Russell Investments Super Series

Application Forms Booklet

24 June 2024

Issuer/trustee details:

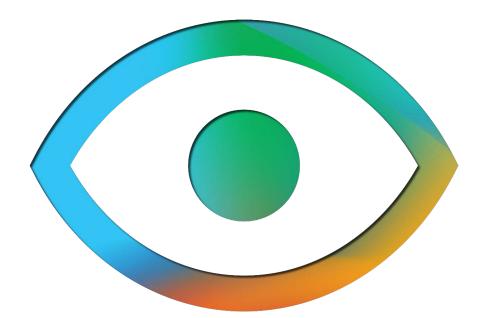
Netwealth Superannuation Services Pty Ltd ABN 80 636 951 310 AFSL 528032

Administrator details:

Netwealth Investments Limited ABN 85 090 569 109 AFSL 230975

Fund details:

Netwealth Superannuation Master Fund ABN 94 573 747 704





netwealth

This booklet contains application forms for Russell Investments Super Series ('Super Series'). This is the Application Forms Booklet referred to in the Super Series PDS dated 4 December 2023 (the 'PDS'). In these forms 'we', 'our' and 'Netwealth' mean Netwealth Superannuation Services Pty Ltd ('NSS') and/or Netwealth Investments Limited ('NIL') acting in its capacity as an agent for NSS.

Netwealth contact details

Postal address

Netwealth Superannuation Master Fund PO Box 336 South Melbourne VIC 3205

Freecall 1800 888 223 (within Australia) Phone 03 9655 1300 Fax 03 9655 1333 Email contact@netwealth.com.au Our website or Netwealth's website means netwealth.com.au/russellinvestments

How to contribute

Method	Payment		Other requirements							
SuperStream Employers Only	Bank: BSB number: Account no.: Reference:	ANZ 013 030 837 557 724 Same as SuperStream contribution message	Netwealth accour	a SuperStream contribution for nt number 0001040500 send the tribution message to: 94 573 747 704 NET0017AU 0001040500						
Electronic funds transfer (EFT) if you know your account number.		ANZ 013 993 Last 9 digits of your Netwealth account number tion – Netwealth Super Applications Account count – Client name A – Superannuation guarantee B – Salary sacrifice C – Personal contribution D – Spouse contribution	BSB number: 013 993 Account no.: 001040500							
Electronic funds ransfer (EFT) or direct oranch deposit For a new application where you do not have an account number.	Bank: BSB number: Account no.: Account name: Reference:	ANZ 013 030 837 557 601 Netwealth Super Applications Account Proposed account name		emittances except SuperStream emittance@netwealth.com.au.						
BPAY∞	Biller Codes:	156513: Superannuation Guarantee 156539: Salary Sacrifice 156505: Personal Contribution 156521: Spouse	Reference Numbe	unique BPAY® Customer er (CRN). This can be found on our dic statements or by contacting						
Direct debit	One-off direct deb	its or a regular contribution plan.	regular or ad-hoc account; AND/OR (if requir	tion plan' form – to commence a						

All contribution remittances except SuperStream must be sent to remittance@netwealth.com.au.

Please ensure you complete Step 6 of your application indicating the type of contribution.

It is important to follow these contribution instructions carefully, otherwise we may not be able to correctly allocate your contributions to your account.

[®] Registered to BPAY Pty Ltd ABN 69 079 137 518

Forms you need to complete

Personal Super		
You must complete	Page	
'Application' form	5	In all cases using the 'Application' form or completing an online application.
Optional	Page	
'Upfront / Fixed term member advice fee Consent'	15	If you agree with your adviser to pay an upfront or fixed term member advice fee, please complete and send to us the 'Upfront / Fixed term member advice fee Consent' form included in this booklet.
'Ongoing member advice fee arrangement Consent'	19	If you agree with your adviser to pay an ongoing member advice fee, please complete and send to us the 'Ongoing member advice fee arrangement Consent' form included in this booklet.
Rollover/transfer request	27	If you wish to rollover a benefit from another fund.
Direct debit request	31	If you wish to make any contributions by direct debit from a bank account.
Additional letter	Page	
Compliance letter	33	Give this to your employer if you want them to contribute to your Netwealth superannuation account. A 'Standard Choice' form is also available on our website.
Income Stream Service		
You must complete	Page	
'Application' form	5	In all cases using the 'Application' form or completing an online application.
Income stream instruction	23	If you are applying for an income stream.
Tax File Number Declaration	35	If you are under age 60, commencing an income stream and want to claim the tax-free threshold from your Russell Investments Super Series income stream.
Optional	Page	
'Upfront / Fixed term member advice fee Consent'	15	If you agree with your adviser to pay an upfront or fixed term member advice fee, please complete and send to us the 'Upfront / Fixed term member advice fee Consent' form included in this booklet.
'Ongoing member advice fee arrangement Consent'	19	If you agree with your adviser to pay an ongoing member advice fee, please complete and send to us the 'Ongoing member advice fee arrangement Consent' form included in this booklet.
Rollover/transfer request	27	If you wish to rollover a benefit from another fund.
Direct debit request	31	If you wish to make a contribution from your bank account to commence your income stream.

Please send all correspondence to:

Send to us:

🔕 contact@netwealth.com.au 🧑 Netwealth Superannuation Master Fund, Reply Paid 336, South Melbourne VIC 3205

Russell Investments Super Series Application



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NWNEWBRSAP

Please use **BLACK** pen and **BLOCK** letters.

This form may only be used if you have received a copy of the Product Disclosure Statement for Russell Investments Super Series dated 4 December 2023 ('**the PDS**'), the Information Guides, the Insurance Guide and Investment Menu referred to in the PDS that are relevant to you. These documents contain important information regarding investing in Super Series which you should read.

Russell Investments Super Series is designed for those consumers who:

- are looking to invest for their retirement within the superannuation environment;
- want to make an active investment choice;
- have an affinity to the investment approach and investment options provided by Russell Investment Management Ltd;
- want flexibility, control and to be able to manage their portfolio in one place, either by themselves or through a financial adviser; and
- expect to have more than \$10,000 to invest.

Step 1. Choose the type of account you wish to open

Personal Super AND/OR	Income Stream (you must also complete the 'Income stream instruction' on page 23)													
Step 2. Confirm if you are an existing Net	wealth client													
Client name														
Client number	Account number													
Step 3. Provide your personal details if yo	u are a new client													
Mr/Mrs/Miss/Ms/Dr/Other	Family name													
Given name(s)														
Date of birth	D / M / Sex Male Female													
Residential address (mandatory) ¹														
Suburb/town														
State	Postcode Country (if not Australia)													
Postal address (if different from above)														
Suburb/town														
State	Postcode Country (if not Australia)													
Phone*	Home ()													
Mobile*														
Email														

¹ If you reside in the European Union or the United Kingdom, we are unable to accept your application.

* At least one contact number must be provided.

Preferred online access and communication method

Level of online access (please select one)	Transact	Browse only
Communication method (please select one)	Electronically ²	Post ³

If no level of online access is selected then you elect to have browse only online access. If no communication method is selected and you have provided an email address and/or mobile phone number above then you elect to receive all communications electronically.²

You elect to receive your Annual Member Statement and to confirm transactions by accessing your online account, unless you choose the following:

I request that my Annual Member Statements and Confirmation Statements be sent to me by the communication method selected above.

² Receiving communications electronically means by a SMS sent to your mobile phone number, an email sent to your email address, an attachment to an email sent to your email address, or notification to you by email or SMS that the communication is available for you to access in your secure online account or on our website. Communications include all letters, statements, confirmations and other notices.

³ If you select to receive communications by post, you must provide a mobile phone number in the section above.

Step 4. Consider providing your tax file number ('TFN')

	Before providing your TFN, please ensu numbers and superannuation' section o								
Tax fi	le number		-	-		OR		do not wish to provide n	ıy TFN
Impo	ortant information about providing y	our tax file n	umber (TFN)						
	r the <i>Superannuation Industry (Supervis</i> ee of your superannuation fund are auth							ninistration Act 1953, we	15
	e purposes may include locating and ide ralian Taxation Office (' ATO ') for the purp					eligible termi	nation p	payments or reporting to	the
	e purposes may change in the future as a fits are being transferred, unless you req	0	0	2	2			•	your
	ot an offence not to quote your TFN. Ho h may not otherwise apply):	wever giving y	our TFN to us	as trustee	of your supera	nnuation fun	d will ha	ave the following advanta	ges
• W	e as trustee of your superannuation func		1 51			5		t/s,	

- other than the tax that may ordinarily apply, no additional tax will be deducted when you contribute or start drawing down your superannuation benefits, and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

The consequences of not quoting your TFN may change in the future as a result of legislative changes.

For more information, please contact us or the ATO Superannuation infoline on 13 10 20.

Step 5. Provide nominated bank account details

You can only nominate a bank account that is held in your name or a joint bank account for which you are one of the account holders. Payments will not be made to third parties.

	-			Ac	coui	nt ni	umb	er]		

Step 6. Provide details of your initial contributions - rollovers, transfers and contributions

(i) Rollovers and transfers

Account holder/s name

BSB

For all rollovers and transfers from other funds, complete the details below and the 'Rollover/transfer request' form in this Application Forms Booklet.

