

Employee Super Account

Employer

Application booklet



Asgard

On the cover: As Head of Product Management, Kelly is responsible for the management and maintenance of our product suite to ensure we deliver the best possible products to you.

Acknowledgments, confirmations and agreements

By completing and signing the Employer Application you:

Acknowledge that:

- A condition of your employees joining is that you make contributions to your employees' Accounts. However, we will not enquire about, or attempt to collect or recover any unpaid contributions.
- You may have an obligation to establish a Policy Committee. To obtain a copy of our Policy Committee Guidelines you should contact your financial adviser.
- You have read and understood the Privacy Statement in the Asgard Employee Super Product Disclosure Statement and you consent to the collection, maintenance, use and disclosure of personal information in accordance with the Privacy Statement. When you provide information about another individual, you declare that the individual has been made

aware of that fact and the contents of the Privacy Statement. You also declare you have the authority of each principal, company officer or partner that you purport to represent.

- Where you enrol employees using the Bulk Member Enrolment, their Accounts will be invested according to the standard investment default, unless you have nominated an alternative investment default.

Agree:

- If accessing Asgard Employer *Online*, to be bound by the Asgard Employer *Online* terms and conditions. You will accept those terms and conditions when you use this service for the first time.
- To be bound by the provisions of the Trust Deed dated 12 May 1988 as amended from time to time (a copy of which is available free from Investor Services), governing the operation of the Asgard Employee Super Account.

Undertake to:

- Provide us with any information which relates to your employees' work status and further undertake that should any information you provide change, you will notify us of such a change.
- Provide us with all relevant information requested for insurance purposes for all employees and further undertake that should any information you provide change, you will notify us of such a change as soon as reasonably possible.

Duty of Disclosure

- Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

- You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer; that is common knowledge; that your insurer knows or in the ordinary course of business ought to know; or as to which compliance with your duty is waived by the insurer.

Non-disclosure

- If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.
- An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

“You may have an obligation to establish a Policy Committee. To obtain a copy of our Policy Committee Guidelines you should contact your financial adviser.”

Direct Debit Request Service Agreement

This agreement sets out the terms on which we accept and act under a Direct Debit Request (DDR) you give us to debit amounts from your account under the DDS. It is additional to the arrangement under which you make payments to us.

Asgard Capital Management Ltd
ABN 92 009 279 592 ('we' or 'us'),
User ID: 016103

Level 38, Central Park,
152 St George's Terrace,
Perth WA 6000.

You have entered or are about to enter into an arrangement under which you make payments to us. You want to make those payments by use of the Direct Debit System (DDS).

Please ensure you keep a copy of this agreement as it sets out certain rights you have against us and certain obligations you have to us due to giving us your DDR.

When we are bound by this agreement

1. We agree to be bound by this agreement when we receive your DDR complete with the particulars we need to draw an amount under it.

What we agree to and what we can do

2. We only draw money out of your account in accordance with the terms of your DDR.
3. We do not give you a statement of the amounts we draw under your DDR.
4. On giving you at least 14 days notice, we may: change our procedures in this agreement; change the terms of your DDR; or cancel your DDR.
5. You may ask us to: alter the terms of the DDR; defer a payment to be made under your DDR; stop a drawing under your DDR; or cancel your DDR by emailing asgard.investor.services@asgardwealthsolutions.com.au or writing to Investor Services, PO Box 7490, Cloisters Square, PERTH WA 6850.

“Before you complete your DDR, it is best to check account details against a recent statement from your financial institution to ensure the details on your DDR are completed correctly.”

