



OFFICE USE Plan ID SZ
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Plan Name/Employer Name

The above named Participating Employer applies to the Trustee to make the following changes to the Plan Details specified on the Participation Agreement establishing their AXA Business Superannuation Plan.

PLAN DETAILS

Type of Plan

 Exempt employer plan *(tick if appropriate)*

Locked-in Status *(A Locked-in plan cannot be converted to an Unlocked Plan)*

 Locked-in Unlocked

Fees *(To be agreed with the advisor to the Plan and Company and subject to the requirements of the applicable legislation in force at the time this Participation Agreement is entered into.)*

Plan Fee % Gross Contributions Fee % Gross

Investment of Plan Reserve Account

Please specify the investment portfolio(s) in which the Plan's Reserve Account is to be invested (if more than one investment portfolio is specified, please also specify proportions).

INSURANCE COVER

Insurance type *(Please tick one.)*

Death Trauma Death and Trauma

Death or Total and Permanent Disablement Death or Total and Permanent Disablement and Trauma

Insurance basis *(Please tick one and complete details.)*

Fixed amount \$

Multiple of Salary x Salary Sliding scale % of Salary x term to retirement age

Insurance category 1 *(Please indicate the category of Members to which this insurance alternative will apply.)*

1st Category Description *(e.g. all Members/executives/office staff etc)*

Insurance category 2 *(Please indicate the category of Members to which this insurance alternative will apply.)*

2nd Category Description *(e.g. all Members/executives/office staff etc)*

FOR USE WHEN PARTICIPATING EMPLOYER IS A COMPANY OR CORPORATION

Signed by the Participating Employer:

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
SIGNATURE OF DIRECTOR	NAME OF DIRECTOR	DATE

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
SIGNATURE OF DIRECTOR	NAME OF DIRECTOR	DATE

FOR USE WHEN PARTICIPATING EMPLOYER IS A PARTNERSHIP OR SOLE TRADER OR OTHER

Signed by the Participating Employer by:

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
AUTHORISED SIGNATORY	NAME	DATE

In the presence of:

<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
SIGNATURE	WITNESS NAME	DATE

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

WITNESS ADDRESS

AXA USE ONLY

Request approved / not approved *(Administration Manager to delete one)*

Variation effective from

Member consent required Yes No *(If yes then ensure appropriate written consent received from each Plan member)*

Client Service Adviser Verified