Fund name	
Policy/account number	Approx. amount \$
Fund name	
Policy/account number	Approx. amount \$
Fund name	
Policy/account number	Approx. amount \$
Fund name	
Policy/account number	Approx. amount \$
Fund name	
Policy/account number	Approx. amount \$
	Total rollovers \$

Step 6. Provide details of your initial contributions - rollovers, transfers and contributions (continued)

(ii) Initial contributions

Indicate the total of all initial contributions

Concessional contributions

Superannuation guarantee contributions (employer)	\$		1		•	0	0
Salary sacrifice contributions (employer)	\$		1			0	0
Personal contribution for which you intend to claim a tax deduction ⁴	\$		1		•	0	0

You will only be able to claim a tax deduction on contributions for which we have received a valid notice. Not submitting a notice may impact on the deductibility of contributions and the level of contributions that count toward your contribution limits. This can have significant tax consequences.

You or the financial adviser you nominate in Step 12 below as your Adviser Representative ('Nominated Financial Adviser') can claim a tax deduction for eligible contributions online.

Non-concessional contributions⁵

Personal contribution		\$
Spouse contribution		\$. 0 0
Other ⁶ (please attach details)		\$. 0 0
	Total of all contributions	\$, . 0 0
Contribution method		
Electronic funds transfer BPAY®	Direct debit (complete and attach the enclosed 'Dire	ct debit request' form)

⁴ A personal contribution for which a tax deduction is intended to be claimed must be accompanied by a valid 'Notice of intent to claim or vary a deduction for personal super contributions' form issued by the ATO or Netwealth, or a valid Netwealth online tax deduction form. If you do not submit a valid form at the same time as the contribution, we will process the contribution as a personal non-concessional contribution. Alternatively, you will have the opportunity to claim a tax deduction for that contribution at the end of the financial year when we send you a section 290.170 notice. For more information on the conditions which must be met for claiming a deduction, go to www.ato.gov.au and search for 'claiming deductions for personal super contributions'.

⁵ If you do not quote your TFN to us we must return non-concessional contributions to you and fees will apply (see the PDS for further details). You can quote your TFN at Step 4.

⁶ This may include personal injury contributions or disposal of small business contributions. Refer to the PDS for further details of types of contributions that can be made to your account.

Step 7. Regular contribution plan (optional)

 You must also complete the 'Direct debit request' form to enable us to debit your nominated bank account. We will debit your bank account on the 15th of each month or the next business day if the 15th day is not a business day. Monthly contribution amount (minimum of \$100 per month) Payment to commence 1 5 / MM / VV If no commencement date is specified, the plan will commence on the 15th day of the month first occurring after we process your application. Concessional contributions Superannuation guarantee contributions (employer) Salary sacrifice contributions Personal contributions⁷ Personal contribution (personal) Total of all regular monthly contributions 		I wish to make regular monthly contributions to my cash accord	unt.											
Payment to commence 1 5 / M M / Y Y ▲ If no commencement date is specified, the plan will commence on the 15 th day of the month first occurring after we process your application. Concessional contributions Superannuation guarantee contributions (employer) \$. Salary sacrifice contributions \$ Personal contributions ⁷ \$ Spouse contribution (personal) \$				5	nt. We	e will o	debi	t yoı	ur bar	nk ac	cour	nt or	n the	
A If no commencement date is specified, the plan will commence on the 15 th day of the month first occurring after we process your application. Concessional contributions Superannuation guarantee contributions (employer) Salary sacrifice contributions (employer) Non-concessional contributions Personal contributions ⁷ Spouse contribution (personal)		Monthly contribution amount (minimum of \$100 per month)	\$, . 0 0										
Concessional contributions Superannuation guarantee contributions (employer) Salary sacrifice contributions (employer) Non-concessional contributions Personal contributions ⁷ Spouse contribution (personal)		Payment to commence		1 5 / M M / Y Y										
Superannuation guarantee contributions (employer) \$ Salary sacrifice contributions (employer) \$ Non-concessional contributions Personal contributions ⁷ Spouse contribution (personal)		If no commencement date is specified, the plan will commenc	e on t	the 15 th day of the month first occurrin	g afte	er we	pro	cess	your	appl	icati	on.		
Salary sacrifice contributions (employer) \$ Non-concessional contributions Personal contributions ⁷ \$ Spouse contribution (personal)	Con	cessional contributions												
Non-concessional contributions Personal contributions ⁷ Spouse contribution (personal)	Supe	rannuation guarantee contributions (employer)			\$				1				0	0
Personal contributions ⁷ \$	Salaı	y sacrifice contributions (employer)			\$				1				0	0
Spouse contribution (personal)	Non	-concessional contributions												
	Pers	onal contributions ⁷			\$				1				0	0
Total of all regular monthly contributions \$. . 0 0	Spoι	se contribution (personal)			\$				r.				0	0
	Tota	of all regular monthly contributions			\$				r				0	0

⁷ If you wish to claim a tax deduction for some or all of your contributions, you or your Nominated Financial Adviser will need to do so online or submit a valid 'Notice of intent to claim or vary a deduction for personal super contributions' form issued by the ATO or Netwealth for the contributions you intend to claim as a tax deduction. Alternatively, you will have the opportunity to claim a tax deduction for your personal contribution at the end of the financial year when we send you a section 290.170 notice. For more information on the conditions which must be met for claiming a deduction, go to www.ato.gov.au and search for 'claiming deductions for personal super contributions'. NW-S-RAF_0624

Step 8. Reinvestment options (optional)

You have two reinvestment options for the distributions and income (including certain contributions) received into your account. You can choose either or a combination of the two options. If no selection is made, your distributions and income will remain in your cash account.

Distribution reinvestment

Distributions received from a managed fund will be reinvested into units of the same managed fund in accordance with your instructions as follows:

Apply distribution reinvestment to selected managed funds: I wish to have the income received from the managed funds I have selected in Step 10 reinvested into units of the same managed funds.

If this option is selected, you must tick the 'Distribution reinvestment' box on the selected managed funds in Step 10.

If the distribution to be reinvested into any one managed fund is less than \$5, we may not be able to carry out your distribution reinvestment instructions and the amount will remain in your cash account.

Income reinvestment

Once a month we will calculate the amount of income you have received and deduct expenses for the month and any distributions that have been reinvested to give a monthly net income amount. That monthly net income amount will then be allocated to your selected managed funds or your selected managed models in accordance with your instructions as follows:

Reinvest the following net income amounts:

1. Income earned less any expenses and reinvested distributions, plus

OR

Reinvest the following net income amounts:

- 1. Income earned less any expenses and reinvested distributions, plus
- 2. Regular contribution plan amounts made by direct debit, plus

Regular contribution plan amounts made by direct debit.

Employer contributions (super guarantee and salary sacrifice). 3.

If one of the above income reinvestment options is selected, you must complete the income reinvestment percentages in Step 10.

2.

If you enter an Income reinvestment % for any managed funds or managed models in Step 10 and make no selection in this section of Step 8, the first of the above selections will apply and employer contributions will not be reinvested.

For more information on the impact of an additional investment into managed models, refer to the Managed Account Product Disclosure Statement available from our website.

If the amount of reinvestment into any one managed fund is less than \$100 for a particular month, we may not be able to carry out your reinvestment instructions and the amount will remain in your cash account.

Rollovers or member personal contributions (concessional or non-concessional) that are not drawn through the regular contribution plan by direct debit are not included in the amount reinvested.

Step 9. Select your auto sell down profile

You may nominate the order in which you want to sell down your investments to top up your cash account in the event that the balance of your cash account falls below the minimum cash requirement. You may select from one of the three auto sell down profiles:

Largest to smallest (default)

Investments will be sold down starting with your largest to smallest liquid managed fund holding and then other investments (from largest to smallest), until the minimum cash requirement is met.



OR

Pro-rata (not available for managed models)

Investments will be sold down firstly from liquid managed funds based on the proportion of your portfolio that they represent and then other investments (from largest to smallest) until the minimum cash requirement is met.

OR

Rank

Holdings in liquid managed funds and/or managed models will be sold down based on the ranking you select in Step 10, until the minimum cash requirement is met.

Step 10. Provide your investment instructions

Cash account Invest my initial rollovers/contributions in my	cash	n acc	ount																								
OR Invest this dollar amount or percentage	amo	ount	of m	y ro	llover	s/co	ntrib	outio	ns in	the	e cas	sh ao	ссоі	unt ii	n ad	lditio	on to	the	e mi	nim	um	casl	h rec	quire	eme	nt ⁸	
\$		•	0 ()		0	R				% [
Term deposit You can transact online once you receive you	r log	in de	etails.	. A r	ninim	um a	amoi	unt c	of \$5,0	000	арр	lies	to a	iny o	net	term	n dep	osit	t.								
Managed funds and managed models																											
Fund name / Managed model																											
Code ⁹									Init	ial	amo	unt	to ir	nves	t (\$	or %	5)10				7					0	0
Distribution reinvestment ¹¹]	Inc	ome	e rein	vestr	nen	t mo	nthly	12				%		Au	to se	ell d	owr	ı prc	ofile	ranl	К ¹³				
Fund name / Managed model																											
Code ⁹									Init	ial	amo	unt	to ir	nves	t (\$	or %	5)10				,					0	0
Distribution reinvestment ¹¹]	Inc	ome	e rein	vestr	nen	t mo	,					%			to se	ell d	owr	ı prc	ofile	ranl	к ¹³				
Fund name / Managed model																											
Code ⁹									Init	ial	amo	unt	to ir	nves	t (\$	or %	5)10				,					0	0
Distribution reinvestment ¹¹			Inc	ome	e rein	vestr	nen	t mo	,					%	·		to se	ell de	own	prc	ofile	ranl	K ¹³	\square	L	1	
5 I (M . I II		,																									
Fund name / Managed model										_																	
Code ⁹									,		amo	unt	to ir	nves	t (\$						/				•	0	0
Distribution reinvestment ¹¹			Inc	ome	e rein	vestr	men	t mo	nthly	12				%		Au	to se	ell de	owr	i pro	ofile	ranl	K ¹³				
Fund name / Managed model																											
Code ⁹									Init	ial	amo	unt	to ir	nves	t (\$	or %	5)10				1					0	0
Distribution reinvestment ¹¹]	Inc	ome	e rein	vestr	nen	t mo	nthly	12				%		Au	to se	ell d	owr	ı prc	ofile	ranl	K ¹³				
Fund name / Managed model																											
Code ⁹] Init	ial	amo	unt	to ir	nves	t (\$	or %	5)10				1				•	0	0
Distribution reinvestment ¹¹]	Inc	ome	e rein	vestr	nen	t mo	nthly	12				%		Au	to se	ell d	owr	ı prc	ofile	ranl	K ¹³				
									Т	ota	al am	nour	nt (\$	or %	6) [,				1					0	0
Please ensure the total does not exceed than the amount available for investment									tion,	allo	wing	g foi	r the		- (ım c	ash	requ	uire	mer	nt. If	the	tota	ıl is ş	grea	ter]

