficient to sustain the monthly deduction of insurance premiums.

Investment options

Before choosing your investment options, you should read the important information in our latest PDS reference guide. *Your investment options* available on the website at smartmonday.com.au/minterellison.

Please note:

- > If you don't select an investment option, we will invest your money in the **MySuper** option.
- > The options you choose below must total 100%. When selecting your investments, there is a minimum weighting of 5% in each investment option.
- > Your initial contribution/rollover will be invested in the investment options you select below, and we will continue to invest your contributions in the selected options.
- > If you want to change your investment strategy after you join, you can switch between investment options online or by sending us a completed *Switching investment options* form available on the website.

I want my opening account balance and future contributions to be invested in the following investment options:

Option	Account balance (%)
smartMonday Lifecycle (MySuper)	
High Growth	
Growth	
Balanced Growth	
Moderate	
Defensive	
Australian Shares	
International Shares	
Cash	
Total	100%

Privacy

The fund is subject to the trustee's privacy statement, which is available at eqt.com.au/global/privacystatement

Your declaration and agreement

I declare that:

- > as a spouse member of the fund I will be bound by the trust deed and the rules thereunder.
- > I have received and read a copy of the **smartMonday PRIME Minter Ellison Partners' Superannuation Fund PDS**. I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time.
- > I have provided an election to the fund to permanently keep any insurance cover I hold in the fund switched on regardless of inactivity in my fund account.
- > I am responsible for the costs of any insurance cover I hold in the fund, and will ensure my account balance is sufficient to support the monthly deduction of insurance premiums.
- > I have read the trustee's privacy statement and consent to my personal information and sensitive information being handled in accordance with that statement.
- > if I am disclosing personal information about another person, I have obtained their consent to disclose their personal information to you and I have made them aware that you may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If I have not obtained the consent of the other person, I will inform you of such.

Signature

Date

Return your completed form to your Partner Services Director at Minter Ellison

Binding nomination of beneficiaries

Complete this form to make a binding nomination of the beneficiaries you wish to receive your superannuation death benefits in relation to your smartMonday account.

You can also use this form to revoke or change your nomination.

This form must be printed and signed and returned to your Partner Services Director at MinterEllison.

Section 1 Important Information

A binding nomination is a legally binding instruction to the Trustee on the beneficiaries that should receive your superannuation death benefits in the event of your death whilst a member of the fund. So long as the nomination is valid, the Trustee is bound to follow it. In the event that the nomination is found to be invalid, it will be treated as a non-binding nomination. (See section 7 for more information). If you wish to make a non-binding nomination, you can do so online by logging in at smartmonday.com.au.

On formal notification of your death (e.g. Death certificate), your account balance will be switched to the Cash investment option.

Who can you nominate?

You can nominate your legal personal representative and/or one or more of your dependants or persons whom you have an interdependency relationship, as your beneficiaries. See section 7 of this document for more information.

How long does your nomination last?

Your nomination will be valid for 3 years unless or until you amend or revoke it. You can amend or revoke your nomination at any time. As your personal circumstances change, it's important to keep your nomination up to date. Any new and valid nomination will replace any previous nomination you have made. We will notify you before your nomination is due to lapse and provide you with an option to renew it.

Making a valid nomination

If you have completed your form incorrectly, your binding nomination will not be in force until a correctly completed form is received and acknowledged by the trustee. Please ensure you have nominated appropriate beneficiaries and your form has been witnessed.

Section 2 Personal Details

Given Name

Surname

Member Number

Date of Birth

Phone (Mobile)

Email

Residential Address

City

State

Postcode



Section 3
Beneficiary Details

If you would like your benefit to be paid (in part or in full) to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option. Otherwise, please complete the beneficiary details below. The total must add to 100%.

Legal Personal Representative % of benefit

Beneficiary 1

Name in Full % of benefit

Date of Birth Relationship to you

Beneficiary 2

Name in Full % of benefit

Date of Birth Relationship to you

Beneficiary 3

Name in Full % of benefit

Date of Birth Relationship to you

Beneficiary 4

Name in Full % of benefit

Date of Birth Relationship to you

Beneficiary 5

Name in Full % of benefit

Date of Birth Relationship to you

If you would like to add additional beneficiaries, please include a second copy of this page. Note that the total must add to 100%.

Section 4
Revoking Your Nomination

DO NOT COMPLETE THIS SECTION IF YOU ARE MAKING A BENEFICIARY NOMINATION UNDER SECTION 3.

If you would like to revoke/cancel your existing nomination of beneficiaries from your account, but do not wish to make a new nomination at this time, please tick the box below.

I would like to revoke my current death benefit nomination.

