



24 JULY 2020

Cashel Super and Pension Application Form

PENSION ACCOUNT

Please use this form when applying to become a member of Cashel Super and Pension. You should read the Cashel Super and Pension Product Disclosure Statement (PDS) dated 27 April 2020 and the Supplementary Product Disclosure Statement (SPDS) dated 24 July 2020 issued by Aracon Superannuation Pty Ltd ABN 13 133 547 396 RSE Licence Number L0003384 AFSL 507184, and associated material that forms part of the PDS, including the Member Guide and Investment Guide available at www.cashelhg.com.au or call Cashel Financial Services on 03 9209 9000 or email the Investment Administrator at support@xplorewealth.com.au to obtain a copy before completing this form.

- This application must be completed and signed by you and your authorised representative.
- This application must be completed in full. Please use **BLOCK** letters and **black** or **blue** pen. If filling out electronically please ensure that your signature is included before submitting
- Any changes made to this application are to be initialed by you.
- The minimum initial investment amount is \$25,000.00 for your Personal Superannuation Account.

If your Application Form is accepted you will be sent a Cashel Super and Pension Welcome Letter which includes instructions on how to operate your Account.

1. Pension Type

(please tick pension type - you cannot apply for more than one pension using this form)

Account Based Pension Transition to Retirement Pension

Term Allocated Pension (rollovers only)

2. Personal Details

Are you an existing client?

Yes No

If yes, what is your client code?

Member/ Investor

Title (Mr/Mrs/Ms)

Given Names

Date of Birth (DD/MM/YYYY)

Current Residential Address

Street number

Street name

Suburb

State

Postcode

Country

1. Personal Details (continued)

Postal Address (if different to residential)*

Street number

Street name

Suburb

State

Postcode

Country

* Please note that communications will be issued via the Cashel Portal as per the log in details to be provided to you, or to your nominated email address. Your initial Welcome Letter will be sent to you via email.

Email

Mobile number (preferred)

Other phone number

Nominated bank Account

Financial Institution

Account Name

BSB Number

Account Number

3. Tax File Number

Please provide us with your Tax File Number (TFN)

- The Trustee is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Your TFN will be treated confidentially and only used as required by law.
- The Trustee is required to provide your TFN when transferring benefits to another superannuation fund, approved deposit fund or retirement savings account, unless advised otherwise.
- By providing us your TFN, it is easier to keep track of your superannuation benefits, especially if you have multiple accounts and allow us to accept certain contributions such as personal contributions which we may not otherwise be able to do so.
- Your benefits may also be subject to additional taxation which may be claimed from the ATO when you lodge your tax return.
- The lawful purposes for which TFNs can be used for and the consequences of not providing it may be subject to change depending in government rules.

My Tax File Number is

4. Authorisation

I authorise the Cashel Financial Adviser of Cashel Financial Services Pty Ltd to provide instructions directly to the Trustee and to the Administrator (DIY Master Pty Ltd) of Cashel Super and Pension (on behalf of the Trustee and the Administrator's successors). I also authorise the Trustee and the Administrator and its successors to accept instructions from my Cashel Financial Adviser. I understand that in giving or carrying out my instructions, the Cashel Financial Adviser of Cashel Financial Services Pty Ltd (AFSL 306803) may access my account details and may transact on my Account. I also understand that the Trustee and/or its Administrator can accept and act on such instructions given by the Cashel Financial Adviser without requiring my signature, additional proof, instructions or further confirmation from me/us. I understand and release, discharge, and indemnify the Trustee and all of the Trustee's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from my appointment of Cashel as my Cashel Financial Adviser, and all acts, matters and things done or purported to be done by my Cashel Financial Advisers on my behalf.

4. Authorisation (continued)

I provide the Cashel Financial Adviser named below with third party authority as per the Cashel Super and Pension PDS

Names

Dealer Group

Phone Number

Email

5. Select your Investment Option

I, confirm selection of the following investment option(s) for my account:

Tailored High Growth Growth Balanced Consertative Balanced
Conservative Private Portfolio Special Situations Portfolio Private Global ETP

I acknowledge that by selecting (ticking) the investment option(s), that I authorise the Trustee to debit from my Cash Account investment fees on a monthly basis and paid to the sub-investment manager, Cashel Financial Services Pty Ltd, in accordance with the Product Disclosure Statement. Please refer to the Investment Guide for details of these portfolios including fees.