⁸ For further information, see the 'Minimum cash requirement' section in Information Guide 1c.

 $^{\rm 9}~$ APIR Code for a managed fund or the Netwealth code for a managed model in the Investment Menu.

¹⁰ A minimum investment amount of \$100 applies to any managed fund. Each managed model has a minimum investment amount. Refer to the relevant PDS Part 2 - Managed Models Booklet for more information.

¹¹ Distribution reinvestment is only available for managed funds. Distributions received from this managed fund will be reinvested into this managed fund.

¹² Your selected % of net income received in your cash account from all sources as per your selection in Step 8 will be reinvested in this fund or model. Percentage amounts of income reinvestment for all managed funds and/or managed models must total 100% and Step 8 must be completed.

¹³ If a value has been entered in this box, then the auto sell down method will be set as 'Rank'. This will override any option selected under Step 9.

Netwealth Superannuation Services Pty Ltd ABN 80 636 951 310 AFSL 528032, trustee of the Netwealth Superannuation Master Fund ABN 94 573 747 704.

Step 11. Binding death benefit direction (optional)											
Non-lapsing	OR	Fixed term of	years								
Nominated dependants											
			ſ								

Upon your death, we will pay your superannuation benefit to one or more of your superannuation dependants and your legal personal representative in accordance with a valid binding death benefit direction or if you have not provided a binding death benefit direction, we will pay it to your legal personal representative.

A To ensure that your direction is valid please ensure that:

- You have completed the % as either a whole percentage or a maximum of 2 decimal places of the benefit for each of your nominated dependants and/or your legal personal representative;
- The relationship of your nominated beneficiary is one of the relationships listed below;
- The % of benefit for each of your nominated dependants and/or your legal personal representative adds up to 100%; and
- If this form is being signed by an attorney acting under a power of attorney, the person signing as attorney must not be nominated as a dependant.

If this form is not completed correctly, your direction will not be considered binding on us and benefits will be paid to your legal personal representative.

Details of the dependants that you wish to nominate under your binding death benefit direction: (use copies of this form if nominating more than four)

Full name																							
															% с	fbe	ene	fit				0	
Relationship	S	pouse	/de	fact	0		(Child		In	terd	lepe	nde	ent			F	inar	ncial	dep	end	ant	
Full name																							
															% (of b	ene	fit				•	
Relationship	S	pouse	/de	fact	0		(Child		In	terd	lepe	nde	ent			F	inar	ncial	dep	end	ant	
Full name																							
															% с	fbe	ene	fit				•	
Relationship	S	pouse	/de	fact	0		(Child		In	terd	lepe	nde	ent			F	inar	ncial	dep	end	ant	
Full name																							
															% с	fbe	ene	fit				•	
Relationship	S	pouse	/de	fact	0		(Child		In	terd	lepe	nde	ent			F	inar	ncial	dep	end	ant	
Full name																							
															% с	fbe	ene	fit				•	
Relationship	S	pouse	/de	fact	0		(Child		In	terd	lepe	nde	ent			F	inar	ncial	dep	end	ant	
Legal personal representative																							
Relationship	Le	egal pe	erso	nal r	repre	esen	itativ	/e					9	% of I	bene	fit				0			

Step 12. Nominate your Financial Adviser and advice fees

Financial Adviser nomination

AFS Licensee name	
Adviser code	
Adviser name	

Automatic Adviser Representative nomination and agency agreement

I nominate the Financial Adviser named above as my Adviser Representative who will be empowered to act on my behalf on matters relating to my account (including receiving documents about the underlying investments that my account is invested in on my behalf, as my agent) unless I inform Netwealth in writing that I do not want my Nominated Financial Adviser to be my Adviser Representative (either by ticking the box below or by advising Netwealth in writing). My Nominated Financial Adviser, as my Adviser Representative, may authorise officers or employees of the Nominated Financial Adviser to give Netwealth instructions in relation to my account. If my Nominated Financial Adviser changes their AFS Licensee, the Nominated Financial Adviser Representative so long as the new AFS Licensee is registered by Netwealth. I have noted the important warning regarding Adviser Representatives in the PDS. I confirm and agree to the release of Netwealth from liability in relation to actions by my Adviser Representative as described in the PDS.

Tick this box only if you do **NOT** wish for your Nominated Financial Adviser to have authority to act as your Adviser Representative. If you opt-out of the Adviser Representative nomination on your Super Series account this will also apply to any Adviser Representative nomination on any other account/s under the same username.

I do NOT wish my Nominated Financial Adviser to be my Adviser Representative.

Member advice fees

Indicate the types of any member advice fees you agree with your Nominated Financial Adviser to apply to this account.



Upfront member advice fee, to apply to contributions, rollovers and transfers to your account

Fixed term member advice fee, to apply for a fixed term of up to 12 months

To provide details of the above upfront and fixed term fees please complete an 'Upfront / Fixed term member advice fee Consent' form and include it with this application.



Ongoing member advice fee

To provide details of the above ongoing fee arrangements please complete an 'Ongoing member advice fee arrangement Consent' form and include it with this application.

Step 13. Read and sign this client declaration

(If you wish to use the direct debit facility you must also complete the 'Direct debit request' form in this Application Forms Booklet and agree to the direct debit request agreement terms.)

By submitting this application, I declare that:

Product Disclosure Statement and Trust Deed

- 1. I have received, read and understood and agree to be bound by the terms and conditions set out in the PDS, including the section 'Things you agree to when you apply to become a member of the Fund';
- 2. I agree to be bound by the trust deed for the Netwealth Superannuation Master Fund ('the Fund') which is available on Netwealth's website;
- 3. I have read, understood and agree to be bound by the terms and conditions governing the use of Netwealth's website available from Netwealth's website.

Anti-Money Laundering and Counter-Terrorism Financing

- 4. I acknowledge that Netwealth is bound by laws about the prevention of money laundering and the financing of terrorism, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF laws') and I represent and agree with Netwealth that;
 - (a) I am not applying to invest in the Fund under an assumed name;
 - (b) any money used by me to invest in the Fund is not derived from or related to any criminal activities;
 - (c) any proceeds of my investments will not be used in relation to any criminal activities;
 - (d) if Netwealth asks, I will provide all additional information Netwealth reasonably requires for the purposes of AML/CTF laws (including the source of funds used to invest);
 - (e) Netwealth may obtain information about me from third parties if Netwealth believes this is necessary to comply with AML/CTF laws; and
 - (f) in order to comply with AML/CTF laws Netwealth may be required to take action, including:
 - delaying, blocking, freezing or refusing to process a transaction or provide a service to me; or
 - disclosing information that Netwealth holds about me to Netwealth's related bodies corporate or service providers, or relevant regulators of AML/CTF laws (whether in or outside of Australia).

Contributions

5. If I am applying to open a Personal Super account, I am eligible to contribute or have contributions made on my behalf to the Fund and will advise Netwealth and cease making contributions to the Fund if I cease to be eligible to contribute under superannuation law.

(The following declaration, 6, only applies in respect of pre-age 75 contributions other than mandated employer contributions and downsizer contributions).

6. I acknowledge that if Netwealth receives a contribution for me after I have turned 75 that the contribution will only be accepted if it is received on or before the 28th day after the end of the month in which I turned 75, otherwise these funds will be returned to the remitting bank account.

Binding death benefit direction

- 7. If I have given a binding death benefit direction, I accept and understand the conditions relating to binding death benefit directions, and
- 8. I acknowledge that, if I have elected to give a fixed term direction:
 - the direction will cease after the nominated fixed term unless I update it prior to the expiration of the term; and
 - providing the binding death benefit direction is valid upon receipt by Netwealth, it will take effect on the date I sign this application.

Acknowledgement and Declaration

- 9. I represent to Netwealth that all the details in the application are true and correct;
- 10. I consent to the use of my personal information as outlined in the PDS and the Netwealth Privacy Policy (available on Netwealth's website); and
- 11. I authorise Netwealth to disclose to my Nominated Financial Adviser (if applicable) information regarding this transaction and/or my investments held through the Fund.

