

Change member details and options

New and current members can use this form to change their member details, nominate or update their beneficiaries, nominate or update their legal representative or to provide their tax file number to the trustee.

If you have any questions, please call us on **1300 880 588** or email **contactaon@pillar.com.au**. For more information go to our website **aonmastertrust.com.au**.

YOUR MEMBERSHIP

Please select the appropriate option.

- New member**—your super benefit has been transferred to the Fund and you wish to provide the Fund with your personal details, provide beneficiary details and/or your tax file number.
- Current member**—you are already a member and wish to update your personal details, provide beneficiary details and/or your tax file number.

YOUR REQUEST

Please select the appropriate option.

- Provide or change member details**—complete *Your details*, *Your new details* and *Your declaration and authorisation*.
- Nominate or update beneficiaries**—complete *Your details*, *Your death benefit nomination* and *Your declaration and authorisation*.
- Provide your tax file number**—complete *Your details*, *Tax file number notification* and *Your declaration and authorisation*.

YOUR DETAILS

Member number (if known)

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title	Given names
<input type="text"/>	<input type="text"/>

Surname

Date of birth	Sex (M or F)	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Postal address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR NEW DETAILS

Title _____ Given names* _____

Surname* _____

Date of birth*
□ □ □ □ □ □ □ □

Telephone
□ □ □ □ □ □ □ □ □ □

Mobile
□ □ □ □ □ □ □ □ □ □

Email

Postal address

Suburb

State
□ □ □ □

Postcode
□ □ □ □ □ □

* For changes of name or date of birth please attach a certified photocopy of an original relevant document (eg, copy of marriage, deed poll, name change or birth certificate). Please call us if you need more information.

YOUR DEATH BENEFIT NOMINATION

In the event of your death while you are a member of the Fund, the benefit provided under the rules of the Fund is usually payable by the trustee to one or more of your dependants or to your estate. Dependants are limited by law to your spouse, your children and any other persons who are financially dependent on you or in an interdependency relationship with you. Your nomination of preferred beneficiaries below will only be used as a guide by the trustee in deciding who should receive your death benefit.

If you do not have any dependants please cross this box.

If you do have dependants, we recommend that you list them as your preferred beneficiaries or your legal personal representative/executor for payment of your death benefit below. However you are not required by law to do so. You may change this nomination at any time. Attach a letter if you wish to nominate more than four beneficiaries.

Your percentage nominations must amount to 100% of your benefit.

Beneficiary 1

Name in full

Date of birth
□ □ □ □ □ □ □ □

Relationship

Percentage of benefit (%)

Beneficiary 2

Name in full

Date of birth
□ □ □ □ □ □ □ □

Relationship

Percentage of benefit (%)

Beneficiary 3

Name in full

Date of birth

Relationship

Percentage of benefit (%)

Beneficiary 4

Name in full

Date of birth

Relationship

Percentage of benefit (%)

Legal personal representative/executor

Name in full (if it is a corporate body, provide official name)

Percentage of benefit (%)

Postal address

Suburb

State

Postcode

TAX FILE NUMBER (TFN) DECLARATION

I understand that I do not have to provide my TFN. I am choosing to provide my TFN to the trustee:

- so that the trustee can accept my non-concessional contributions to super and so that any subsequent contributions and benefit payments may be taxed at concessional rates
- to facilitate the administration of my superannuation account, and to facilitate any other actual or proposed uses authorised by superannuation or taxation legislation.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

PRIVACY

Personal information

The personal information that the Aon Eligible Rollover Fund collects is used to process your application, administer your account and provide you with benefits and options and conduct research about how to improve Aon Eligible Rollover Fund services and products.

Unless required or authorised by law, we will only provide your personal information to authorised service providers and other Aon companies who use the information to administer your account and provide services to you.

Marketing material

The Aon Eligible Rollover Fund may send marketing material to members about exclusive offers and promotions. For more information about privacy, including a copy of the Aon Eligible Rollover Fund privacy policy, call us on 1300 880 588.

YOUR DECLARATION AND AUTHORISATION

I declare that:

- as a member of the Aon Eligible Rollover Fund I will be bound by the trust deed and the rules thereunder
- I received a copy of the Product Disclosure Statement (PDS) when I joined the Aon Eligible Rollover Fund. I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time
- I have received a copy of the current PDS which is designed to help me understand the product and to enable me to make an investment choice that is suitable for me
- My nomination of preferred beneficiaries is not legally binding on the Trustee. I also understand that I can change this nomination at any time and any subsequent nomination cancels this nomination
- that information contained in this form may be 'sensitive' under the Privacy Act 1988 and I consent to this information being made available to the consultant, administrator, legal adviser(s) and any other relevant third party, including my adviser.

Signature

Date