6. Payment for Financial Advice

I, authorise the Trustee to debit from my Cash Account the following fees to be paid to Cashel Financial Services Pty Ltd on the terms, detailed below.

Upfront Establishment Fees (maximum \$5,000 plus GST as a combined maximum - paid from your cash account on receipt of your first contribution or rollover)

a) Plan Fee (Statement of Advice)

a) Implementation Fee

Monthly Financial Advice Fees (Limits will apply, see below)

- A maximum ongoing adviser fee of \$30,000 p.a. plus GST unless otherwise agreed with the Trustee;
- This maximum fee comprises the combination of all of a member's accounts eg Accumulation, Pension(s), etc, unless otherwise agreed with the Trustee;
- This maximum fee applies to the family group, unless otherwise agreed with the Trustee.
- If a member has a Pension account (s) only, then a maximum ongoing adviser fee of \$12,000 p.a. plus GST will apply, unless otherwise agreed with the Trustee.
- Fixed percentage adviser fees may be up to a maximum of:
 - a) 1.0% for Ongoing Monthly Financial Advice Fee; or
 - b) 0.75% for an Adviser Portfolio Management Fee,of funds under management per annum plus GST, subject to the maximum caps stated above.

Ongoing Monthly Financial Advice Fee (choose either a, b or c below)

Amount or percentage of my Cashel Super and Pension account which comprises both my Cash Account and any other Accounts accrued daily and paid monthly (including GST).

a) Fixed percentage fee % (maximum of 1% p.a. plus GST subject to limits above)

%

OR

b) Fixed tiered percentage per annum (percentage of assets and cash held in your Account value, maximum of 1% p.a. plus GST in any tier subject to limits above)

From	To	Fee

AND/OR

c) Fixed dollar amount fee (maximum of \$30,000 plus GST or \$12,000 plus GST if a pension only member)

\$

Adviser Portfolio Management Fee

a) Fixed percentage fee (maximum of 0.75% p.a. plus GST subject to limits above)

%

Note: Where you specify a fixed percentage amount, that amount will be calculated on your total account balance, subject to limits above.

6. Payment for Financial Advice (continued)

Financial Advice Fee Per Transaction

ASX securities

International Securities

I expressly agree to the payment of the Financial Advice Fees as set out in this section of the Application Form. By signing below, I direct the Trustee to make the payment on an ongoing basis until I cancel this instruction.

I acknowledge that these fees are in addition to Investment Fees to be paid to the sub-investment manager in accordance with the investment option selected under section 4 of this form.

I also authorise the Trustee and the Administrator (as agent of the Trustee) as my agent solely for the purpose of collecting Financial Advice Fees payable from my superannuation account, that the payment to Cashel Financial Services Pty Ltd at the agreed Financial Advice Fee rate specified above relates only to advice covering my superannuation and insurance services within superannuation provided under this superannuation account and that I consent to the Financial Advice Fees being deducted from my account.

Signature

Name

Date

I confirm that, where the applicant has agreed to pay Finance Advice Fees, I have provided financial advice to the applicant and the agreed fees are intended to be payment for that advice in relation to superannuation and insurance services within superannuation only and that the member has consented to the deduction of these fee from their account.

Adviser Signature

Name

Date

6. Payment for Financial Advice (continued)

Investment Fees (where the Investment Manager of a Managed Portfolio is your Cashel Financial Adviser, Cashel Financial Adviser’s dealer group or a related party)

I consent to the following Investment fees to be paid to the Investment Manager of the Managed Portfolio which may be my Cashel Financial Adviser, my Cashel Financial Adviser’s dealer group or a related party. I instruct the Trustee (via the Administrator) to deduct the amounts set out below in accordance with the terms and conditions set out in Section 6 of the Cashel Super and Pension PDS and Section 7 of the Cashel Super and Pension Member Guide. I understand that the fee specified in this form is inclusive of GST and will be deducted from my account on a monthly basis and may be payable to my Cashel Financial Adviser, my Cashel Financial Adviser’s dealer group or a related party.

Code	Managed Portfolio Name	Investment Fee (inc GST)

I expressly agree to the payment of Adviser Fee(s) and Investment Fees as set out in this section of the Application Form. By signing below, I direct the Trustee to make the payment on an ongoing basis until I cancel this instruction.