Step 13. Read and sign this client declaration (continued)

A Before you sign this 'Application' form, you must have received the current PDS for Russell Investments Super Series which contains important information about the Fund. Before choosing any managed funds or the Netwealth Managed Account Service you must have received a copy of the relevant current Product Disclosure Statement. These documents will help you understand the products and to decide if they are appropriate to your needs.

Signed by:

Please print full name

 Date
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Signature

Please tick this box if you are signing this application as an attorney acting under a power of attorney.

If you are signing this application as an attorney acting under a power of attorney, a certified copy of the power of attorney must be sent to the address below. The power of attorney must be approved by us before the account can be established.

🚹 It is recommended that you retain a copy of the completed 'Application' form for your own records.

Step 14. Once complete

See page 3 of the Application Forms Booklet for details on how to make your contribution. Attach any Advice fee consent form/s, 'Income stream instruction' form, 'Rollover/ transfer request' form and Direct debit request' form (if required) to the 'Application' form and send to:

Send to us:	@	contact@netwealth.com.au	😢 Netwe	ealth Superannuation	n Master Fund, Reply F	Paid 336, South Melbou	Irne VIC 3205
	t	Activities & Tasks > Document	: Upload > Sup	per Application (Advi	isers only)		
For more information:	Ļ	netwealth.com.au/russellinves	tments 📘	1800 888 223	<u>م</u>	Your adviser	
Notes							

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Super Series Application Upfront / Fixed term member advice fee Consent



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Please use BLACK pen and BLOCK letters.

This form is to accompany a new account application form. In this form a reference to your Adviser means the Nominated Financial Adviser named at Step 2 of this form.

By completing this form:

- You provide consent to Netwealth to arrange the deduction of fees from your account for payment to your Adviser; and
- You authorise and direct Netwealth to pay the member advice fees set out in this form to the AFS Licensee for whom your Adviser acts as an authorised representative (whoever that may be from time to time) and you consent to some or all of this amount being paid by the AFS Licensee to your Adviser (or their nominee).

Your consent is being sought by Netwealth to deduct the member advice fees in Steps 3 and 4 from your Netwealth Superannuation Master Fund account. Your consent will last until the amount has been deducted from your account. If you are not happy with the amount described, you do not have to sign this form, in which case the fees will not be paid to your Adviser. You may withdraw your consent prior to the fee deduction occurring by contacting Netwealth by email at contact@netwealth.com.au or calling 1800 888 223.

Member advice fees can only be paid from your superannuation account for services provided to you by your Adviser specifically in relation to your superannuation account.

Step 1. Member details

This consent accompanies the application to join Super Series for the following member

Member name

Date of birth

	/		/											

Step 2. Your Nominated Financial Adviser's name and contact details

Adviser name															
Adviser code															
Adviser Email															
Adviser Phone	()												
AFS Licensee name															
AFS Licensee number															

Step 3. Consent to an upfront member advice fee

Upfront member advice fees applying to contributions, rollovers and transfers to your account (including GST)

Initial contributions/rollovers fixed percentage rate % rate applied to all contributions/rollovers in Step 6 of the Application form. Your Adviser estimates that this fee will be approximately \$ 000

This is based on the total initial contributions and rollovers expected to be received in your account, as estimated by your Adviser.

AND/OR

Initial contributions/rollovers fixed dollar amount	\$			1				•	0	0	This amount is a one-off fee.
---	----	--	--	---	--	--	--	---	---	---	-------------------------------

Step 4. Consent to fixed term member advice fees										
Start date DD/MM/YY End date DD/MM/YY										
The start date cannot be prior to the first of this month and the end date cannot be more than 12 months from the start date.										
Fixed rate fixed term member advice fee based on your total account balance (including GST)										
Fixed percentage rate % p.a.										
This is a percentage per year of the total account balance, paid monthly based on the daily total account balance.										
Your Adviser estimates that for the fixed term this fee will be approximately \$										
This is based on the average total account balance expected to be held in your account over the fixed term, as estimated by your Adviser.										
Tiered rate fixed term member advice fee based on your total account balance (including GST)										
A tiered rate fixed term member advice fee cannot be combined with a fixed rate fixed term member advice fee.										
From \$ 0 0 to \$ 0 0 to \$ 0 0 % p.a.										
From \$ 0 0 to \$ 0 0 to \$ 0 0 %										
From \$ 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8										
From \$ 0 0 to \$ 0 0 to \$ 0 0 % p.a.										
From \$ 0 0 to \$ 0 0 to \$ 0 0 % % p.a.										
From \$ I I I I I I I % p.a.										
This is a percentage per year, paid monthly based on the daily total account balance.										
Your Adviser estimates that for the fixed term this fee will be approximately \$										
This is based on the average total account balance expected to be held in your account over the fixed term, as estimated by your Adviser.										
Fixed dollar fixed term member advice fee (including GST)										
Total fixed dollar amount ¹ ,										
Payment frequency ² Monthly Quarterly Half yearly Yearly										

¹ The total fixed dollar amount is divided by the number of days in the fixed term to determine a daily fee rate. The amount deducted per period is based on a pro-rata calculation: daily fee rate multiplied by the number of days in the period and paid at the end of the payment frequency. For example a yearly fee will be paid at the end of the term.

 $^{\rm 2}$ $\,$ Payment frequency can only be set to monthly if the term is less than 12 months.

Step 5. Services for which member advice fees are payable (Mandatory)

The member advice fees set out above can only be paid for services provided to you by your Adviser in relation to your superannuation account. These services may include financial advice provided to you by your Adviser and/or your Adviser arranging aspects of your superannuation account on your behalf. Services may be provided once only or on an ongoing basis during the period to which the fee applies. Please indicate what services you have agreed are to be provided by your Adviser for the payment of the member advice fees included in this form:

Once only service	Ongoing service	Service	
		Structure & contributions	The suitability of your superannuation arrangements, establishing your superannuation account, the amount and type of contributions to make to your superannuation account, the consolidation of superannuation benefits and rollovers into your superannuation account
		Investment	The investment strategy for your superannuation account and/or the selection of investment options in your superannuation account
		Retirement planning	Using your superannuation account to accumulate savings for your retirement, transitioning to retirement, generating a regular income in retirement and/or managing Centrelink entitlements
		Estate planning	Using your superannuation as part of your estate planning strategies including beneficiary nominations
		Insurance	Using your superannuation account for insurance and/or making a claim on insurance held through your superannuation account
		Benefit payments	Making a withdrawal or drawing an income from your superannuation account
		Tax planning	Consideration of the impact of your superannuation on your overall tax position, managing the tax payable on contributions to or income in your superannuation account and/or managing the tax on benefits received from your superannuation account.
		Education	Provision of general information about superannuation to help you understand your account and the impact that external changes to superannuation and investment may have on it

Step 6. Read and sign this client declaration

By submitting this instruction, I represent to Netwealth that all the details in this transaction are true and correct and I declare that:

- 1. I have received, read and understood and agree to be bound by the terms and conditions set out in the relevant Product Disclosure Statement for the Netwealth Superannuation Master Fund, in particular the fees and costs section, current as at the date I sign this instruction;
- 2. I have agreed with my Nominated Financial Adviser to pay the advice fees outlined in Steps 3 and 4 and I consent to the deduction of these fees from the Super Series account established as a result of the accompanying application and from any other Super Series account to which these amounts are subsequently transferred by me;
- I authorise and direct Netwealth to pay these amounts to the AFS Licensee for whom my Nominated Financial Adviser acts as an authorised representative (whoever that may be from time to time) and I consent to some or all of this amount being paid by the AFS Licensee to my Nominated Financial Adviser (or their nominee);
- 4. I confirm that the member advice fees outlined in Steps 3 and 4 are for services provided to me by my Nominated Financial Adviser relating solely to my Netwealth Superannuation account; and
- 5. I authorise Netwealth to disclose to my Nominated Financial Adviser (if applicable) information regarding this transaction and/or my investments held through the Netwealth Superannuation Master Fund.

Member full name									
Signature						Da	ate DD/	M M /	ΥY
It is recommended that yo	ou retain a copy of th	e completed form	m for your owi	n records.					
Step 7. Once complete	please send to us v	vith your Applie	cation						
Send to us:	© contact@net	wealth.com.au	🛛 Netw	ealth Superann	uation Master Fund	d, Reply Pa	aid 336, South	Melbourne VI	C 3205
	Activities & T	asks > Documen	t Upload > Su	per Application	(Advisers only)				
For more information:	netwealth.co	m.au		1800 888 223		Å.	Your adviser		

Netwealth Superannuation Services Pty Ltd ABN 80 636 951 310 AFSL 528032, trustee of the Netwealth Superannuation Master Fund ABN 94 573 747 704.

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Super Series Application Ongoing member advice fee arrangement Consent



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Please use BLACK pen and BLOCK letters.

This form is to accompany a new account application form. In this form a reference to your Adviser means the Nominated Financial Adviser named at Step 2 of this form.

By completing this form:

- You can provide consent to an ongoing fee arrangement under which your Adviser will arrange the deduction of ongoing fees from your account; and
- You authorise and direct Netwealth to pay the ongoing member advice fees set out in this form to the AFS Licensee for whom your Adviser acts as an authorised representative (whoever that may be from time to time) and you consent to some or all of this amount being paid by the AFS Licensee to your Adviser (or their nominee).

An ongoing fee arrangement is a fee arrangement that is intended to continue to apply for more than 12 months.

