



Member kit
(includes Application form)
Preparation date: 1 July 2025

What to do next

After you've read the Product Disclosure Statement (PDS), just complete the following steps.

> Complete the Application form

Complete the application form on the following page. The minimum balance required to open a personal member account in smartMonday PRIME is \$6,000.

> Set up your contributions

You can make your initial and regular contributions by BPAY[®] from your bank account.

- 🔑 You'll need the relevant BPay Biller Code and Customer Reference Number. These are available by logging into your online account (once your account is setup and you've registered for online services).
- 🔑 Consider having your employer make SG contributions to your account. See the *It's your choice* form on the website for more information.

> Choose your investments

Before choosing your investment options, you should read the important information in our *How smartMonday Works Guide* available on the website at smartmonday.com.au.

If you don't choose an investment option on this application form, the smartMonday Lifecycle investment option will apply to your account as default until you make an investment choice.

> Consider your insurance

Insurance is available on an 'opt-in' basis. Tick the box in the *Your insurance options* section of the *Application* form if you want Standard cover in your smartMonday PRIME account. Additional costs apply if you want insurance cover. See the PDS *Insurance* guide for more information about the types of insurance and costs.

If you wish to apply for Full Cover or Additional Cover, you will need to also complete an *Application for Insurance* form, available in the forms section of the website.

If you wish to transfer cover from another super fund, completed the *Application to transfer cover* form, available on the website. We will notify you if further information is required to support your application.

IMPORTANT: Your insurance may be cancelled if your account becomes 'inactive'. You can avoid this by making regular contributions and maintaining a sufficient balance to support the monthly deduction of insurance costs from your account. Alternatively, you can provide us with an election to maintain your cover.

> Consider keeping your super in one place

You can transfer (roll over) super benefits from other funds into your account with smartMonday PRIME. Complete and return the *Rollover initiation request to transfer whole balance of superannuation benefits between funds* form contained in this kit and return it with a certified copy of your photo ID.

> Nominate a beneficiary

Complete the *Binding death benefit nomination* form contained in this kit to make a binding nomination. Alternatively, you can make a non-binding death benefit nomination for your super account by going online once your account is setup and you've registered for online services.

> 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 a *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.

Application

Issue date: 1 July 2025

Complete this form to become a personal member of smartMonday PRIME ('the fund').

A minimum initial contribution or transfer of \$6,000 is required to open your account.

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

Title	Given name
Surname	
Date of birth	Gender (M, F)
Phone	Mobile
Email	
Occupation	

Occupation factor: If you opt-in to insurance cover (later in this form), it is very important that you select one of the occupation factors listed below that best reflects the normal duties you perform in your occupation. If you don't tick a box, we will apply the default setting of '**Heavy Blue collar**', and this will increase the cost of your insurance cover (if you choose insurance cover later in this form). For more information about the factors for different sorts of occupations, please refer to the *Occupation Ratings Guide* at smartmonday.com.au

Professional – Professionals, executives and senior management with tertiary qualifications and high incomes

White collar – Office-based occupations with no manual work. e.g. clerical or administrative roles.

Grey collar – Occupations that are primarily non-manual but may involve light manual duties only such as hairdresser, shop assistant, florist, cashier.

Blue collar – Occupations that involve a moderate degree of manual work, or recognised qualified trades such as baker, electrician, mechanic.

Heavy blue collar – Occupations that involve heavy manual work or those with a degree of additional risk of disability such as gardener, tyre fitter, welder.

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001

Issued by Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). smartMonday is a registered trading name of smartMonday Solutions Pty Ltd (ABN 48 002 288 646). smartMonday products are part of the Fund.

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Your details (*continued*)

Residential address

Suburb

State

Postcode

If your postal address is different from your residential address, 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

Investment options

Please note:

- > 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 unless you change your investment strategy.
- > 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.
- > **If you don't select an investment option, we will invest you in the smartMonday Lifecycle investment option until you make an investment choice.**

Option	Current account balance (%)	Future cashflow (%)
smartMonday Lifecycle (MySuper)		
High Growth		
Growth		
Balanced Growth		
Moderate		
Defensive		
Australian Shares		
International Shares		
Cash		
Total	100%	100%

Your insurance options

- If you opt-in for automatic insurance cover (by ticking the box below), you will automatically receive Standard cover for Death and TPD when you join the fund. To be eligible for Standard cover, you must be under 65, and be an Australian resident or hold a visa that allows you to stay or work in Australia.
- For the first 2 years your Standard cover will be limited to New Events—see the PDS for details. If you don't want the New Events limitation to apply you can apply for Full Cover in the next section by ticking the box for each type of cover.
- **IMPORTANT:** Your insurance may be cancelled if your account becomes 'inactive'. You can avoid this by making regular contributions and maintaining a sufficient balance to support the monthly deduction of insurance costs from your account. Alternatively, you can provide us with an election to maintain your cover.
- **IMPORTANT:** if you opt-in for insurance cover, it is very important that you select an occupation factor from the list on page 1 of this application that accurately reflects the type of work you do. For more information about ratings for different sorts of occupations, please refer to the *Occupation Ratings Guide* at smartmonday.com.au

