

# QUADRANT INVESTMENT CHOICE APPLICATION FORM

This application form was issued with *Member Guide* dated 1 July 2011

## Personal details

Title:  Mr  Mrs  Ms  Miss  Dr Other:  Sex:  Male  Female

Given names:

Surname:

Residential address:

Suburb:  State:  Postcode:

Postal address:

Suburb:  State:  Postcode:

Date of birth:  Phone (home): (  )

Phone (work): (  )  Phone (mobile):

Email address:

## Investment options

The minimum percentage that you can allocate to each option you choose is 10% of your total account balance and the total must add up to 100%. Please refer to our website at [www.quadrantsuper.com.au](http://www.quadrantsuper.com.au) > Publications and Forms > Publications > *Investment Information Guide*.

Investment option	Percentage to be invested	Investment option	Percentage to be invested
High Growth	<input type="text"/> %	Moderate	<input type="text"/> %
Growth	<input type="text"/> %	Stable	<input type="text"/> %
Balanced	<input type="text"/> %	Cash	<input type="text"/> %
Sustainable Future	<input type="text"/> %		
			Total 100%

## Preferred beneficiaries

Please nominate your preferred beneficiaries for payment of benefits in the event of your death. If you wish to nominate additional beneficiaries please provide the details on a separate sheet, which must be signed and dated by you. For further information please refer to our fact sheet *FS03 Nominating beneficiaries* found on our website at [www.quadrantsuper.com.au](http://www.quadrantsuper.com.au) > Publications and Forms > Publications. If you would like to make a binding nomination please complete the *binding death benefit nomination form* found on our website at [www.quadrantsuper.com.au](http://www.quadrantsuper.com.au) > Publications and Forms > Forms.

	Full Name	Relationship	Date of birth	% of benefit
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total 100%

## Tax File Number notification

Tax File Number:

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your Tax File Number, but if you don't you may pay more tax than you need to. For more information about providing your Tax File Number please refer to our fact sheet on tax and super *FS05 Tax and super* found on our website at [www.quadrantsuper.com.au](http://www.quadrantsuper.com.au) > Publications and Forms > Publications.

## Standard insurance cover

Eligible new members of the Quadrant Investment Choice fund are automatically provided with standard cover. Please complete the following sections to apply for the standard insurance cover you would like. For more information about the different insurance options available please refer to the *Insurance Information Guide* found on our website at [www.quadrantsuper.com.au](http://www.quadrantsuper.com.au) > Publications and Forms > Publications.

### 1. Occupational category

Quadrant has two different categories of cover based on occupation, reflecting the different levels of risk associated with the range of occupations and roles in which Quadrant members are engaged. Please complete the following question to determine the occupational category that applies to you. Please refer to the *Insurance Information Guide* for more information about the different categories applicable. If you do not complete this question, you will be allocated to the 'general' category.

**Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' nature tasks that do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)?**

Yes  No

A 'Yes' answer will qualify you for the 'office' category. If you answer 'No' you will remain on the 'general' category.

### 2. Standard death and total and permanent disablement cover

Quadrant offers eligible new Quadrant Investment Choice members the choice of three different standard insurance packages. If we receive this application form more than six months after you commenced employment with your Quadrant participating employer, or you are not in 'active employment' on the day cover commences, your insurance cover will be 'default cover'. If you do not select one of the three insurance packages available you will be provided with the default cover. Default cover is made up of 3 units of death cover and total and permanent disablement cover.

**If you would like additional insurance cover please select one of the Package Choice options below**

- Option 1** 3 units of death and total and permanent disablement cover plus income protection (*please also complete section 3*)
- Option 2** 7 units of death and total and permanent disablement cover
- Option 3** Death and total and permanent disablement cover up to a maximum of \$250,000 (fixed cover)  
Specify amount \$

You may apply for tailored death and total and permanent disablement cover in addition to the standard cover offered above. **You will need to complete the *tailored insurance application form* and *personal health statement*.** The forms are included in the *Insurance Information Guide*.

I wish to apply for tailored death and total and permanent disablement cover in addition to the standard cover offered above. Please refer to my attached *tailored insurance application form* and *personal health statement*.