These fees are for services provided to you by your Adviser. Your Adviser is required to obtain your written consent before the ongoing fees can be deducted from your account. This form can be used to provide that consent. If you are not happy with the amount described, you do not have to sign this form, in which case the fees will not be paid to your Adviser. You may vary or withdraw your consent at any time by contacting your Adviser in writing or notifying Netwealth. An ongoing fee arrangement is subject to annual renewal.

Member advice fees can only be paid from your superannuation account for services provided to you by your Adviser specifically in relation to your superannuation account.

Step 1. Member details

This consent accompanies the application to join Super Series for the following member

Member name	
Date of birth	

Step 2. Your Nominated Financial Adviser's name and contact details

Adviser name															
Adviser code															
Adviser Email															
Adviser Phone	()												
AFS Licensee name															
AFS Licensee number															

Step 3. Consent to an ongoing fee arrangement

You enter into this ongoing fee arrangement on DD/MM/

(the anniversary day will be 1 year after this date)

The anniversary day for the ongoing fee arrangement is the anniversary of the day you enter into the arrangement and is the same day each year. The anniversary day cannot be a date that is more than 30 days after the consent is signed. If you leave this blank or we receive a consent signed more than 30 days before the proposed anniversary day, the date the consent is signed will be used to set the anniversary day.

Your consent will last until 150 days after the anniversary day that occurs 12 months after you enter into the ongoing fee arrangement.

If you have not renewed your consent, ongoing fees will stop being deducted at this date.

The following ongoing fees will be paid from your account.

Step 3. Consent to an ongoing advice fee arrangement (continued)
Fixed rate ongoing member advice fee based on your total account balance (including GST) ¹
Fixed percentage rate
Your Adviser estimates that this fee will be approximately \$
Tiered rate ongoing member advice fee based on your total account balance (including GST) ¹
A tiered rate ongoing member advice fee cannot be combined with a fixed rate ongoing member advice fee.
From \$ to \$ to \$ % p.a.
From \$ to \$ to \$ main sector \$ 0.0 % p.a.
From \$ 0 0 to \$ 0 0 to \$ 0 0
From \$ 0 0 to \$ 0 0 to \$ 0 0
From \$ 0 0 to \$ 0 0 to \$ 0 0 % p.a.
From \$ 7 0 0 to the balance of your account % p.a.
Your Adviser estimates that this fee will be approximately \$
¹ For new ongoing fixed percentage rate and tiered rate, the fees will start from the current month the form is processed or from the proposed anniversary date. Netwealth will not calculate any backdated fees. This fee is calculated based on the daily total account balance, percentage per year, and paid monthly.
Fixed dollar ongoing member advice fee (including GST)
Fixed dollar amount \$
Payment frequency Monthly Quarterly Half yearly Yearly
Start date M M / Y Y (if no date is entered, we will make the first fee payment on the date this form is processed by us)
You may choose to index the fixed dollar amount annually by completing the following (optional)
Indexed annually by None CPI ² OR A fixed rate of %
OR The lesser of CPI ² and %
OR The greater of CPI ² and %
Fee to be first indexed on 31 Mar Y OR 30 Jun Y OR 30 Sep Y OR 31 Dec Y Y
If you have chosen to index the ongoing member advice fee, you must select a date for the fee to first be indexed on. If no selection is made, the fee will be indexed 12 months from the end of the next applicable quarter.
Your Adviser estimates that for the 12 months from the date the fee arrangement commences or is renewed and including the impact of indexation (if any), this fee will be approximately \$

² CPI will be calculated as the rate of increase in All Groups Consumer Price Index for Australian capital cities published by the Australian Bureau of Statistics for the 12 months to the end of the calendar quarter immediately preceding the date of increase.

Step 4. Read and sign this client declaration

By submitting this instruction, I represent to Netwealth that all the details in this transaction are true and correct and I declare that:

- 1. I have received, read and understood and agree to be bound by the terms and conditions set out in the relevant Product Disclosure Statement for the Netwealth Superannuation Master Fund, in particular the fees and costs section, current as at the date I sign this instruction;
- 2. I have agreed with my Nominated Financial Adviser to pay the advice fees outlined in Step 3 and I consent to the deduction of these fees from the Super Series account established as a result of the accompanying application and from any other Super Series account to which these amounts are subsequently transferred by me;
- 3. Lauthorise and direct Netwealth to pay these amounts to the AFS Licensee for whom my Nominated Financial Adviser acts as an authorised representative (whoever that may be from time to time) and I consent to some or all of this amount being paid by the AFS Licensee to my Nominated Financial Adviser (or their nominee);
- 4. I confirm that the member advice fees outlined in Step 3 are for services provided to me by my Nominated Financial Adviser relating solely to my Netwealth Superannuation account; and
- 5. I authorise Netwealth to disclose to my Nominated Financial Adviser (if applicable) information regarding this transaction and/or my investments held through the Netwealth Superannuation Master Fund.

						~								_	_	_								~ ~ ~	
Step 5. Once complete please send to us	with	ı yo	ur A	pp	licat	tion	1																		
It is recommended that you retain a copy of t	ne co	omp	lete	d fo	rm f	or y	our	own	rec	ords	8.														
Signature												 	 			Da	ate	D	D] /	M	M	/	Y	Y
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Member full name																									

Send to us:	@	contact@netwealth.com.au	0	Netwe	alth Superannuation	Master Fund, Re	eply P	aid 336, South Melb	ourne VIC 3205
	٤	Activities & Tasks > Document	Uploa	d > Sup	er Application (Advise	ers only)			
For more information:		netwealth.com.au			1800 888 223		<u>م</u>	Your adviser	

For more information: untwealth.com.au

Your adviser <u>o</u>r

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Superannuation Income stream instruction



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Please use **BLACK** pen and **BLOCK** letters.

This form may only be used if you have received a copy of the Product Disclosure Statement for Russell Investments Super Series dated 4 December 2023 ('the PDS').

Step 1. Provide member details

- 10															_			-			_	,			_
Clie	nt name																								
Clie	nt number							Ac	cour	nt nu	mber														
Aco	count type																								
	Standard Income Stream	Trans	sition to	o Reti	rem	ent	Incom	ie Str	eam				Т	erm	All	ocate	ed Pe	ensio	on						
lf yo	ou are making a contribution or have multip	ple rollo	overs, \	ve wil	lest	tabli	sh a P	ersor	al Si	uper	accou	nt fo	or yo	u to	rec	ceive	thes	se pr	ior t	o yo	our ir	ncom	ne st	rear	n
con	nmencing.																								
	Tick this box if you would like to keep you	ur Pers	onal S	upera	acco	ount	open	after	we ŀ	nave	comm	ence	ed y	our i	nco	ome s	strea	m.							
	Amount to be retained in your Personal	Supera	accour	ıt																					
	The minimum cash requirement (f	or furtl	ner info	ormat	ion	plea	se see	the s	secti	on o	f the P	DS c	alle	d 'M	inir	mum	casł	n rec	quire	mer	nť)				
	OR \$, , , ,		0 () (mus	st be	e great	er tha	an th	ne mi	inimun	ı cas	sh re	equir	em	nent)									
Step	2. Declare condition of release																								
4	lf you are NOT an Australian citizen, Nev			zen o	r a p	erm	anent	resid	ent	of Aı	ustralia	,													
	please contact us prior to submitting thi																								
		eting this Step 2 you declare that you are an Australian citizen, New Zealand citizen or a nt resident of Australia and you satisfy one of the following conditions of release (please tick Before 1 July 1960														Pr	reserv	vatio	on ag	е					
one																55									
Sta	ndard Income Stream																						56		
	I have reached my preservation age* and	thava	norma	nonth	/ rot	irod	from	thow	orkfi	orco			_	-		61 to 30							57		
									UIKI	UICE			_	-		62 to 3 63 to 3							58 59		
	I am aged 60 or more and ceased gainful		-		-		•									er 1 Ju			0-				60		
		entered	d must	be or	n or	afte	r you t	urn 6	0)								5								
	l am aged 65 or more		C • •																						
	I have sufficient unrestricted non-preser							1	C *1				/T												
_	I am permanently incapacitated and elig	ible toi	' a disa	bility	sup	erar	inuatio	on be	nefit	Inco	ome str	eam	1. (11	uste	e a	appro	val r	equ	ired)						
Tra	nsition to Retirement Income Stream																								
	I have reached my preservation age* and										orce														
Step	3. Provide notice of intent to claim a	tax de	ductio	on fo	r pe	rso	nal co	ontrib	outio	ons															
'No per yet	u are seeking to claim a tax deduction for ice of intent to claim or vary a deduction for sonal contributions made in the current fin submitted a 'Notice of intent to claim or va itent to claim or vary a deduction for perso	or pers ancial iry a de	onal sı year, a ductio	iper c nd to n for	ont any pers	ribu per sona	tions' f sonal (I supe	^f orm t contri r con ⁻	o us buti tribu	s befo ons i ition:	ore you made i s' form	i cor n the (Sec	nme e pre	ence eviou n 290	yo us f 0.17	our ind finand 70 No	come cial y tice)	e str 'ear	eam for v	ı. Thi vhic	is ap h yoi	plies u hav	s to ve n	ot	
	Once you have transferred all or part of y deduction for personal super contribution personal contributions.																						tho	se	
lf yo	u require any clarification, please contact	your fii	nancial	advis	ser c	or Ne	etweal	th pri	or to	o sub	mittin	g thi	s foi	m.											
Plea	ase tick one of the following options:																								
	Yes, I intend to claim a deduction and have attached a valid 'Notice of intent to claim or vary a deduction for personal super contributions' form.																								