I authorise the Trustee and the Administrator (as agent of the Trustee) as my agent solely for the purpose of collecting Adviser Fees payable from my superannuation account, that the payment to my Cashel Financial Adviser at the agreed Adviser Fee rate specified above relates only to advice covering my superannuation and insurance services provided under this superannuation account and that I consent to the Adviser Fees being deducted from my account.

Signature

Name

Date

I confirm that, where the applicant has agreed to pay Adviser Fees, I have provided financial advice to the applicant and the agreed fees are intended to be payment for that advice in relation to superannuation and insurance services only and that the member has consented to the deduction of these fee from their account.

Adviser Signature

Name

Date

7. Transferring from another Superannuation Account

The Trustee will not charge you to transfer your other superannuation into Cashel Super and Pension. Please complete a separate request for each rollover instruction.

Yes: I will provide details now

Yes: I will provide details later

No: I am not transferring from another account

Details of the fund you are rolling out from

Name of superannuation fund that you are rolling out from*

Membership/Account Number of superannuation fund that you are rolling into Cashel Super and Pension

Approximate Balance

Full Rollover

International Securities

OR

Fund ABN

Unique Superannuation Identifier (USI)

7. Transferring from another Superannuation Account (continued)

If rolling multiple fund balances

Name of superannuation fund that you are rolling out from*

Membership/Account Number of superannuation fund that you are rolling into Cashel Super and Pension

Approximate Balance

Full Rollover

International Securities

OR

Fund ABN

Unique Superannuation Identifier (USI)

Name of superannuation fund that you are rolling out from*

Membership/Account Number of superannuation fund that you are rolling into Cashel Super and Pension

Approximate Balance

Full Rollover

International Securities

OR

Fund ABN

Unique Superannuation Identifier (USI)

8. Pension Details

Declaration (please tick the applicable condition)

I've reached my preservation age and would like to commence a Transition to Retirement Pension

I've reached my preservation age/have retired and never intend to work more than 10hrs in a week

I'm aged 60-64 and have retired/resigned or changed my employment

I'm over 65 years of age

I'm permanently incapacitated

I have unrestricted non-preserved funds

Pension Payment level

Minimum (%) Maximum (%) Gross per payment amount (before tax)

Would you like your payment level non-pro-rated in the first year?

Yes No (default)

Pension Payment frequency

Fortnightly Monthly Quarterly Half Yearly Annually

8. Pension Details

Payment date

Payment is made on the 15th and/or the 30th of the month.

Please select from either option below, including the nominated month you wish your pension payments to commence:

Month of

By ticking this box I confirm that I would like my pension to commence in June, and wish to delay the first pension payment until next financial year.

Other details

Are you under 60 years old? You must provide us with a completed Tax File Number declaration. We are required to provide this information to the ATO, therefore if this information is not provided we will not be able to commence your pension.

Note: if you are wishing to commence your pension with multiple rollovers and do not have an accumulation account with us, we will create an accumulation account using this application so that your rollover benefits can be consolidated using that account. We will then transfer funds from your accumulation account to pension. Any applicable fees may apply.

* If you do not nominate a payment date option then the default will be 15th of June. If minimums have not been met, a catch up payment will be processed by June 30. Please note any payments due on 1 July may be delayed as a result of the annual pension review.

9. Nominate your Beneficiaries

Please nominate who you would like your benefits paid to in the case of your death. Only a valid binding nomination gives you certainty that your superannuation benefit will be paid to the beneficiary you nominate – there is no Trustee discretion.

A binding nomination is only valid for 3 years unless it is a Non-Lapsing nomination (see Section 4 of the Member Guide for further information on how to make a valid binding nomination).

Beneficiary type

Binding Non-Binding Non-Lapsing Binding Reversionary - Pension only

Title (Mr/Mrs/Ms) Given Names Date of Birth (DD/MM/YYYY)

Nature of Dependant (spouse, defacto, child, interdependency relationship, financial dependant, legal personal representative)*

Proportion*

Signature

Name

Date

For a binding nomination your signature must be witnessed by two people, each of whom is 18 years or older and is not named as a nominee on the form.