Opt-in to Standard cover (Death and TPD)

You can apply for additional death and TPD cover (known as Voluntary cover), or transfer cover you may have with another super fund or insurer, or apply for Full Cover by ticking the relevant boxes below:

Death cover	\$		<i>amount of additional or transferred cover</i>
		Full Cover*	Transfer of cover†
TPD cover	\$		<i>amount of additional or transferred cover</i>
		Full Cover*	Transfer of cover†

Income protection cover

Complete this section if you wish to apply for income protection cover*. Cover is only available if you are under 65, and permanently and gainfully employed for at least 15 hours per week. Your cover will not be in force until you have been accepted by the insurer and advised by us in writing.

Your taxable salary \$

Transfer of external cover†

Maximum benefit period (*select one box only*)

2 years 5 years To age 65

Waiting period (*select one box only*)

30 days 60 days 90 days

* You must also complete and return an *Application for Insurance* form available on our website, or call us on 1300 614 644.

† Complete and return an *Application to transfer cover* form available on our website.

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 have received and read the smartMonday PRIME PDS. I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time.
- > on being admitted as a member of the fund I will be bound by the trust deed and the rules thereunder
- > I understand that if I have opted-in and am eligible for insurance cover I will automatically receive Standard cover for death and TPD on joining the fund, and insurance costs will be deducted from my account unless I cancel my cover or my account balance cannot sustain deductions of insurance costs.
- > If I have opted-in for insurance cover, I have selected an occupation factor (on page 1 of this form) that is a reasonable and accurate reflection of the type of work I perform.
- > I have read the trustee's privacy statement and I consent to my personal information and sensitive information being handled in accordance with that statement.
- > if I am disclosing personal information about another person (my spouse or dependants), 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



Request for rollover of whole balance of super benefits between funds

When to use this form

Complete this form to request the rollover (or transfer) of the whole balance of your super benefits between funds, in accordance with the *Superannuation Industry (Supervision) Act 1993*.

Important

This form **cannot** be used to:

- transfer part of the balance of your super benefits
- change the fund that your employer pays your super contributions into – the *Standard choice form* must be used
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds – a separate rollover form must be completed for each fund
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if a super agreement under the *Family Law Act 1975* is in place.

When completing this form

- Print clearly in BLOCK LETTERS.
- Refer to *Request for rollover of whole of balance of super benefits between funds – Instructions (QC19260)* on ato.gov.au for detailed instructions and guidance.

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

Transfers to self-managed super funds (SMSFs)

Super funds (including SMSFs) must use SuperStream to roll over your super benefits. This means your SMSF will need:

- an electronic service address
- an Australian business number (ABN)
- to ensure the SMSF details are up to date, including bank account details.

SMSF trustees may wish to consider appointing a professional to assist them in meeting these requirements.

The trustee of your **FROM** fund may request further information from you to help confirm your identity. You may also be asked to provide information about the SMSF bank account (to confirm the destination of the payment). This information assists to manage security and fraud risk in the rollover transaction.

If this information is requested, the **FROM** fund may not be able to process your request until the information is provided.

Where do I send the form?

Send your completed and signed form, together with any documents required by your fund, to your transferring **FROM** fund.

- 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**.

Personal details

Proof of identity

! The trustee of your **FROM** fund may request further information/evidence from you to help confirm your identity.

Title: Mr Mrs Miss Ms Other

*Family name

*Given names

Other/previous names

*Date of birth / /

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.

*Gender: Male Female Indeterminate

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 (non-SMSF)

*Australian business number (ABN)

*Unique superannuation identifier (non-SMSF)

Are you rolling over a super death benefit? Yes No

To (Receiving fund)

*Fund name

Fund phone number

*Membership or account number (non-SMSF)

*Australian business number (ABN)

*Unique superannuation identifier (non-SMSF)

For SMSFs only

FROM (Transferring fund)

Account name

BSB

Account number

Electronic service address

! The trustee of your **FROM** fund may request further information/evidence about the SMSF bank account to confirm the payment destination.

To (Receiving fund)

*Account name

*BSB

*Account number

*Electronic service address

Authorisation

By signing this form, you are:

- aware you may ask your superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on your benefits, and you have obtained or do not require such information
- requesting consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer
- discharging the superannuation provider of your transferring fund from all further liability in respect of the benefits paid and transferred to your receiving fund.