6. You can dispute any amount we draw under your DDR by calling Investor Services on 1800 998 185; or emailing asgard.investor.services@asgardwealthsolutions.com.au; or writing to Investor Services, PO Box 7490, Cloisters Square, PERTH WA 6850.
7. We deal with any disputes under Clause 6 of this agreement as follows. We and our bank review our respective records. If necessary we contact your financial institution to review its records. We advise you and your financial adviser in writing within 2 to 4 weeks, depending on the nature and extent of the dispute, and the measures taken to resolve it.
8. If the day on which you must make any payments to us is not a business day, we will draw on your account under your DDR on the first business day following that day.
9. If your financial institution rejects any of our attempts to draw an amount in accordance with your DDR, we contact you and your financial adviser in writing. After three consecutive rejections we advise you and your financial adviser in writing that you can no longer make payments by direct debit.
10. We will not disclose to any person any information you give us on your DDR, which is not generally available, unless: you dispute any amount we draw under your DDR and we need to disclose any information relating to your DDR or to any amount we draw under it to the financial institution at which your account is held or the financial institution which sponsors our use of the DDS or both of them; you consent to that disclosure; or we are required to disclose that information by law.
11. Not all accounts held with a financial institution are available to be drawn on under the DDS.
12. Before you complete your DDR, it is best to check account details against a recent statement from your financial institution to ensure the details on your DDR are completed correctly.
13. If you are uncertain when your financial institution processes an amount we draw under your DDR on a day, which is not a business day, please enquire with your financial institution.
14. It is your responsibility to ensure there are sufficient cleared funds available in your account, by the due date on which we draw any amount under your DDR, to enable us to obtain payment in accordance with your DDR.
15. We request you to direct all requests to stop or cancel your DDR to us or your financial institution and all enquiries relating to any dispute under Clause 6 of this agreement to us or your financial institution.

What you should consider

Completing the application forms

In order to enrol as a participating employer in the Asgard Employee Super Account it's important to complete all relevant sections of the application form. If you require assistance please consult your financial adviser or the Contact Centre on 1800 998 185 or email asgard.investor.services@asgardwealthsolutions.com.au

Employer application

1. Employer details

Provide all details requested.

2. Employer *Online* and Employer *Online Transact* (EOL Transact)

Access to Employer *Online* is provided automatically when you join the Asgard Employee Super Account.

Access to EOL Transact is provided on request. If you would like access to EOL Transact please complete the EOL Transact registration form.

3. Default superannuation fund

Specify whether Asgard Employee Super will be your default fund as described in the Choice of Funds Legislation.

4. Insurance options

Complete this section to choose the category of insurance cover you require for your employees.

5. Group insurance benefit design

Specify the group insurance benefit design to apply to your employees, including:

- i. Category description
(For example, executive, management, staff)
- ii. Type of insurance
 - Life Protection
 - Life and Total & Permanent Disablement Protection
 - Salary Continuance
- iii. Life Protection and Total & Permanent Disablement Protection benefit design
 - Fixed-dollar amount
 - Formula percentage
 - Multiple of salary
 - Fixed-dollar premium per unit, per week
 - Other
- iv. Salary Continuance benefit design
 - Formula percentage
 - Waiting period and benefit period
 - Superannuation Contribution Benefit
- v. Eligibility criteria (for example all employees on commencement, after a 90 day qualifying period)
- vi. Default category

6. Takeover terms

Your employees may have existing insurance cover with the previous insurance provider. Where we're taking over the terms of their cover we require a description of the details of the policy we're taking over.

7. Bulk Member enrolment

In order to provide Asgard with your employees' details please complete the bulk member enrolment or provide a file downloaded from your payroll which includes all the information requested on pages 1 to 3 of the bulk member enrolment in this application booklet.

8 – 11. Adviser details

Your adviser will complete this page of the application in conjunction with you, encompassing:

- Adviser details
- Contribution fee remuneration
- Monthly adviser fee (standard or non-standard)
- Insurance commission.

12. Insurance application and disclosure declaration

Please read.

13. Employer acknowledgments

Please read the acknowledgments on pages 3 and 4 of this application booklet and then sign where indicated.

Bulk member enrolment (includes group insurance)

Where enrolling one or more employees at the one time please use the bulk member enrolment (found immediately after the employer application). This bulk member enrolment enables you to make one application for multiple staff.

You can also attach your employees' information in the form of a payroll file (or extract) to the bulk member enrolment as long as:

- you complete the employer application in full, and
- all the information we require is provided for each employee.

Employer *Online Transact* registration

By completing this form you will be provided with access to Employer *Online Transact*. Please ensure you read and retain the 'Direct debit request service agreement' provided on pages 5 and 6 of this application booklet if you're going to pay contributions by the direct debit facility.