Signature of first witness

Before me, on the date indicated above as the Declaration Date

Signature of second witness

Before me, on the date indicated above as the Declaration Date

Print name

Date

Print name

Date

10. Adviser use only

I appoint the Trustee and the Administrator (as agent of the Trustee) as my agent solely for the purpose of collecting Financial Advice Fees and Investment Fees, and through the Trustee, paying that amount to my dealer group. I confirm that, where the applicant/Member has agreed to pay Adviser fees, I have provided financial advice to the applicant/Member and the fees are intended to be payment for that advice with the consent provided by the Member on the deduction of these fees.

Financial Adviser Declaration:

- I hold an Australian Financial Service Licence, or I am authorised through a holder of a current Australian Financial Service Licence.
- I confirm that my licence or authorisation enables me to deal in and advise on the Cashel Super and Pension.
- I have provided the Member with the current Product Disclosure Statement, Member Guide, Investment Guide and product disclosure statement or other disclosure document for each of their selected investments (where applicable) and will continue to do so for each new investment they make and in respect of any investment or other decisions they make in relation to their pension Account.
- I have provided the Member with a current written recommendation to acquire the selected investments through Cashel Super and Pension.
- I have fully disclosed all fees and costs associated with investing in Cashel Super and Pension including fees and costs of underlying investments and adviser remuneration.
- I confirm that any adviser remuneration payable to me as agreed by the Member are for financial services relating solely to Cashel Super and Pension and its investments and insurance services only within superannuation.
- I confirm that any changes to adviser remuneration set out in this form will be approved in writing by the Member prior to making any such change.
- I will not convey any instructions to the Trustee/Administrator or carry out instructions relating to the Member without receiving such instructions from the Member.
- I declare that all information provided by me in this Application Form is true and correct and that I am able to make these declarations.

10. Adviser use only (continued)

Financial Adviser to Confirm:

Yes, I have verified the Member's identity in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006

Yes, I have retained copies of the relevant Customer Identity Verification documents in the client file.

Confirmation that the Member is not a Politically Exposed Person

I have explained to the client that AML/CTF Laws require disclosure if the client is or has an association with a Politically Exposed Person (PEP) and that a PEP is someone:

- who holds a prominent public position or function in a government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister or equivalent senior politician. A PEP can be an immediate family member of a person referred to above, including spouse, de facto partner, child and a child's spouse or parent.
- who is a close associate of a PEP, which includes an individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP.
- If the client advises they are a PEP or the Trustee has reason to believe they may be a PEP, I may be required to contact the client for further information and may need to provide additional customer identification requirements as specified under the law.

Is the Member a Politically Exposed Person?

Yes No

Financial Adviser's Signature

Date

Financial Adviser's Stamp

11. Declaration and Signature

The Trustee's privacy policy and privacy collection statement is available at www.araconsuper.com.au.

The Administrator's privacy policy and privacy collection statement is available at www.diymaster.com.au.

The privacy policy and privacy collection statement includes information about disclosure of personal information, how you may access and seek correction of your personal information and how you can make a complaint about a breach of the Privacy Act.

The Trustee usually discloses your personal information to the Administrator and mail houses. The Trustee disclaims all liability in the event that any third party (including the Administrator) discloses your personal information in breach of its privacy policy.

Declarations

I, whose signature appears below, declare that:

- All details given in this Application Form are accurate and complete and that I have the power to invest in Cashel Super and Pension.
- I have received and read the PDS, Member Guide and the Investment Guide, as well as any updates and supplementary disclosure. I confirm that I have had the opportunity to seek independent professional advice regarding the legal, tax and financial implications of investing my superannuation benefits in Cashel Super and Pension.
- I agree to be bound in accordance with the provisions of the Trust Deed, where applicable.
- I have had the opportunity to seek independent professional advice regarding the legal, tax and financial implications of investing in Cashel Super and Pension.
- I have understood, in the context of my objectives, needs and financial situation, the PDS and agree to the offer contained in it.
- I have not relied on any statements or representations made by anybody (including the Trustee or any of its officers, employees or agents) prior to applying, other than those representations made in the PDS.
- I accept that it is my responsibility to check www.cashelhg.com.au and the Cashel Portal for any electronic communications, updates or supplementary disclosure, and the Investment Guide, before making any investment or further investment to ensure I have the most up to date disclosure.
- I agree to receive all my member information, including significant event notices, member statements, and annual reports online via the Cashel Portal or email.
- I agree to the deduction of fees and costs for operating my Account or incurred due to the selection of the underlying assets deducted directly from my Account (including from contributions or sale proceeds) as described in the PDS or as notified by the Trustee from time to time and only relate to advice covering my superannuation and insurance services within superannuation.