By signing this form you are making the following declarations:

- I declare that the information is true and correct.
- Where the receiving fund is an SMSF, I confirm that I am a member, trustee or director of corporate trustee of the SMSF.

*Name (Print in BLOCK LETTERS)

*Signature

Date

Day / Month / Year
 / /

Binding death benefit nomination

You can use this form to make a binding death benefit nomination in smartMonday ('the fund'). This type of nomination expires after 3 years. You cannot revoke or renew a binding death nomination using this form.

If you have more than one account for which you wish to make binding death benefit nominations, you will have to complete a separate form for each of them. Complete all the sections and ensure that the witnesses sign and date the form appropriately.

Important information

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](https://www.smartmonday.com.au)

- On formal notification of your death (e.g. Death certificate), your account balance will be switched to the **Cash investment option**.
- By making a binding death benefit nomination, in the event of your death while you are a member of the fund the trustee will pay your superannuation benefits to your beneficiaries, in the proportions you have nominated. See the section *Your binding nomination* for more information.
- By making this binding death benefit nomination you invalidate any previous nominations that you might have made while a member of the fund.
- This nomination will be binding on the trustee only if it is considered valid (see over) and when it is received and acknowledged by the trustee.
- This nomination will only apply to the account you have nominated on this form.
- Your nominated beneficiaries will receive your superannuation benefit in the proportions you have nominated in this form.
- If for any reason this nomination is considered invalid (see over), it expires or is revoked, it will not be binding on the trustee of and the trustee retains the discretion of distributing your death benefit according to the terms of trust deed applicable to the fund.
- You should consult a licensed adviser before making any decisions regarding a binding death benefit nomination, as there are significant tax and estate planning consequences.
- In the event that your personal circumstances change you may need to review your binding death nomination.
- Photocopies or faxes of this form will not be accepted. Send the original to the address at the bottom of this form.

Your details

Member number (if known)

Given name

Surname

Date of birth

Gender (M, F)

Phone

Email

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001.

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Your binding nomination

For this nomination to be considered valid and binding on the trustee:

- > it must have been completed in the prescribed form and received and acknowledged by the trustee
- > it must not have expired/lapsed or been superseded by a new binding death benefit nomination
- > the nominated beneficiaries must be one of the following **at the time of nomination** and **at the time of death benefit assessment**:
 - └ a spouse
 - └ child (including an adopted step or ex-nuptial child or a child of your spouse)
 - └ wholly or partially financially dependent on you
 - └ in an interdependency relationship with you
 - └ legal personal representative/s (LPR). LPRs are usually an executor or administrator of your estate and do not need to be named in the section below as they are usually involved in your affairs after you die. Just tick the box for LPR and nominate the % of your death benefit
- > your signature must be witnessed and signed appropriately by two persons over the age of 18 who are not beneficiaries nominated by you
- > your instructions regarding the distribution of your benefit must be clear
- > the percentage of benefits you allocate to your beneficiaries must add up to 100%
- > you must be a member of the fund at the time of death.

Beneficiary 1

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Beneficiary 2

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Beneficiary 3

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

**Your binding nomination
(continued)**

Beneficiary 4

Full name

Date of birth

Percentage of death benefit

%

Relationship

Spouse

Child

Financial
dependant

Interdependant

LPR

Privacy

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

Your declaration and authorisation

I declare that:

- > this nomination will apply to my nominated account within the fund
- > this nomination will supersede any previous binding or non-binding/discretionary nomination I may have made while a member of the fund
- > my nomination will be valid for 3 years from the day after the date of signature
- > I may renew my nomination at any time by a further 3 years as long as my nomination remains current by sending a letter to the trustee, or by completing and sending in a renewal notice.
- > in the event of my death, if any family members, next of kin or legal personal representative should contest the terms of my nomination or if any legal proceedings should arise from my nomination, then the trustee will recoup the cost of resolving the dispute, including litigation, from my death benefits
- > I have read the [trustee's privacy notice](#) 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

Witness declaration

Please note:

- > Witnesses to your signature on this form must be over the age of 18 who are not your nominated beneficiaries.
- > Witnesses must sign and date this form on the same date that you sign and date this form.
- > This form is a legal document. No corrections can be made. In the event of an error, start a new form. (The trustee cannot accept corrections on a form, even if initialled and dated).

I declare that:

- > I am over the age of 18
- > the member signed and dated this document in my presence.

Witness 1

Full name

Signature

Date

Witness 2

Full name

Signature

Date

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001.



E. enquiry@smartmonday.com.au

P. 1300 614 644

W. smartmonday.com.au

M. GPO Box 1202

Brisbane QLD 4001

It all adds up

 **Done today**
Smart easy actions

 **Positive actions**
Grow your wealth

 **Brighter futures**
Someday starts today