No, I do not wish to claim a tax deduction for my personal contributions.

NW-S-ISI_0624

Step 4. Claim your tax-free threshold and/or notify your Tax File Number ('TFN')

If you are age 60 or over, no PAYG tax will be deducted from your income and no additional ATO forms are required. Please proceed to Step 5.

If you are under 60, do you want to claim the tax-free threshold from your Super Series income stream?

Yes – Please complete and attach the enclosed ATO 'Tax File Number Declaration' form¹

No – You may want to provide your Tax File Number, if you have not previously done so. To provide your TFN please complete a 'Tax File Number Notification' form available from our website and attach it to this form or complete Step 4 of the 'Application' form.

¹ Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Step 5. Nominate bank account details

You can only nominate a bank account will not be made to third parties.	nt that is held in your name or a joint bank account for which you are one of the account holders. Payments
Provide the bank account to which any inco the nominated bank account currently reco	ome stream payments are to be made to (if applicable). If left blank, income stream payments will be made to orded for your account.
Account holder/s name	
BSB	Account number
Step 6. Nominate your income stream c	l etails (gross of any tax)
Payment frequency (please tick one box)	Weekly Fortnightly Monthly
	Quarterly Half yearly Yearly
Payment to commence	
If you are investing between 1 June and 30 .	June, you can defer the commencement of your payments until next financial year.
If the scheduled payment date is not	a business day your payment will be made on the previous business day.
Specify your income stream amount (tick o	ne box only):
Nominated amount – specify the amo	ount you wish to receive for each payment: \$
OR	
Minimum annual income stream ²	OR Maximum annual income stream ³
	(Note the maximum is applicable to Transition to Retirement income streams only)
	nual basis, is less than your minimum annual income stream, we will pay your minimum annual income ion to Retirement Income Stream amount greater than your maximum annual income stream, we will pay 1.

² If there is less than a full year from the start of your income stream to the next 30 June, you will receive the minimum annual amount reduced on a pro rata basis.

³ If there is less than a full year from the start of your income stream to the next 30 June, you will receive the full maximum amount over the remainder of the year.

Step 6. Nominate your income stream details (gross of any tax) (continued)

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Term Allocated Pension																									
Original commencement date		D	D/	\mathbb{M}	\mathbb{N}	/ [Y	Y																	
Original purchase price	\$							•	0	0															
Original pension ⁴			Term	Allo	cate	ed Po	ensi	on		Lif	etin	ne Inco	me	Stre	am		l	_ife E	xpe	ecta	ncy l	ncc	me	Stre	am
Currently receiving 50% asset test exemption	5		Yes] N	10														
New term selected			ye	ears																					
Amount of pension required subject to minim	um a	nnu	al pen	sion	рауі	men	t an	nour	nts (p	olea	se ti	ick one	box	()											
Fixed annual calculated amount																									
OR Minimum (larger of 90% of the fix	ed ca	lcula	ated a	nnua	l arr	nour	nt or	min	nimu	m ag	ge b	ased p	ensi	ion p	erce	entage	es)								
OR 📃 Maximum (110% of the fixed calcu	lated	l anr	nual ar	nour	nt)																				
OR Nominated annual amount in allo	wabl	e 90	-110%	rang	e\$				I.			•	0	0] p.	a.									
⁴ A rollover must be made from another TAP that com provide reasonable benefit limit and Centrelink asset apply. You should seek financial advice if you are uns	test e	xemp	tions ar	nd you	may	need	to re	tain a																	
⁵ To maintain the 50% Social Security asset test exemp Life expectancy pension must have been purchased															test	exempt	ion	prior	to ro	llove	r to Ne	etwe	alth. I	∟ifetir	me or
Step 7. Consider a reversionary pensione	r nor	nina	tion																						
Provide reversionary pensioner details if you v (however, special rules apply to children). See Power of Attorney is unable to nominate then	Info	mat	ion Gu	uide 2	2: Ac	diti																			
Full name																									
Address																									
Suburb/town																									
State			Ρ	ostco	ode					Сс	ount	try (if no	ot A	ustra	alia)										
Date of birth	D	D	/ M	M	/	Y	Y		Ge	ende	er		Male	е					Fe	ema	le				
Relationship		Sp	ouse/a	le fac	cto			Ch	nild				nte	rdep	end	ent			Fi	nan	icial d	dep	enda	ant	
If you wish to make a binding death benefit d	recti	on iı	nstead	l of a	rev	ersio	onar	y pe	ensio	oner	nor	ninatio	n, c	omp	lete	Step	11 (ofth	e 'A	ppli	catio	on' f	orm	•	
Step 8. Read and sign this declaration																									
 By submitting this instruction, I represent to N I have received, read and understood and a I have completed the personal details in th I authorise Netwealth to disclose to my No held through the Netwealth Superannuati 	gree ie 'Ap omina	to b oplic ated	e boui ation' Finano	nd by form cial A	the and	terr I sig	ms a ned	nd c the	cond decl	itior arat	ns se ion;	et out in and	1 th	e cu	rren	t PDS;					my ir	างคะ	stme	ents	
Before you sign this instruction form, you help you understand Super Series and c										vhic	h cc	ontains	imp	orta	nt ir	nforma	atio	on ab	out	t the	e Fun	d. T	he F	'DS	will
Full name																									

1 is recommended that you retain a copy of the completed form for your own records.

Date

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Step 9. Once complete please send to us Send to us: contact@netwealth.com.au Netwealth Superannuation Master Fund, Reply Paid 336, South Melbourne VIC 3205 Activities & Tasks > Document Upload > Super Application (Advisers only) For more information: netwealth.com.au/russellinvestments 1800 888 223

Super Series Application Rollover/transfer request



NWNEWBROTR

Please use **BLACK** pen and **BLOCK** letters.

This form may only be used if you have received a copy of the Product Disclosure Statement for Russell Investments Super Series dated 4 December 2023 ('the PDS').

Warning about insurance benefits. The superannuation fund you are transferring from may provide you with insurance against death, illness or injury in the form of life insurance, disability insurance or income protection insurance. When you submit this form and transfer benefits you may lose any insurance entitlements you have. You should consider any insurances you may lose as a result of this transfer.

Step 1. Provide your Russell Investments Super Series account to rollover to

Account number (if known)	
Step 2. Provide your personal details	
Mr/Mrs/Miss/Ms/Dr/Other	Family name ¹
Given name(s)	
Date of birth	DD/MM/YY Sex Male Female
Tax file number ('TFN ') ²	

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your TFN, but there may be tax and financial consequences if you do not. Refer to the PDS for more information.

¹ Please attach certified documentary evidence if your name has changed (i.e. marriage certificate, deed poll, etc).

² If no TFN is provided you must provide certified photographic documentary evidence of your identity. This may include your driver's licence or passport or birth certificate. Some funds you are transferring from may require more information, similar to a bank 100 point check. For further assistance please contact us on 1800 888 223.

Step 3. Provide details of the fund you are transferring from

Complete details of each of the funds you are transferring from. If you have more than four super funds to transfer from, please complete a separate form. If you are transferring from a Self Managed Super Fund, please complete Step 4.

Death benefit rollover³

³ Please tick this box if the rollover is from the proceeds of a Death Benefit and attach a Death Benefit Rollover Benefit Statement.

Fund/product name		
Unique Super Identifier (USI)		ABN
Member number		
Full rollover/transfer	OR Partial rollover/transfer amount	\$, , . 0 0
Fund/product name		
Unique Super Identifier (USI)		ABN
Member number		
Full rollover/transfer	OR Partial rollover/transfer amount	\$, , . 0 0
Fund/product name		
Unique Super Identifier (USI)		ABN
Member number		
Full rollover/transfer	OR Partial rollover/transfer amount	\$, , . 0 0
Fund/product name		
Unique Super Identifier (USI)		ABN
Member number		
Full rollover/transfer	OR Partial rollover/transfer amount	\$,

Netwealth Superannuation Services Pty Ltd ABN 80 636 951 310 AFSL 528032, trustee of the Netwealth Superannuation Master Fund ABN 94 573 747 704.

NW-S-RTR 0624

Step 4. Provide details if you are transferring from a Self Managed Super Fund

Fund name																						
Electronic service address																						
ABN																						
Member or account number																						
Contact phone number																						
Postal address																						
Suburb/town																						
State			Post	tcode	e 🗌				Со	untr	y (if	not	Aus	trali	a) [
Full rollover/transfer		OR			Part	ial ro	llove	er/tra	Insfe	er ar	nou	nt		\$ [1		1		0	0	0

If this rollover is coming from a Self Managed Super Fund, please provide confirmation of the rollover electronically via SuperStream. Please contact your registered electronic service address ('ESA') provider, fund administrator or accountant for more details on how you can obtain this confirmation.

If the transfer is from the proceeds of a Death Benefit rollover, please provide a Death Benefit Rollover Benefit Statement.

If you are unable to provide confirmation via SuperStream, please ensure you:

- provide a signed Rollover Benefits Statement for the total value of the rollover; and
- provide total cash rollover amount paid to Netwealth via EFT, cheque or direct debit; and
- send the remittance information to remittance@netwealth.com.au.