11. Declaration and Signature (continued)

- I agree to keep confidential (except for the purpose of advising and monitoring on the investment in Cashel Super and Pension with my Financial Adviser or Cashel Financial Adviser) the individual securities making up any Managed Portfolios and their weightings as the intellectual property of the relevant investment manager.
- The Trustee may collect, hold or use my personal information for the purposes disclosed in the Cashel Super and Pension PDS or to comply with its obligations under AML/CTF laws and other laws from time to time.
- I authorise the Trustee to release information concerning my account, investments, insurance or superannuation entitlements to its service providers and to my Financial Adviser for the purposes of processing my application and administering my investment in Cashel Super and Pension.
- I acknowledge that neither the Trustee nor the Administrator will be responsible or liable to me or any other person for any loss suffered where transactions are delayed or frozen or where we choose not to process a transaction or cease to provide you with a product or service in the situation whereby we are unable to establish your identity.
- The Trustee, in its capacity as trustee of Cashel Super and Pension, has not provided me with any personal financial advice and that my decision to acquire an interest in Cashel Super and Pension, and any investment, death benefit or reversionary pension benefit that I nominate has been made after considering seeking independent financial advice from my Cashel Financial Adviser or another third party.
- I acknowledge that my membership of Cashel Super and Pension does not commence until the first contribution/rollover has been received and accepted by the Trustee.
- I undertake to provide the Trustee with any further information it may request relating to my Cashel Super and Pension membership and I will update all information in the event it changes.
- I acknowledge that neither the Trustee nor any related person guarantees or makes any representations concerning the future performance, level of performance, repayment of any capital invested, the level of income earned or the success or tax effect of any strategy used or the overall management of my investments in Cashel Super and Pension.
- I understand that an investment option may cease to be offered in Cashel Super and Pension, at the discretion of the Trustee.
- I understand that under difficult market conditions, some normally liquid assets may become illiquid, restricting the ability to sell them and to make withdrawal payments or process rollovers or switches without a significant delay.
- I understand that if I invest in an illiquid investment, a period greater than 30 days may be required to process a withdrawal, rollover or switch request due to the illiquid nature of the investment.

11. Declaration and Signature (continued)

- I acknowledge that any customisation of my holdings may alter the investment performance of my Managed Portfolios compared to that of my chosen Managed Portfolio and that Managed Portfolio Managers will make no allowance for my investment preferences when they make investment decisions or report on Managed Portfolio performance.

Cash Account minimum balance

- I agree to keep the minimum cash balance in my cash account as disclosed in the Cashel Super and Pension PDS.
- The Administrator may sell securities in my account to maintain at all times a minimum cash balance in my cash account.

Privacy declarations

- I have read and understood the Trustee's privacy policy and privacy collection statement.
- I consent to allowing the Trustee and/or the Administrator to contact my employer(s) to confirm my employment details (if required).
- I consent to receiving information on new products, special offers and promotions in respect of Cashel Super and Pension industry parties and associates (direct marketing) unless advised otherwise by me.

Authorisations

- I have read, understood and agree to all the authorisations and consents that I am required to give, as listed in the PDS.
- I have made the authorisation in ("Authorisation of Representative") this Application Form and understand that I may change this authorisation at any time.

You and your Financial Adviser

- My Financial Adviser has provided me with professional advice and I have received advice specific to my investment in Cashel Super and Pension.
- I agree that the Trustee and/or Administrator can accept instructions to change the investments within your account from you or your Financial Adviser.
- I consent to my Financial Adviser receiving information on my behalf and agree not to hold the Trustee responsible in any way for any transactions entered into by my Financial Adviser on my behalf.

11. Declaration and Signature (continued)

Insurance

- I understand and acknowledge that any insurance cover applied for under Cashel Super and Pension does not commence until notification by the Trustee of the acceptance of my insurance is provided and I have sufficient funds to cover the cost of my insurance premiums.

I agree to receive all my member information, including significant event notices, member statements, and annual reports electronically.

Signature	Name	Date
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SEND ORIGINAL SIGNED FORM TO US:

When you have completed this form please send to the Trustee:

Aracon Superannuation Pty Ltd
PO Box 482 Collins Street West Vic 8007

Documents must include original signatures. A scanned copy is not acceptable unless approved by the Trustee.