

Spouse Membership Application

Applying Spouse Details

| | | | | | | | | | |
|---------------------|--------------------------|-----|--------------------------|------|--------------------------|----|--------------------------|----------|--------------------------|
| Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Given names | | | | | | | | | |
| Surname | | | | | | | Date of Birth | | |
| Residential address | | | | | | | | | |
| Suburb/town | | | | | State | | | Postcode | |
| Email | | | | | Phone | | | | |

Member Spouse Details

| | | | | | | | | | |
|----------------------------|--------------------------|-----|--------------------------|------|--------------------------|----|--------------------------|----------|--------------------------|
| Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Given names | | | | | | | | | |
| Surname | | | | | | | Date of Birth | | |
| Residential address | | | | | | | | | |
| Suburb/town | | | | | State | | | Postcode | |
| Email | | | | | Phone | | | | |
| Your member account number | | | | | | | | | |

Applying Spouse's Tax File Number

Providing your Tax File Number is entirely voluntary. If you do not provide your Tax File Number, tax or surcharge amounts may be deducted from your benefits at a higher rate. By including your Tax File Number on this form and providing it to the Trustee, you are authorising the Trustee of the Plan to use your Tax File Number for the purposes contained in the Superannuation Industry (Supervision) Act 1993 and for the purpose of paying eligible termination payments, reporting contributions or unclaimed benefits to the Australian Taxation Office, or to assist with amalgamating your superannuation benefits.

I agree to provide my Tax File Number:

| | | | | | |
|----|--------------------------|-----|--------------------------|-----------------|----------------------|
| No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Tax file number | <input type="text"/> |
|----|--------------------------|-----|--------------------------|-----------------|----------------------|

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Insurance

All members are provided with death and TPD cover of at least \$100,000 on a limited cover basis. If you are a member of an employer group your default death and TPD cover may be higher. Your level of cover will be confirmed on acceptance of your member application and disclosed on future member statements, and can also be confirmed by contacting us.

You can elect to opt-out of the default cover provided to you by completing the opt-out declaration below. Unless you opt-out of or cancel the default insurance cover, the cost of the cover will be deducted from your member account.

Opt-out of Default Insurance

I confirm that I wish to opt-out of the default insurance offered by the Plan and as a result I will not have any death and total and permanent disablement insurance cover in the Pitcher Retirement Plan

Signature

Date

Investment Choice

I choose to have the contributions (and transfers) paid to the Plan on my behalf invested as follows:

| | |
|-------------------------|---|
| Cash | % |
| Capital Stable Fund | % |
| Balanced Fund (MySuper) | % |
| Growth Fund | % |
| High Growth Fund | % |

Total 100%

Nomination of Beneficiary

Any benefit payable on death will be paid to your legal personal representative (estate) or to one or more of your Dependents (see below), in such proportions as the Trustee, in its absolute discretion, determines.

It is my wish that any benefit payable in the event of my death be paid to the following persons (If you wish to nominate your estate, please write "Legal Personal Representative" under Name of Beneficiary):

| Full name of beneficiary | Date of birth | Relationship | Percentage of benefit |
|--------------------------|---------------|--------------|-----------------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |

Dependant

Dependant means your spouse (including a person who, although not legally married to you, lives with you on a genuine domestic basis as your husband or wife), your widow or widower, your child, any person who, in the opinion of the Trustee, was financially dependent on you at the relevant date or any person with whom you have an interdependency relationship at the relevant date.

Declaration

I hereby apply to join the Pitcher Retirement Plan (the Plan) and agree to be bound by the Trust Deed governing the Plan as it is or may be by variation from time to time.

I have received the member information documents which summarise the benefit provisions of the Trust Deed, and I acknowledge that I have been informed of my rights and the rights of my dependants pursuant to the Trust Deed.

I confirm that the "Member Spouse" detailed above is my spouse.

I understand that the insurance cover I have applied for is effective from the date that I am accepted by the Plan's insurer and not from the date of this application.

I understand that any nomination of a beneficiary I have made in this form to receive benefits on my death is not binding on the Plan Trustee.

I undertake to advise the Trustee of any change to my preferred beneficiaries.

I confirm that the Plan's Privacy Policy has been made available to me and I understand why the information in this form is being collected.

Signature

Date

Please forward this completed form to:

Your spouse's employer or:

Pitcher Retirement Plan
GPO Box 5193
MELBOURNE VIC 3001

Pitcher Retirement Plan Pty Ltd (ABN 77 092 941 574) as trustee for the Pitcher Retirement Plan (ABN 15 828 677 472) is registered with the Australian Prudential Regulation Authority. MySuper Authorisation 15828677472277.