Step 5. Details of the fund you are transferring to

🦻 Netwealth Superannuation Master Fund, PO Box 336, South Melbourne VIC 3205 🛛 📮 1800 888 223 🧔 contact@netwealth.com.au

SFN 5099 560 25

ABN 94 573 747 704

RSE Registration R1000184

USIProductNET0017AUNetwealth Superannuation Master Fund Personal SuperNET0021AUNetwealth Superannuation Master Fund Standard Income StreamNET0020AUNetwealth Superannuation Master Fund Term Allocated Pension

- NET0018AU Netwealth Superannuation Master Fund Employer Sponsored Super
- NET0019AU Netwealth Superannuation Master Fund Transition to Retirement Income Stream

Step 6. Read and sign this declaration

By submitting this instruction, I represent to Netwealth that all the details in this transaction are true and correct and I declare that:

- 1. I authorise the transfer of my benefits from the fund shown in Steps 3 or 4 ('**previous fund**') to the Netwealth Superannuation Master Fund, a complying superannuation fund for the purposes of the *Superannuation Industry (Supervision) Act 1993;*
- 2. I discharge the trustee of my previous superannuation fund from any further liability to pay a benefit to me in respect of those benefits that have been correctly transferred;
- 3. I acknowledge that the transfer of my benefits from my previous fund may be delayed due to circumstances beyond the control of Netwealth;
- 4. I consent to the deduction of any applicable fees from my benefit as a result of the transfer. (If you are not aware of the fees that may apply, you should contact your previous fund for further information);
- 5. I understand that any insurance I have in my previous fund may be lost as a result of this transfer;
- 6. I have received, read and understood and agree to be bound by the terms and conditions set out in the PDS;
- 7. I authorise Netwealth to disclose to my Nominated Financial Adviser (if applicable) information regarding this transaction and/or my investments held through the Fund; and

Step 6. Read and sign this declaration (continued)

8. I authorise the trustee required by law to effe						uls of m	y memt	ership	and an	y other	relevar	it infori	mation	
You should read the available on our web	e current PDS as there psite.	may have be	en changes	to the te	erms and	conditi	ons gov	erning t	his trai	nsactio	n. The c	urrent	PDS is	
Full name	Γ													
]					
Signature] [Date	DD	/ M	Μ /	ΥΥ
1 is recommended t	hat you retain a copy	of the compl	eted form fo	or your ov	vn record	ls.								
Step 7. Provide any add	tional instructions													
Step 7. Fronde any add														
Please forward this form v	vith your application fo	orm (if applica	able) to:											
Send to us:	Ocontact@netw	ealth.com.au	0	Netweal	th Super	annuati	on Mas	ter Fund	d, Reply	/ Paid 3	36, Sou	th Melt	ourne	VIC 3205
	1 Activities & Tas	sks > Docum	ent Upload :	> Super /	Applicati	on (Advi	sers on	ly)						
For more information:	netwealth.com	.au/russellin	vestments	18	00 888 22	23			5	Your a	adviser			

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Superannuation Direct debit request



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NWNEWBSDDR

Please use **BLACK** pen and **BLOCK** letters.

This form may only be used if you have received a copy of the Product Disclosure Statement for Russell Investments Super Series dated 4 December 2023 ('**the PDS**'), the Information Guides, the Insurance Guide and Investment Menu referred to in the PDS that are relevant to you.

Please complete every step in this form (except Client number and Netwealth account number if these are not yet known). If the form is incomplete, it will be invalid.

Step 1. Provide your full name and Netwealth account details (if known)

Step 1. Flovide your fuil flattle and Netwea	iuia		Juni	uei	and	5 (II	KIIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/																			
Client name																												
Client number							N	etwe	alth	acc	coui	nt ni	umb	er														
Step 2. Provide payment details																												
This instruction relates to (please tick one or r	more	bo	xes a	as ap	oplic	cabl	e):																					
A regular contribution plan. S	Step	7 of	the	'App	olica	atio	n' fo	rm r	nust	be	con	nple	ted.															
AND/OR One-off amount of \$		I				1					0	0	PI	ease	e spe	ecify	/ COI	ntrik	outio	on ty	/pe	belo	w.					
Superannuation guarante	e] Sa	alary	sac	crific	ce] Sp	ous	e co	ontri	ibuti	ions														
Non-concessional persor	nal co	ontr	ribut	ions	1] Ot	her	(ple	ase	spe	cify	type	in S	Step	6 o	fthe	e 'Ap	plic	atio	n' fo	orm) [;]	1			
Rollover (a valid Rollover	Bene	efit S	State	eme	nt n	nus	t be	pro	/ideo	d alc	ong	with	n this	s for	m)													
AND/OR Any amount advised, from tin	ne to	tim	ne, by	y me	e or	my	Adv	iser	Rep	rese	nta	tive	(if I	have	e one	e) to	Ne	twe	alth.									
¹ A personal contribution for which a tax deduction is inte issued by the ATO or a valid Netwealth online tax deduct																											orm	
concessional contribution. Alternatively, you will have th more information on the conditions which must be met f	ie oppo	ortur	nity to	o clair	n a ti	ax de	educt	ion fo	r that	t cont	tribu	tion a	at the	end	of the	fina	ncial	year	wher	n we s	send	you a	a sect	tion 29			ce. Fo	٦٢
Step 3. Provide details of account to debit			0			,			,																			
Authority to debit the account named below t	to pa	v No	etwe	alth	ı Inv	est	mer	nts L	imite	ed																		
Name of financial institution																								Τ				
Account holder/s name																							T	T				
																							T	T				
BSB				-				1		Ac	cou	nt n	umt	ber										1				
Stop 4 Pood and sign this dealaration								_																				
Step 4. Read and sign this declaration			•.				15	0.40									<i>c</i> .											
You request and authorise Netwealth Investme Netwealth Investments Limited may debit or o																											ncia	.
institution identified above and paid to the De instructions detailed on this form.	bit u	iser	, sub	ject	to	the	terr	ns ai	nd c	ondi	itior	ns of	f the	Clie	ent S	ervi	ice /	Agre	eme	ent (ove	rlea	f) ar	1d ar	וץ fu	rthe	r	
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Signature

If signing for a company, sign and print full name and capacity for signing (e.g. Director).

Date

/

NW-S-DDR 0624

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Superannuation Direct debit request

Step 5. Once complete	pleas	e send to us						
Send to us:	@	contact@netwealth.com.au	0	Netv	vealth Superannı	uation Master Fund	l, Repl	y Paid 336, South Melbourne VIC 3205
	٤	Activities & Tasks > Document	Jpload	> Sup	per Application (A	Advisers only)		
For more information:	Ţ	netwealth.com.au/russellinvest	ments		1800 888 223		\$ 6	Your adviser

Client Service Agreement – Direct debit

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Client Service Agreement between you and us with regard to direct debit arrangements.

non-business day means a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

direct debit request means the direct debit request between us and you.

us or we means Netwealth Investments Limited (the debit user) you have authorised by signing a direct debit request.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

Drawing arrangements

We will only arrange for funds to be debited from your account as authorised in the direct debit request. Where the debit date falls on a non-business day, we will draw the amount on the next business day.

We will not change any details of drawings arrangements without giving you at least fourteen (14) days' written notice.

We reserve the right to cancel the direct debit arrangements if three or more drawings are returned unpaid by your nominated financial institution and to arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the financial institution, private and confidential.

Your rights

You may terminate your direct debit arrangement at any time by giving signed written notice directly to us. Notice to us should be received by us at least two (2) business days prior to the due date.

You may stop a debit to your account under your direct debit arrangement by giving signed written notice directly to us. Notice given to us should be received by us at least two (2) business days prior to the due date.

You may request a change to the drawing amount by contacting us and advising your requirements no less than two (2) business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (outside your direct debit arrangement) you may take the matter up directly with us, or lodge a direct debit claim through your nominated financial institution.

Your responsibilities

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. If there are not sufficient funds in the nominated account a bank dishonor fee may be recovered from your account.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the direct debit arrangement is transferred or closed.

It is your responsibility to advise us of a suitable alternate payment method if you wish to amend your direct debit arrangement (where necessary).

All changes or queries regarding this agreement or your direct debit arrangement should be directed to our investor services team on 1800 888 223 or in writing to:

ocontact@netwealth.com.au

Netwealth Superannuation Master Fund, Reply Paid 336, South Melbourne VIC 3205

Superannuation Compliance letter

4 December 2023

To whom it may concern

Re Netwealth Superannuation Master Fund ABN 94 573 747 704 SFN 5099 560 25, including Netwealth Super Accelerator and Russell Investments Super Series

USI	Product
NET0017AU	Netwealth Superannuation Master Fund Personal Super
NET0018AU	Netwealth Superannuation Master Fund Employer Sponsored Super
NET0021AU	Netwealth Superannuation Master Fund Standard Income Stream
NET0019AU	Netwealth Superannuation Master Fund Transition to Retirement Income Stream
NET0020AU	Netwealth Superannuation Master Fund Term Allocated Pension

As trustee of the abovementioned superannuation fund (Fund), Netwealth Superannuation Services Pty Ltd confirms that:

- The Fund is a complying and resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS).
- The Fund will accept all types of personal contributions and will accept employer contributions where the member has completed a Standard choice form nominating the Fund.
- The Fund is able to receive preserved benefits and will preserve these in accordance with SIS.
- The Fund is not subject to a direction under Section 63 of SIS.

Contributions can be accepted by the Fund using any of the contribution methods on the following page.

All contribution remittances except SuperStream must be sent to remittance@netwealth.com.au.

If you have any further queries, please contact us via email at contact@netwealth.com.au or Freecall 1800 888 223.

