



EQT SAF FORMS BOOKLET

1 June 2024



Equity Trustees

Issuer: Equity Trustees Superannuation Limited
ABN 50 055 641 757, AFSL No 229757, RSE License L0001458
as the Trustee of the EQT small APRA funds.

HOW TO GET STARTED

This booklet contains the information and forms you need to set up your EQT SAF (small APRA fund).

WHICH FORMS SHOULD YOU COMPLETE?

FORM		WHEN TO COMPLETE THIS FORM
EQT SAF – Accumulation account application form	Form A	Please complete this form if you would like to set up an EQT SAF accumulation account.
EQT SAF – Pension account application form	Form B	Please complete this form if you would like to set up an EQT SAF account-based pension account or EQT SAF transition to retirement pension account.
Request to transfer a superannuation benefit	Form C	Please complete this form if you would like to transfer monies from another super fund or income stream. Please also complete the requirements outlined in the 'Proof of identity requirements' on page 30.

Before you complete any application forms, please ensure that you have read the Product Disclosure Statement (PDS), the EQT SAF Target Market Determination and Standard Assets and Accessible Products Guide (Investment Guide) and consulted your financial adviser. If you require further information or help to complete the forms, please email us via SuperConcepts at EQTSAF@superconcepts.com.au or call us on 1300 023 170. Please note that neither the Trustee nor SuperConcepts is authorised to give you investment or financial product advice.

SECTION 4: INITIAL CONTRIBUTION AND ROLLOVER DETAILS

Important note:

Contributions and transfers or rollovers into the fund will not be able to be made to a new EQT SAF until your account has been established and we have provided you with your banking and account details. Refer to the PDS for more information.

For initial contributions equal to or more than \$2 million you must also complete and attach:

- a High Threshold Transaction form (aetmyportfolio.com.au)
- original certified copies of your identification documents

Please insert your initial contribution amount. Refer to the PDS and general reference guide for information about eligibility to contribute.

Member non-concessional contribution	\$.
Spouse contribution	\$.
Employer contribution	\$.
Member concessional contribution ¹	\$.
Downsizer contribution ²	\$.

Rollover – Please provide name of fund and approximate value

Fund name	\$.
	\$.
	\$.
Total amount to be deposited	\$.

1 If you want to claim a tax deduction for your personal contribution, please complete a Notice of intent to claim or vary a deduction for personal super contributions which can be obtained from from SuperConcepts and if you are over 67 and over you must have met the work test exemption to be able to claim a deduction.

2 You will need to complete the ATO downsizer contribution form when making, or prior to making this contribution.

SECTION 5: EMPLOYER DETAILS

Please provide employer's details if employer contributions are made on your behalf.

Company name

Contact name

Telephone

ABN

 - - -

ACN

 - -

Street address

Suburb

State

Postcode

SECTION 6: NOMINATED BENEFICIARY(IES)

If you do not provide beneficiary details, your benefit will be paid to your legal personal representative. Refer to the general reference guide for definition of 'dependant'.

Name of beneficiary Please print full name	Date of birth	Relationship of beneficiary to member Only the following options can be accepted	Percentage of benefit
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
Legal personal representative			%
Total must equal 100% or all nominations will be invalid. You can nominate a percentage up to two decimal places.			TOTAL %

SECTION 7: INVESTMENT STRATEGY

Please select your investment strategy. Please refer to the investment guide for further information about investment strategies.

- Strategy 1 – Cautious
- Strategy 2 – Conservative
- Strategy 3 – Balanced
- Strategy 4 – Growth
- Strategy 5 – High Growth

SECTION 8: FINANCIAL ADVISER DETAILS

I authorise the following financial adviser (or their nominated staff) to provide investment instructions to the Trustee on my behalf, and until I notify the Trustee in writing otherwise.

Licensee name

AFSL

Name of financial adviser

Telephone

Email address

Street address

Suburb

State

Postcode

SECTION 9: FINANCIAL ADVISER REMUNERATION

Choose your fee option. Fees should be provided including GST. Blank boxes will default to nil.

- Equity Trustees Superannuation Limited (Trustee), as trustee of your SAF, is required to obtain specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.
- You may revoke your consent at any time by contacting the Trustee via the options at the end of this form. Once your consent is revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent will not be automatically refunded.
- The default value for each advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Advice fees can only be deducted from your SAF if they relate to advice you receive about your super or pension benefits, insurance and investments.
- Advice fee(s) paid to your financial adviser and their Licensee (and quoted in this section) are inclusive of GST.
- Any ongoing or fixed term fee arrangements charged to a pooled fund must be in respect of advice provided in relation to the whole of the EQT SAF and all of its members. If advice is provided that is particular to an individual member's own circumstances, it must be separately consented to and charged as a one-off fee.
- For further information on advice fees, please refer to the Product Disclosure Statement.

