



27 February 2012

Customer Services

Phone 13 38 63

Email customer@onepath.com.au

Website anz.com/wealth/super

Before you sign this form, you must have received the PDS which will help you understand the product and to decide whether it is appropriate for your needs. We recommend you read the the PDS, including all material that has been applied, adopted or incorporated by the PDS.

INSTRUCTIONS

- Complete this form where you wish to become a member of ANZ Super Advantage – Personal.
- If you wish to apply for insurance you should complete and sign the Insurance Application and Short Form Personal Health Statement.
- If you wish to nominate an investment strategy, please complete and sign the Member Investment Choice Form. If you do not nominate your own investment fund or funds, your contributions will be invested in either the employer's or the Trustee's default investment strategy.
- A Nomination of Beneficiary Form will have to be completed if you wish to nominate to whom your benefit is to be paid upon your death. There are separate forms for making a binding or non-binding nomination.
- A Tax File Number Notification Form should be completed and signed if you wish to notify the Trustee of your tax file number.
- If you need any assistance, contact Customer Services on 13 38 63 weekdays between 8.30am and 6.30pm (EST).
- Complete and sign the form and return to:

ANZ Super Advantage
 OnePath Life Limited
 GPO Box 4028
 Sydney NSW 2001

1. FAMILY MEMBER DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other <input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Date of birth (dd/mm/yy)	<input type="text" value=" / /"/>					
Residential address (this cannot be a PO Box)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Postal address (if different from above)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Phone	Home	<input type="text"/>			Business	<input type="text"/>
	Mobile	<input type="text"/>			Fax	<input type="text"/>
Email	<input type="text"/>					
Relationship to employer plan member*	<input type="text"/>					

* Please refer to the ANZ Super Advantage Member Guide for details on family members eligible to join ANZ Super Advantage.



2. EMPLOYER PLAN MEMBER DETAILS (please provide details of the employer sponsored member you are related to)

Member number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer plan name	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>

3. DECLARATION AND AUTHORISATION

By completing this application I:

- apply to become a member of ANZ Super Advantage.
- acknowledge that I have read the current PDS and consent to be bound by the terms of the PDS.
- understand there is additional information about this product in the Member Guide, Investment Choice Guide and Insurance Guide which may assist me in making an investment decision.
- consent to the collection, use, storage and disclosure of my personal information as described in the Privacy section of the Member Guide. I further consent to ANZ or any of its related groups (including the Trustee) sending me information about its financial products from time to time.
- acknowledge that an investment in ANZ Super Advantage is not a deposit with, or liability of, ANZ or its related group companies and, except where otherwise provided in the PDS, none of them stands behind or guarantees the Trustee or the capital or performance of an investment in ANZ Super Advantage, and that my investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.
- acknowledge the invitation to invest in Integra Super is only available to persons receiving the PDS in Australia. OnePath Custodians reserve the right to refuse applications at their discretion without giving reasons.
- confirm that I am eligible to contribute to ANZ Super Advantage and have contributions made on my behalf.
- am not aware and have no reason to suspect that my investment is derived from, related to or used to fund, money laundering, terrorism financing or other similar activities and my instructions in relation to my investment will not result in ANZ or any of its related group of companies breaching any related laws or regulations in Australia or any other country.

By signing this form, I confirm that I have read the above declarations.

Name of applicant	Signature of applicant	Date (dd/mm/yy)
<input type="text"/>	<input type="text"/> X	<input type="text"/> / <input type="text"/> / <input type="text"/>