Netwealth Superannuation Services Pty Ltd

ABN 80 636 951 310 AFSL 528032

PO Box 336 South Melbourne VIC 3205

Freecall: 1800 888 223 Phone: +61 3 9655 1300 Fax: +61 3 9655 1333 Email: contact@netwealth.com.au

Contribution methods:

Method	Payment		Other requirements	
SuperStream Employers Only	Bank: BSB number: Account no.: Reference:	ANZ 013 030 837 557 724 Same as SuperStream contribution message		e a SuperStream contribution for Netwealth 0001040500 send the SuperStream sage to: 94 573 747 704 NET0017AU 0001040500
Electronic funds transfer – for online banking		ANZ 013 993 Last 9 digits of your Netwealth account number tion – Netwealth Super Applications Account count – Client name A – Superannuation guarantee B – Salary sacrifice C – Personal contribution D – Spouse contribution	Smith's existing N enter details as fo BSB number: Account no.: Account name: Reference:	013 993 001040500 Paul Smith B ontribution will be the default contribution
Electronic funds transfer – for branch deposit	Bank: BSB number: Account no.: Account name: Reference:	ANZ 013 030 837 557 601 Netwealth Super Applications Account Your 10 digit Netwealth account number	account number (Bank: BSB number: Account no.: Reference: All contribution re	a contribution at a bank branch for Netwealth 0001040500 enter details as follows: ANZ 013 030 837 557 601 0001040500 emittances except SuperStream must be e@netwealth.com.au.
BPAY◎	Biller Codes:	156513: Superannuation Guarantee 156539: Salary Sacrifice 156505: Personal Contribution 156521: Spouse	Number (CRN). Th	unique BPAY® Customer Reference his can be found on our website, on nts or by contacting Netwealth.
Direct debit	One-off direct del	oits or a regular contribution plan.	direct debit from AND/OR (if requir	tion plan' form – to commence a regular

• Registered to BPAY Pty Ltd ABN 69 079 137 518



WCLMATFN

Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

This is not a TFN application form. To apply for a TFN, go to **ato.gov.au/tfn**

Ferms we use

When we say:

- payer, we mean the business or individual making payments under the pay as you go (PAYG) withholding system
- **payee**, we mean the individual being paid.

Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.



You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

- You don't need to complete this form if you:
 - are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit ato.gov.au/trustsandtfnwithholding
 - are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund
 - want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093)
 - want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093).
 - For more information about your entitlement, visit ato.gov.au/taxoffsets



Section A: To be completed by the payee

Question 1 What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

We and your payer are authorised by the *Taxation Administration Act* 1953 to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you.

If you still can't find your TFN, you can:

phone us on 13 28 61 between 8.00am and 6.00pm, Monday to Friday.

If you phone or visit us, we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative, would know.

You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit **ato.gov.au/tfn**

You may be able to claim an exemption from quoting your TFN.

Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you haven't given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the:
 - Department of Human Services however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
 - Department of Veterans' Affairs a service pension under the Veterans' Entitlement Act 1986
 - Military Rehabilitation and Compensation Commission.

Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund doesn't have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.
- For more information about providing your TFN to your super fund, visit ato.gov.au/supereligibility

Question 2-6

Complete with your personal information.

Question 7 On what basis are you paid?

Check with your payer if you're not sure.

Question 8

Are you an Australian resident for tax purposes or a working holiday maker?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and don't set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

If you are in Australia on a working holiday visa (subclass 417) or a work and holiday visa (subclass 462) you must place an X in the working holiday maker box. Special rates of tax apply for working holiday makers.

For more information about working holiday makers, visit ato.gov.au/whm

If you're not an Australian resident for tax purposes or a working holiday maker, place an X in the foreign resident box, unless you are in receipt of an Australian Government pension or allowance.

Temporary residents can claim super when leaving Australia, if all requirements are met. For more information, visit **ato.gov.au/departaustralia**

Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

To check your Australian residency status for tax purposes or for more information, visit **ato.gov.au/residency**

Question 9 Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Answer **no** if none of the above applies or you are a working holiday maker.

If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.

For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit **ato.gov.au/taxfreethreshold**

Question 10

Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer yes if you have a HELP, VSL, FS, SSL or TSL debt.

Answer **no** if you do not have a HELP, VSL, FS, SSL or TSL debt, or you have repaid your debt in full.

You have a HELP debt if either:

- the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP, VET Student loans prior to 1 July 2019 or SA-HELP.
- you have a debt from the previous Higher Education Contribution Scheme (HECS).

You have a SSL debt if you have an ABSTUDY SSL debt.

You have a separate VSL debt that is not part of your HELP debt if you incurred it from 1 July 2019.



For information about repaying your HELP, VSL, FS, SSL or TSL debt, visit **ato.gov.au/getloaninfo**

Have you repaid your HELP, VSL, FS, SSL or TSL debt?

When you have repaid your HELP, VSL, FS, SSL or TSL debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

Section B: To be completed by the payer

Important information for payers – see the reverse side of the form.

Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit **ato.gov.au/lodgetfndeclaration**

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More information

Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at ato.gov.au
- For information about applying for a TFN on the web, visit our website at **ato.gov.au/tfn**
- For information about your super, visit our website at ato.gov.au/checkyoursuper

Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at **ato.gov.au**:

- Medicare levy variation declaration (NAT 0929), if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- Standard choice form (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit ato.gov.au/departaustralia for more information about super.

Other forms and publications are also available from our website at **ato.gov.au/onlineordering** or by phoning **1300 720 092**.

Phone

- Payee for more information, phone 13 28 61 between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone 1300 360 221 between 8.00am and 6.00pm, Monday to Friday.
- Payer for more information, phone 13 28 66 between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users phone 13 36 77 and ask for the ATO number you need (if you are calling from overseas, phone +61 7 3815 7799)
- Speak and Listen (speech-to-speech relay) users phone 1300 555 727 and ask for the ATO number you need (if you are calling from overseas, phone +61 7 3815 8000)
- Internet relay users connect to the NRS on relayservice.gov.au and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email **helpdesk@relayservice.com.au**

Privacy of information

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to **ato.gov.au/privacy**

Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at **ato.gov.au** or contact us.

This publication was current at June 2019.

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Published by

Australian Taxation Office Canberra June 2019

DE-6078

	Australian Government Australian Taxation Office	Tax file number declaration This declaration is NOT an application for a tax file number.	39					
	►//4~	 Use a black or blue pen and print clearly in BLOCK LETTERS. Print X in the appropriate boxes. Read all the instructions including the privacy statement before you complete this declaration. 	٦					
S	ato.gov.au ection A: To be completed by the							
	What is your tax	PATEE 5 What is your primary e-mail address?						
	information, see question 1 on page 2 OR I am claiming an exem	for a new or existing TFN.	 r					
	of the instructions. 18 years of age and do no							
		sion, benefit or allowance. 7 On what basis are you paid? (select only one)						
2	What is your name? Title: Mr Mrs	Miss Ms Full-time Part-time Labour Superannuation Cas employment employment hire employment common stream						
	Surname or family name	An Australian resident A foreign resident A work	ina 🖂					
	First given name	for tax purposes for tax purposes OR holiday ma	5					
	Other given names	9 Do you want to claim the tax-free threshold from this payer? Only claim the tax-free threshold from one payer at a time, unless your total incom	e from					
		all sources for the financial year will be less than the tax-free threshold.	liday					
3	What is your home address in Australia?	Yes No maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.						
		10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) of	or					
	Suburb/town/locality	Trade Support Loan (TSL) debt? Yes Your payer will withhold additional amounts to cover any compulsory	No					
	State/territory Postcode	Yes repayment that may be raised on your notice of assessment. DECLARATION by payee: I declare that the information I have given is true and control of the second s						
		Signature Date						
4	If you have changed your name since you last dea provide your previous family name.	It with the ATO,						
		There are penalties for deliberately making a false or misleading statement.						
	Once section A is completed and signed, give it to your payer to complete section B.							
Section B: To be completed by the PAYER (if you are not lodging online)								
1	What is your Australian business number (ABN) or withholding payer number?							
	94 573 747 70		. C					
2	If you don't have an ABN or withholding	Yes No OM. AU						
3	payer number, have you applied for one? What is your legal name or registered business na	6 Who is your contact person?						
Ū	(or your individual name if not in business)?							
		Business phone number 0 3 9 6 5 5 1 3 0 0						
		N 7 If you no longer make payments to this payee, print X in this box.						
	MASTERFUND	DECLARATION by payer: I declare that the information I have given is true and con Signature of payer	rect.					
4	What is your business address?		ſ					
	PO BOX 336							
	Durb/town/locality							
	SOUTHMELBOUR							
	State/territory Postcode V I C 3 2 0 5	Australian Taxation Office See next page for: P0 Box 9004 payer obligations PENRITH NSW 2740 lodging online						
		PENRITH NSW 2740 Indiging online.						
_								
L		Sensitive (when completed) 30920619						

40 Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Home Affairs website at **homeaffairs.gov.au**

Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see **ato.gov.au/whmreg**

For the tax table "working holiday maker" visit our website at **ato.gov.au/taxtables**

Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables. After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

For a full list of tax tables, visit our website at ato.gov.au/taxtables

Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- online lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** complete section B and send the original to us within 14 days.
- For more information about lodging your TFN declaration report online, visit our website at ato.gov.au/lodgetfndeclaration

Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new TFN declaration (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

Penalties

You may incur a penalty if you do not:

- Iodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.