Which fee type would you like to establish?

- Member Advice Fee – Ongoing** (please complete section 1 – for fees to be deducted from the investment platform only. Can include fixed dollar fees or tiered or percentage based fees that are determined with reference to the value of the standard assets held via the investment platform only).
- Member Advice Fee – Fixed Term Arrangement** (please complete section 2 – for fees to be deducted from the investment platform only. Can include fixed dollar fees or tiered or percentage based fees that are determined only with reference to the value of the standard assets held via the investment platform).
- Member Advice Fee – One-off** (please complete section 3) – can be deducted from your investment platform cash account via the investment platform or if you do not hold any assets via the platform and hold your Operating Cash account and non-standard assets only, your adviser can only charge a One-off fee and this will be deducted from your SAF Operating cash account.

Member Advice Fee

1 Member Advice Fee – Ongoing

Start date (optional) / /

You must select the services being provided in relation to the Ongoing fee:

- | | |
|---|--|
| <input type="checkbox"/> Review of your account | <input type="checkbox"/> Strategic superannuation advice |
| <input type="checkbox"/> Investment advice on your account | <input type="checkbox"/> Contribution strategy |
| <input type="checkbox"/> Insurance in superannuation strategy | <input type="checkbox"/> Withdrawal advice |

The start date is optional, if no start date is provided, fees will commence on the date this form is processed. This form must be signed no more than 90 days prior to the start date. For flat fee amounts or where there is a tiered or percentage based fee, this must be determined with reference to the value of your standard assets only and deducted from your investment platform cash account. If you only hold non-standard assets and your SAF's Operating Cash Account, you are not able to enter an Ongoing fee arrangement.

Consent end date (required) / /

The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue. Client consent to an ongoing fee arrangement ends 150 days after the next anniversary date. Your anniversary date is generally the date when you agreed to an ongoing service with your financial adviser.

(a) Percentage based fee options – flat percentage or tiered percentage

Flat fee (percentage) . % pa (inclusive of GST)

OR

Tiered percentage fee

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 4	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 5	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 6	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 7	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Required for flat percentage fee or tiered percentage fee:

Your adviser has estimated a fee of \$ for the 12 months commencing / /

This fee is calculated on the net value of your standard assets and investment platform cash account on the last day of the month and is deducted from each investment platform cash account monthly in arrears. If the consent end date is any date other than the last day of the month and a renewed consent or new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

OR

(b) Flat dollar fee

\$. pa (inclusive of GST)

This fee is pro-rated equally and deducted monthly in arrears. If the consent end date is any date other than the last day of the month and a renewed consent or new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

2 Member Advice fee – Fixed Term Arrangement

Fixed Term Arrangement is for fees that cover a 12-month period or less. The form must be signed within 90 days of the start date. If the supplied start date is in the past, the start date will default to the date the form is processed. If you only hold non-standard assets and your SAF's Operating Cash Account and do not hold an account via the investment platform, they cannot be subject to a fixed term arrangement.

Fixed Term Arrangements can be made for flat dollar fee amounts or where there is a tiered or percentage based fee, must be determined with reference to the value of your standard assets only and deducted from your HUB24 Invest cash account. If you only hold non-standard assets and your SAF's Operating Cash Account, you are not able to enter a Fixed Term Arrangement.

Start date / / End Date / /

The fees available under a Fixed Term Arrangement are listed below.

You must select the services being provided in relation to the Fixed Term Arrangement:

- Review of your account
- Investment advice on your account
- Insurance in superannuation strategy
- Strategic superannuation advice
- Contribution strategy
- Withdrawal advice

(a) Percentage based fee options – flat percentage or tiered percentage

Flat percentage fee . % pa (inclusive of GST)

OR

Tiered percentage fee

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 4	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 5	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 6	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 7	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Required for flat percentage fee or tiered percentage fee:

Your adviser has estimated a fee of \$ for the term of the Fixed Term Arrangement.