### 3. Standard income protection cover (please complete this section if you have selected Package Choices Option 1)

The standard income protection cover provided under Package Choices Option 1 provides a benefit up to a maximum period of two years. Please nominate your salary range by ticking the appropriate box below. This will determine the number of units of income protection cover required to provide you with up to 75% of your pre-disability salary. Where 75% of your average pre-disability income is less than the amount you are insured for, any amount greater than this can be paid as superannuation contributions to your Quadrant account up to a maximum of 10% of your average pre-disability income. Please refer to the *Insurance Information Guide* for more information.

Please tick one box only	Annual salary range	Units of income protection cover	Maximum benefit payable per month
<input type="checkbox"/>	\$0 - \$6,000	1	\$375
<input type="checkbox"/>	\$6,001 - \$12,000	2	\$750
<input type="checkbox"/>	\$12,001 - \$18,000	3	\$1,125
<input type="checkbox"/>	\$18,001 - \$24,000	4	\$1,500
<input type="checkbox"/>	\$24,001 - \$30,000	5	\$1,875
<input type="checkbox"/>	\$30,001 - \$36,000	6	\$2,250
<input type="checkbox"/>	\$36,001 - \$42,000	7	\$2,625
<input type="checkbox"/>	\$42,001 - \$48,000	8	\$3,000
<input type="checkbox"/>	\$48,001 - \$54,000	9	\$3,375
<input type="checkbox"/>	\$54,001 - \$60,000	10	\$3,750
<input type="checkbox"/>	\$60,001 - \$66,000	11	\$4,125
<input type="checkbox"/>	\$66,001 - \$72,000	12	\$4,500
<input type="checkbox"/>	\$72,001 - \$78,000	13	\$4,875
<input type="checkbox"/>	\$78,001 - \$84,000	14	\$5,250
<input type="checkbox"/>	\$84,001 - \$90,000	15	\$5,625

The amount of income protection cover provided without the need for any health evidence depends on your occupational category.

**General category:** A salary of up to \$72,000 p.a. can be covered (up to 12 units) without health evidence.

**Office category:** A salary of up to \$90,000 p.a. can be covered (up to 15 units) without health evidence.

Please select your preferred waiting period. If you do not select a waiting period the default waiting period you will be allocated is 30 days. Please tick one box only.

**30 days**

**60 days**

**90 days**

If you would like to apply for additional units of income protection cover or for cover that will provide a benefit payable to age 65, you may apply for tailored income protection cover. **You will need to complete the tailored insurance application form and personal health statement provided in the *Insurance Information Guide*.** Please refer to the *Member Guide* for more information about tailored income protection cover.

I wish to apply for tailored income protection cover. Please refer to my attached *tailored insurance application form and personal health statement*.

### Other fund details

Do you have superannuation with another fund?  Yes  No

Would you like to roll it into your Quadrant account?  Yes  No

*If yes, please complete the rollover form and send it back to Quadrant. If you have more than one rollover to complete you can photocopy the rollover form. We will contact the superannuation fund on your behalf.*

## Member declaration

**I apply for membership of the Quadrant Investment Choice fund and I acknowledge that:**

- I will be bound by the governing rules of the fund, the policies and procedures of the Quadrant Trustee and the relevant law. I acknowledge that if I am eligible for payment and I give no instructions, then the Quadrant Trustee may retain my benefit in accordance with my current instructions.
- I accept Quadrant Online as a standing facility to confirm receipt of my contributions and view my transactions.
- I acknowledge that I have provided my email and other contact information in this *application form* and understand that Quadrant, may at its discretion, use that information to send me material about my superannuation, including benefit statements, Annual Reports, letters, newsletters and appropriate financial product and member services information.
- I consent to the use of my personal information as outlined in Quadrant’s privacy policy which is available on the Quadrant website at [www.quadrantsuper.com.au](http://www.quadrantsuper.com.au). I have received a copy of the *Member Guide* dated 1 July 2011 and agree to accept the terms and conditions contained in it.
- I declare that I have disclosed all material information and that the above information is true and correct.
- I confirm that I have read the information provided to me.
- I understand that the information in the *Member Guide* dated 1 July 2011 should be read in conjunction with all reference material.

**Please sign below and return to your employer.**

Your Signature:  Date:

I have completed and attached the *standard choice form* to return to my employer

## Employer to complete

Date member commenced employment:

- Please tick one box only:
- Permanent or contract employee working 15 hours or more per week
  - Permanent or contract employee working less than 15 hou week
  - Casual employee

Employer Name:

Address:

Suburb:  State:  Postcode:

Contact Name:

Contact Number: (  )

Email:

Signature:  Date: