

5: Member investment choice

Before completing this section, First Super recommends you read the information about investing in this PDS. The information provided by First Super is of a general nature and does not constitute investment advice.

I would like to invest in the following investment options:

First Super Balanced (default)	%
First Super Shares Plus	%
First Super Growth	%
First Super Conservative Balanced	%
First Super Cash	%
TOTAL must equal	100%

Note: If you do not make a choice, your account will automatically be invested in First Super Growth.

6: Nominating your preferred beneficiaries

Please provide details of any dependants who may be entitled to any insurance or superannuation benefits in the event of your death. This information will be used as a guide to determine who should be paid any benefits on your death. It is not binding on the Trustee.

Full name	Address	Relationship	% Share

TOTAL must equal 100%

7: Other options

Voluntary contributions: Making additional contributions is a good way of boosting your retirement savings. Contact First Super for details.

Transfer your other super into First Super: To transfer superannuation from your other funds into First Super, please complete the *Transfer Your Super Form*, available on request or at www.firstsuper.com.au.

8: Declaration

To apply for membership of First Super, you must sign and date this form having read the statements below.

I hereby:

- > apply to the Trustee for admission as a member of First Super under the terms and conditions of the Trust Deed by which the Fund is operated;
- > acknowledge receiving the Product Disclosure Statement (PDS);
- > acknowledge that I have read the section on nomination of beneficiaries contained in the PDS;
- > acknowledge that I have read the Privacy Statement in this PDS and hereby consent to the collection, use, storage and disclosure of my personal information as described therein; and
- > acknowledge that First Super may use my personal details to search for lost superannuation money on my behalf.

With regard to my insurance cover, I acknowledge that:

- > I have read and carefully considered Question 4 in this application and all answers provided are true and correct;
- > cover is conditional upon me, as a potential insured member, disclosing all matters known to me that are relevant to the Fund's or the insurer's decision to issue cover, and acknowledge that if I do not comply with this condition, then the Fund or the insurer may cancel my cover and/or not pay a claim;
- > if I am accepted as an insured member, and I have not fully disclosed all known circumstances then the Fund or the insurer may not pay a claim arising out of, or in relation to, those circumstances;
- > I have read the Duty of Disclosure information in the PDS and understand my obligations under the Insurance Contracts Act 1984.

Please sign here

Date

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Please return this completed form to: First Super, PO Box 666, Carlton South VIC 3053

t: 1300 360 988 f: 1300 362 899 e: mail@firstsuper.com.au w: www.firstsuper.com.au

This application is part of the First Super Product Disclosure Statement dated 30 September 2011.