This fee is calculated on the net value of your standard assets and investment platform cash account on the last day of the month and is deducted from each member's investment platform cash account monthly in arrears. If the end date is any date other than the last day of the month and a new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

OR

(b) Flat dollar fee

\$. pa (GST inclusive)

This fee is pro-rated and deducted monthly in arrears. If the end date is any date other than the last day of the month and a new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

3 Member Advice Fee – One-off

Flat fee (dollar amount) \$.

You must select the services being provided in relation to the One-off fee:

- | | |
|--|---|
| <input type="checkbox"/> Review of your account | <input type="checkbox"/> Contribution strategy |
| <input type="checkbox"/> Strategic superannuation advice | <input type="checkbox"/> Insurance in superannuation strategy |
| <input type="checkbox"/> Investment advice on your account | <input type="checkbox"/> Withdrawal advice |

If you hold standard assets, this fee is deducted from your investment platform cash account. If you only non-standard assets and your SAF's Operating Cash Account, it is deducted from your SAF's Operating Cash Account.

This fee is deducted as instructed by you. A new request must be supplied each time you would like this fee to be applied.

I authorise the Trustee to charge the member advice fee(s) selected against my account.

- I confirm that fees have been fully explained to me and that any member advice fees relate to advice about my superannuation or pension benefits, insurance and investments in the Fund.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser or their Licensee, until I instruct the Trustee to cease payment or when I change my nominated financial adviser or my ongoing consent expires
- Where I have chosen ongoing fees, I understand the consent for the Trustee to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid in full.
- I understand I can withdraw my consent or vary an ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting the Trustee via SuperConcepts.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the the adviser and the Trustee via SuperConcepts before the fee is paid.
- For pooled investment funds, all members of the SAF must sign the fee request form.

Member/Applicant signature

Date / /

Name

SECTION 10: MEMBER/APPLICANT DECLARATION AND SIGNATURE

In signing this application form, I declare that:

- I have received, read and understood the current Product Disclosure Statement (PDS) and investment guide for EQT SAF.
- All details in this application form are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I will be bound by the Trust Deed governing my SAF (as amended from time-to-time).
- I consent to Equity Trustees Superannuation Limited acting as Trustee of my fund.
- I confirm that I have received financial advice confirming that EQT SAF is an appropriate and relevant product suited to my personal needs and circumstances.
- I confirm that the investment strategy selected in Section 7 is appropriate and relevant to the combined personal needs and circumstances of all members of a Pooled EQT SAF (or for a segregated SAF, my personal needs and circumstances) and was selected in conjunction with my/our financial adviser after receiving and considering the advice they have provided.
- I agree to notify the Trustee if I cease to be a resident of Australia.
- I have correctly indicated my U.S. tax residency status in Section 3.

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening my account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions (including the investment platform provider and the administrator), or to provide me with information about other products or services that may be of interest to me. The Trustee is required to collect my personal information under the Superannuation Industry (Supervision) Act 1993 and the AML/CTF legislation. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Trustee's privacy policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by visiting www.eqt.com.au/global/privacystatement or contacting SuperConcepts on 1300 023 170.

Pooled investment funds

- I acknowledge and understand that if the EQT SAF has multiple members, it must be operated on a 'pooled' basis ie a single SAF Operating Cash Account and investment strategy (implemented through the chosen investments) applicable to all members unless exceptional circumstances apply and Trustee approval is obtained and that all investment decisions must be made in consultation with a financial adviser and with the agreement of all members.
- I release and indemnify the Trustee from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly, out of, or in connection with, any investment.

Financial adviser

- I understand that the financial adviser nominated in section 8 of this application form has been authorised by me to provide investment directions to the Trustee on my behalf.
- I release and indemnify the Trustee from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of, or in connection with, the Trustee acting or omitting to act on instructions given by my financial adviser under this authority.
- I understand that the financial adviser nominated in section 8 of this application form has been authorised by me to receive correspondence from the Trustee on behalf of my SAF. I agree that confirmation of transactions for my account may be provided to me, and to my financial adviser, through the SuperConcepts Client View portal.
- I authorise the Trustee to pay, from my investment platform cash account or my SAF's Operating Cash Account (as applicable), the adviser remuneration as set out in the PDS and section 9 of this application form.

Marketing material

- I agree to receive information on other products and services offered by the Trustee or its related parties.