“Asgard’s Employee Super Account bulk member enrolment enables you to make one application for multiple staff.”

Asgard Employee Super Account Employer application



Complete this form in **BLOCK LETTERS** and

- post it to Asgard, PO Box 7461, Perth WA 6850
- make cheques payable to **Asgard – AESA**
- we cannot accept faxes or photocopies of this application
- ask your financial adviser or call the Contact Centre about Asgard Employer *Online*

Questions? Call the Contact Centre on **1800 998 185** or email asgard.investor.services@asgardwealthsolutions.com.au

OFFICE USE ONLY	Account number	09
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1. Employer details

Employer's name

Employer's ABN

Contact person

Title	Surname
<input type="text"/>	<input type="text"/>

Given names

Postal address

<input type="text"/>	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
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Phone (Business)

Phone (Home)

Phone (Mobile)

Facsimile

Email

2. EOL Transact registration

We want to register for Asgard EOL Transact to enrol employees and make contributions:

Yes OR No

If yes, complete the EOL Transact registration in this booklet.

3. Default Superannuation Fund

Will this superannuation fund be your default fund as described in the Choice of Funds legislation?

Yes OR No

4. Insurance options

- a) If you ticked 'Yes' in Section 3, do you require: (Please tick one box)
 Comprehensive cover – go to section 5 **OR** Basic cover – go to section 7
- b) If you ticked 'No' in Section 3, do you require: (Please tick one box)
 Comprehensive cover – go to section 5 **OR** No insurance cover – go to section 7

5. Group insurance benefit design

Risk commencement date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Annual review date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Category description (For example, employee position)	Category 1	Category 2	Category 3
	<input type="text"/>	<input type="text"/>	<input type="text"/>
a) Life or Life & TPD	<input type="checkbox"/> Life OR <input type="checkbox"/> Life & TPD	<input type="checkbox"/> Life OR <input type="checkbox"/> Life & TPD	<input type="checkbox"/> Life OR <input type="checkbox"/> Life & TPD
Fixed-dollar amount	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OR			
Formula percentage (Employer nominated percentage up to 25%) x (salary) x (65 – age next birthday)	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %
OR			
Multiple of salary (Factor) x (Salary)	Factor <input type="text"/> <input type="text"/> <input type="text"/>	Factor <input type="text"/> <input type="text"/> <input type="text"/>	Factor <input type="text"/> <input type="text"/> <input type="text"/>
OR			
Fixed-dollar premium per unit, per week	No. of units <input type="text"/> <input type="text"/>	No. of units <input type="text"/> <input type="text"/>	No. of units <input type="text"/> <input type="text"/>
TPD definition*	<input type="checkbox"/> Standard occupation <input type="checkbox"/> Own occupation*	<input type="checkbox"/> Standard occupation <input type="checkbox"/> Own occupation*	<input type="checkbox"/> Standard occupation <input type="checkbox"/> Own occupation*
b) Salary Continuance formula percentage			
Employer nominated percentage (up to 75%) x salary	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %
AND			
Waiting period (days)	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90
Benefit period	<input type="checkbox"/> 2 years <input type="checkbox"/> to age 65	<input type="checkbox"/> 2 years <input type="checkbox"/> to age 65	<input type="checkbox"/> 2 years <input type="checkbox"/> to age 65
OPTIONAL			
Superannuation contribution			
Benefit (up to 15%)	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> %
Eligibility (for example, all employees on commencement)			
	Category 1		
	Category 2		
	Category 3		

- c) **Default category**
 If you would like one of the benefit categories you've described above to be the default category should we not receive specific instructions from you for a new employee, please tick below which category is to be treated as your default.
 Default category 1 2 3

Standard occupation will apply if no selection has been made under **TPD definition**.
 * Own occupation is available (for an additional premium). Certain occupations are eligible for own occupation TPD coverage. TPD standard occupation will apply if nominated occupation is not eligible under Own Occupation TPD definition.

6. Takeover details

Previous insurer

Contact name

Phone

Facsimile

Previous policy number

Policy name

7. Bulk member enrolment

When enrolling your employees use the bulk member enrolment which can be found immediately after the employer application. This bulk member enrolment enables you to make one application for multiple staff. If you need assistance completing it, or wish to supply this information electronically, contact your financial adviser or the Contact Centre on 1800 998 185.

