



redefining / standards

AXA Business Superannuation
Vesting and Insurance Variation
to Member Application

OFFICE USE

Plan ID SZ

[Empty text box]

PLAN NAME/EMPLOYER NAME

[Empty text box]

MEMBER NAME

[Empty text box]

[Empty text box]

MEMBER NUMBER

MEMBER PHONE NUMBER

PLEASE MAKE THE FOLLOWING CHANGES.

I confirm that these changes are consistent with the options available to me in the plan.

Retirement age []

Vesting of Employer's Account (The vesting basis indicated is subject to the agreement of the Administration Manager.)

- 20% each year, from vesting commencement date (maximum 100%)
10% each year, from vesting commencement date (maximum 100%)
% each year, from vesting commencement date (maximum 100%).
Other []
100% Vesting
Employer discretion

For plans established on or after 1 June 2003, the Employer Account will vest at a percentage (if any) determined by the Member's employer if the Member is dismissed for misconduct or resigns to avoid such dismissal.

Vesting commencement date (Please tick one and complete as appropriate.)

- From membership commencement date
[] years after membership commencement date.
Nominated Date* [] / [] / []

*The Trustee may deem a Member's period of membership to include an additional period as agreed with the Member's employer. The employer may insert here a nominated date which the employer agrees may be deemed by the Trustee to be the commencement of the Member's period of membership for the purpose of vesting.

INSURANCE COVER

Insurance type (Please tick one. Unless the Administration Manager agrees otherwise, this must be the same as the applicable insurance type specified in the Participation Agreement establishing the Plan.)

- Death
Death or Total and Permanent Disablement
Death or Total and Permanent Disablement
No insurance

Insurance basis (Please tick one)

- Fixed amount \$ []
Fixed amount + CPI \$ []
Multiple of Salary [] x Salary
Sliding scale [] % of Salary x term to retirement age

The provision of insurance cover for the Applicant is subject to acceptance by the Insurer. It is possible that even if this Application for membership is accepted, insurance cover may be declined.

ADVICE

Have you received financial advice from an adviser in making the decision to change your investment? (please tick) [] YES [] NO

If yes, please ensure the adviser section below is completed by your adviser.

TO BE COMPLETED BY THE ADVISER (OFFICE USE ONLY)

I confirm I am an: (please tick one) [] AFA (Authorised to give advice on investments) [] Other (please specify) []

and I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements under the Financial Advisers Act 2008 and all other applicable laws.

[Empty text box]

[Empty text box]

ADVISER NAME

FSP NUMBER* *please use your QFE's FSPN if you are a QFE adviser

AUTHORISED BY MEMBER AND EMPLOYER

[Empty text box]

[Empty date box]

MEMBER SIGNED

DATE

[Empty text box]

[Empty date box]

AUTHORISED OFFICER SIGNED

DATE

Send your completed form to

AXA New Zealand, Freepost AXA, PO Box 1692, Wellington 6140