

Trustee:  
Diversa Trustees Limited  
ABN: 49 006 421 638  
AFSL: 235153  
Trustee No.: L0000635

Fund:  
ABN: 32 367 272 075  
USI: 32 367 272 075 156  
Fund Registration No.: R1001204

## Application Form

This is the form you should fill out to become a member of the Lindfield Super fund. You should read the Product Disclosure Statement for Lindfield Super before completing this form. Post the completed form to Lindfield Super, GPO Box 263, Sydney, NSW 2001

### Section 1 Personal Details

Title and Given Name (s)	<input type="text"/>		
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Gender	<input type="text"/>
Residential address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Postal Address (if different to above)	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Tax File Number (TFN)	<input type="text"/>		

By ticking this box I give Lindfield Super authority to use my Tax File Number for superannuation purposes and to search for and rollover and lost super into my Lindfield Super account.

The Trustee is authorised to collect TFNs under government legislation. The lawful purpose for which a Member's TFN can be used and the consequences for not quoting their TFN may change in the future, as a result of legislative changes. You are not obliged to provide your TFN but should you elect to do so you should refer to the PDS and current Incorporated Information which sets out further details of how the Trustee is authorised to use your TFN.

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## Section 2 Payments into your super account

How do you intend to contribute to the super account?

1. Employer Contributions

*Please fill out the details of your employer*

Employer Name	<input type="text"/>		
Employer phone	<input type="text"/>	Employer email	<input type="text"/>
Employer address	<input type="text"/>		
	<input type="text"/>		

2. Rollover from another super fund

*Please fill out details of the super fund you are rolling from*

Name of super fund	<input type="text"/>		
Membership number	<input type="text"/>		
How much is in this account (approximate)	<input type="text"/>		

3. Personal contributions

You will need to complete a Personal Contributions Form available from [www.gpml.com.au](http://www.gpml.com.au)

Please note that all personal contributions must be made via Electronic Funds Transfer.

## Section 3 Insurance

There are insurance options available to members through their Lindfield Super account. If you have insurance through your current super fund, you may be able to transfer this insurance into your new Lindfield Super account.

Tick this box if you would like us to contact you about the insurance options available through your Lindfield Super account.

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Section 4 Declaration and Signature

By completing the application form I declare that:

- I have received all the information I require in order to exercise the choices I have made. I accept I will be bound by the provisions of the trust deed and rules which govern the operation of Lindfield Super. All the details I have provided for this application are true and correct
- I have made an informed decision because I have read the PDS, Additional Information Booklet and Insurance Guide to which this application applies.
- I acknowledge that no representation has been made to me by or on behalf of Lindfield Super other than those contained in the PDS
- I am aware that Lindfield Super will have records of my personal information, and consent to my information being used and/or disclosed to administer my investment, provide information to me, conduct market research and analysis, develop products, meet regulatory obligations, and inform the licensee or adviser I have indicated on the Application Form, until I notify you otherwise
- By providing my email address, I consent and authorise Lindfield Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies. I understand there is a Privacy Policy available at the Grosvenor Pirie website
- If I have provided my TFN, I declare that I have read the important information about my tax file number and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits
- I understand the nature of risk attached to the investments I am applying for and acknowledge that neither Lindfield Super, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment
- I understand that by signing this form I am choosing to have 100% of the balance of my Lindfield Super account to be invested in the Lindfield Super Balanced Growth Fund.

I have read, understood and agree to the above declaration.

**Before you sign this Application Form, the Trustee is obliged to give you a PDS and Additional Information Booklet (which is a summary of important information relating to this product). The PDS is deemed to include and Additional Information Booklet which can be obtained from [www.gpml.com.au](http://www.gpml.com.au) or on request by phoning 1300 366 657. The PDS and Additional Information Booklet will help you to understand and decide if Lindfield Super is appropriate to your needs**

.....  
Signature

...../...../.....  
Date

.....  
Print Name

Post the completed application form to: Lindfield Super, GPO Box 236 Sydney NSW 2001 or email to [lindfieldsuper@gpml.com.au](mailto:lindfieldsuper@gpml.com.au)