It is acceptable to attach the information about your employees (using a payroll file or extract) to the bulk member enrolment as long as:

- you complete the employer application in full, and
- all the information we require is provided for each member.

Your financial adviser must complete Sections 8 to 11

8. Adviser details

Adviser's company

Adviser's name

Adviser's email

Adviser's phone

Adviser's fax

Adviser's code

 BA

By completing this section, you authorise Asgard to collect, maintain, use and disclose your personal information in the manner set out in its privacy brochure, a copy of which can be obtained free of charge from the Contact Centre.

Dealer stamp

9. Contribution fee for remuneration

Please indicate the default contribution fee (excluding GST) to apply to all contributions. % (max 5%)

To apply alternative fees to specific deposits, provide the details below:

Institution	Expected amount	Upfront fee
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

10. Monthly financial adviser remuneration

Indicate below the default monthly adviser remuneration your adviser will receive for servicing your employees' accounts excluding GST (tick one).

Standard. Your adviser will receive 25% of Asgard's administration fee.

OR

Non-standard. Select one of the following options.

Total percentage fee to adviser 0.3% 0.5% 0.75% 1.0% Other % per annum of total portfolio value

OR

Flat dollar fee of \$ per month

OR

Increase the monthly adviser remuneration by an additional % (must be a whole % between 1% and 50%.)

Any percentage you specify will be in addition to the 25% of the standard administration fee that your adviser will already receive. This will then increase the total administration fee that is debited. For example, if you specify an additional 50%, monthly fees will increase by 50% and your adviser will receive 75% of the standard administration fee (25% plus 50%).

11. Group insurance commission

Please indicate the level of remuneration that your adviser will charge. Select one of the following options.

Life % (Including GST, maximum 27.5%)

Life & TPD % (Including GST, maximum 27.5%)

Salary Continuance % (Including GST, maximum 27.5%)

Note: Remuneration can be varied for future premiums by submitting a new commission notification. The new remuneration level will take effect at your next annual review date or amendment date. If the remuneration level is to be raised, the adviser must attach your written approval.

12. Insurance application and declaration

I/We hereby request application be made to AIG Life for the insurance described in the relevant Specimen Master Policy and the quote provided to me/us. If AIG Life, ABN 79 004 837 861, accepts this application, I/we acknowledge that I/we will be bound by the terms and conditions of the quote and the policy issued pursuant to this application.

13. Employer acknowledgments

I/We apply to be accepted as an Employer-Sponsor. This application was accompanied by the Asgard Employee Super PDS dated 1 July 2007, all relevant supplementary PDS and PDS PART 2 – Investment Selection of the Asgard Employee Super PDS. I/We have read and understood these documents, including the ‘Acknowledgments, confirmations and agreements’ on page 3 of this application booklet. I/ We agree and accept them and declare that all the details given in this application are true and correct.

Where you enrol employees using the bulk member enrolment, their accounts will be invested according to:

- the standard investment default, which is a Separately Managed Accounts – Funds portfolio based on their age (as set out in the Asgard Employee Super PDS – Employee) or, if no age is provided, the Balanced portfolio.
- an alternative default nominated by you where you and your financial adviser submit an Asgard Employee Super Account employer nominated membership category(ies) and investment default(s) form with this application.

Individuals or partnerships sign here

Signature

Date

 | |

Signature

Date

 | |

Companies sign here

If signing under Common Seal we confirm it was affixed in our presence.

Director/Sole Director and Sole Secretary (delete as applicable)

Secretary/Director (delete as applicable)

Date | |

Common Seal

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Asgard Employee Super Account Bulk member enrolment



Complete this form in **BLOCK LETTERS** and:

- post it to Asgard, PO Box 7461, Cloisters Square, Perth WA 6850

Questions? Call the Contact Centre on **1800 998 185** or email asgard.investor.services@asgardwealthsolutions.com.au

Note: Privacy laws protect your privacy. Please read our privacy brochure for more information. A copy can be obtained from the Contact Centre.