Section 5 Declaration & Signature

By completing this form, I declare that:

- > All details I have provided on this form are true and correct.
- > I have made an informed decision because I have read and understood the information in the relevant smartMonday Product Disclosure Statement (PDS) and additional information on this form relevant to beneficiary nominations.
- > I authorise the Trustee to change the details of my smartMonday account as shown on this form.
- > I understand that if this form is invalid or has not been received by the Trustee before I die, the Trustee may not pay my superannuation benefits to the people named in this form. The trustee may treat this as a non-binding nomination and may be guided by it, but otherwise will pay my death benefits at their discretion and in accordance with the superannuation laws.
- > I may revoke this nomination at any time by completing a new form.
- > I understand that it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
- > I understand this form overrides any previous death benefit nomination for this member number.
- > I have read and understood the smartMonday Privacy Statement (available at smartMonday.com.au) and understand how smartMonday will use my personal information.
- > I consent to my personal information being used for the purposes of making this nomination.
- > If I am disclosing personal information about another person, I have obtained their consent to disclose their personal information and I have made them aware that the Trustee may disclose their information to third parties that are reasonably necessary to assist in the processing of this nomination. If I have not obtained the consent of the other person, I will inform the Trustee of such.
- > Beneficiaries nominated on this form are considered Dependants under superannuation law, or will be my legal personal representative, at the time of nomination and at the time of a death benefit assessment.

Signature

Date

Section 6 Witness Declaration

TWO WITNESSES MUST SIGN AND DATE THIS DECLARATION TO ENSURE THAT YOUR BINDING NOMINATION IS VALID. WITNESSES MUST ALSO VALIDATE ANY REVOCATION OF YOUR NOMINATION (SECTION 4).

I declare that:

- > I am 18 years of age or over;
- > I am not a nominated beneficiary of this member; and
- > This form was signed and dated by the member in my presence.

Witness 1

Signature

Date

Print Name

Witness 2

Signature

Date

Print Name

Section 7 Additional Information and Definitions

You do not need to return this page to us when completing this form.

Dependants

A dependant is:

- The spouse of the person, any child of the person and any person with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of their death); and
- Any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of their death) wholly or partially dependent on the person for maintenance or support.

Interdependency

Two persons have an interdependency relationship if:

- They have a close personal relationship; and
- They live together; and
- One or each of them provides the other with financial support; and
- One or each of them provides the other with domestic support and personal care.

Making a Valid Nomination

A death benefit will become invalid if:

- One of your beneficiaries dies before you do;
- One of your nominated dependants is not a dependant at the time of your death; or
- The nomination was not made directly by you (it is Trustee policy not to accept nominations through Power of Attorneys, or from anyone other than you).

Nominations must be signed and witnessed to be valid. The form must be returned in hard copy by post, or by scanning and emailing signed copies.

If your nomination is invalid at the time of your death it will be treated as a non-binding nomination. This means the Trustee may be guided by the nomination, but otherwise will pay my death benefit at their discretion and in accordance with the superannuation laws.

Please note: a binding nomination does not override any court orders that may be in place at the time of assessment of your death benefit.



Completing the form *Rollover initiation request to transfer whole balance of superannuation benefits between funds*

By completing this form, you will initiate a rollover request to transfer the **whole** balance of your super benefits between funds. This form can **not** be used to transfer part of the balance of your super benefits.

You can **not** use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662).

This form will not change the fund to which your employer pays your contributions. The *Standard choice* form must be used by you to change funds.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

WHEN COMPLETING THIS FORM

- Refer back to these instructions where a question shows a message like this: 
- Print clearly in BLOCK LETTERS.

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the request form to either your **FROM** fund or your **TO** fund

IMPORTANT INFORMATION

- ❗ This transfer may close your account – you will need to check this with your **FROM** fund.

This form can **not** be used to:

- transfer part of the balance of your super benefits
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if there is a super agreement under the *Family Law Act 1975* in place

CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit ato.gov.au or call the Australian Taxation Office (ATO) on **13 10 20**.

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your super, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super you will have to retire on – for example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have – other funds may not offer insurance, or may require you to pass a medical examination before they cover you.
- When considering a new fund, you should consider checking the costs and amount of any cover offered.

WHAT HAPPENS IF YOU DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate, plus the Medicare levy, on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

TRANSFERS TO SELF-MANAGED SUPER FUNDS

You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662) to transfer your benefits to your own self-managed super fund (SMSF).

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of **original** proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping '**certified true copy**' followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

WHERE DO I SEND THE FORM?

You can send your completed and signed form to either the transferring or the receiving fund.

➤ MORE INFORMATION

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at moneysmart.gov.au
- ATO website at ato.gov.au/super

For more information about this form, phone the ATO on **13 10 20**.



Rollover initiation request to transfer whole balance of superannuation benefits between funds under the *Superannuation Industry (Supervision) Act 1993*

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a ➔
- This form is only for whole (not part) balance transfers.

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to **either** your **FROM** (transferring) or **TO** (receiving) fund.

Personal details

Title: Mr Mrs Miss Ms Other

*Family name

*Given names

Other/previous names

*Date of birth Day / Month / Year

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

➔ See 'What happens if I do not quote my tax file number?'

*Sex Male Female

Contact phone number

Residential address

*Address

*Suburb

*State/territory *Postcode

Previous address

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

Address

Suburb

State/territory Postcode

Fund details

FROM (Transferring fund)

*Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation identifier

⚠ If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

TO (Receiving fund)

*Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation identifier

⚠ You must check with your **TO** fund to ensure they can accept this transfer.

Authorisation

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 am aware I may ask my superannuation provider 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 have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

*Name (Print in BLOCK LETTERS)

*Signature

*Date Day / Month / Year

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



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It all adds up

 **Done today**
Smart easy actions

 **Positive actions**
Grow your wealth

 **Brighter futures**
Someday starts today