OFFICE USE ONLY Asgard Client Relationship Centre

Employer name

Employer number

 09 - 01

1. Employee details and application

Please enrol the employees listed overleaf as members of the Asgard Employee Super Account.

i Call the Contact Centre on 1800 998 185 for a template if you wish to supply this information electronically.

A signed copy of this application must be attached to the print out of the employee details information.

2. Employer signature

Signature

Signed by the employer on behalf of the named employees.

Employee details

If there are more than 5 employees please call the Contact Centre on 1800 998 185 for a template to supply this information electronically.

Title	Surname	Given names	M/F	Date of birth	Postal address	Date joined employer	Tax file number	Annual salary ⁴	Category (1, 2 or 3)	Occupation ²
							- -	\$		
							- -	\$		
							- -	\$		
							- -	\$		
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							- -	\$		

Asgard Capital Management Ltd
ABN 92 009 279 592 AFSL 240695
Fund ABN 90 194 410 365
Contact Centre 1800 998 185
PO Box 7490, Perth WA 6850

Asgard

Asgard Employee Super Account Employer *Online* – Transact registration



To obtain access to Asgard Employer *Online* – Transact and secure your User Name and Password.

Complete this form in **BLOCK LETTERS** and:

- **post it to** Asgard, PO Box 7461, Cloisters Square, Perth WA 6850

Questions? Call the Contact Centre on **1800 998 185** or email asgard.investor.services@asgardwealthsolutions.com.au

Note: New privacy laws protect your privacy. Please read our privacy brochure for more information. A copy can be obtained from the Contact Centre.

1. Account details

Employer name

ABN

 - - -

Address

 State Postcode

Phone: Business

Mobile

Contact name

Email

Asgard Employer Account number (eg 0123456-D9-01)

 - D9 - 01

2. Payment method

Will you be using BPAY® or direct debit to forward your contributions to Asgard?

Direct debit Please complete section 3, direct debit request.

BPAY section 3 is not required.

Note: When making contributions using BPAY for 'Choice' payments, two separate payments will need to be made.

© Registered to BPAY Pty Ltd ABN 69 079 137 518

3. Direct debit request

I/We will be using direct debit to make contributions for my/our employees.

I/We agree to the terms of the 'Direct debit request service agreement' on pages 5 and 6 of this application booklet.

I/We request Asgard Capital Management Ltd, until further notice in writing, to debit to my/our account described in this section, any amounts which Asgard, (User ID number 016103) may debit or charge me/us through the direct debit system.

I/We understand and acknowledge that Asgard may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Bank account details

Insert details of account which is to be debited

Branch name

Branch address

 State Postcode

Account name

BSB number

 -

Account number

Note:

1. Direct debiting is not available on the full range of accounts. If in doubt please refer to your financial institution.
2. Please read the 'Direct debit request service agreement' in conjunction with this direct debit request.

4. Online transaction information

Name of payroll provider

There are two levels of authority,

Level 1 - access to change details on the system and authorise payment of contributions

Level 2 - access to change details on the system only (unable to authorise payments).

Please provide the names and authority level so we can issue them with separate User ID's and passwords.

Name	Email address	Authority level
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2

5. Signature

I/We apply for access to Asgard Employer *Online* – Transact. I/We understand that the use of Asgard Employer *Online* – Transact is subject to Asgard’s terms and conditions of use, which I/we will be asked to accept at the time I/we first logon. Further, the features may change at Asgard’s discretion.

Individuals or partnerships sign here

Signature

Date

 | |

Signature

Date

 | |

Companies sign here

If signing under Common Seal we confirm it was affixed in our presence.

Director/Sole Director and Sole Secretary (delete as applicable)

Secretary/Director (delete as applicable)

Date | |

Common Seal

OFFICE USE ONLY	Date sent	By	Method
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Contact Centre 1800 998 185

Asgard Capital Management Ltd

ABN 92 009 279 592

AFSL 240695

RSE Licence L0001946

Fund ABN 90 194 410 365

Correspondence

Contact Centre

PO Box 7490

Perth WA 6850

AIG Life is the trading name of
American International Assurance Company (Australia) Limited
ABN 79 004 837 861, AFSL 230043.

Asgard