If you do not wish to receive such information, please select this box

Member/Applicant signature

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

Name

SECTION 11: FINANCIAL ADVISER DECLARATION AND SIGNATURE

In submitting this application form:

- I declare that I hold a current Australian Financial Services Licence OR I am a Representative or an Authorised Representative nominated to act on behalf of a holder of a current Australian Financial Services Licence.
- I confirm that I have provided the applicant with all the necessary information concerning the EQT SAF, including the PDS and investment guide.
- I confirm that the fees have been fully explained to the applicant and that the applicable member advice fees are solely for the provision of advice in relation to the member’s benefits held within the SAF.
- I confirm that all adviser remuneration to which the applicant has consented to be deducted from the investment platform cash account or my SAF’s Operating Cash Account (as applicable) as detailed in section 9 relates solely to the EQT SAF.
- I understand that if my client has standard assets, the investment platform provider will also require additional forms to be completed in respect of the investment platform including the set up or maintenance of adviser appointment details and applicable advice fees.
- In recommending the EQT SAF and the investment strategy nominated in this application form to the applicants, I have:
 - taken into account the personal needs and circumstances of the applicant, and have supplied all the necessary information about their chosen investment(s), including the PDS or other disclosure document as relevant to the investment(s).
 - considered the following issues:
 - (i) the risk involved in making, holding and realising, and the likely return from, the account’s investment having regard to the applicant’s objectives and expected cash flow requirements
 - (ii) the composition of the account’s investments as a whole including the extent to which the investments are diverse or involve the entity in being exposed to risk from inadequate diversification
 - (iii) the liquidity of the account’s investments having regard to its expected cash flow requirements
 - (iv) the ability of the account to discharge its existing and prospective liabilities.
- I confirm that the applicant information is correct and that the applicant is a client of my licensee group. I acknowledge that there will be no conflict of interest between a decision made by the client and myself as a result of information obtained from Client View or the investment platform.
- I consent to provide the Trustee access to all proof of identification records and other relevant documents for the purposes of this application if requested (pursuant to the AML/CTF legislation Part 7.2).
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation, and:
 - I have attached original certified copies of the applicant’s identification document(s) with this Application; Please note: Compulsory where:
 - initial contribution is equal to or more than \$2 million or
 - the applicant is a Politically Exposed Person or
 - the applicant is not residing in Australia
 - OR
 - I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained an original certified copy of the applicant’s identification document(s));
 - OR
 - I have sighted and retained the original certified copies of the applicant’s identification documents recorded in the following Record of proof of identity table. (Please complete the following table and declaration).

RECORD OF PROOF OF IDENTITY (ID) ¹	ID DOCUMENT 1	ID DOCUMENT 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

¹ For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Proof of identity requirements' attached to this application form.

Signature Date / /

Name of financial adviser or AFSL holder representative

I have attached the following compulsory forms to the application (if applicable):

- High Threshold form – applicable where the initial contribution is equal to or more than \$2 million.
- Politically Exposed Person form – applicable if the applicant is a Politically Exposed Person.
- Overseas Investor form – applicable if the applicant is not residing in Australia.

CONTACT DETAILS

SuperConcepts

Email

EQTSAF@SuperConcepts.com.au

Postal address

PO Box 554 Adelaide SA 5001

Telephone

1300 023 170

Trustee’s Registered office

Equity Trustees Superannuation Limited
 Level 1, 575 Bourke Street Melbourne VIC 3000

Website

www.eqt.com.au/EQTSAF



EQT SAF – PENSION ACCOUNT APPLICATION FORM (FORM B)

Please complete this form using BLACK INK and CAPITAL LETTERS (except for your email address)

SECTION 1: FUND DETAILS

Please select (✓) the type of establishment you wish to make:

- I would like to establish a new EQT SAF small APRA fund with the following name:
- I would like to establish a new account within my existing EQT SAF. Details of my existing fund are:
SAF name

SAF fund number
- I would like to transfer an established self managed superannuation fund/small APRA fund with the following name:

SECTION 2: PERSONAL DETAILS

Title Surname

Given name(s)

Street address

Suburb State Postcode

Mailing address (if the same as above write 'as above')

Suburb State Postcode

Telephone Date of birth: (dd/mm/yyyy) / / Gender Male Female

Email address

Your email address is required so that SuperConcepts can send you an invitation to set up your access to the Client View portal. This access will be subject to the Client View terms and conditions as amended from time-to-time.

If you are residing overseas, you must complete and submit

- An Overseas Investor form – Please contact SuperConcepts for this
- Original certified copies of your identification documents.

Tax file number (TFN) notification

I am age 60 or over and my TFN is
[] [] [] [] - [] [] [] [] - [] [] [] []

I am less than 60 years of age and have attached my completed Tax File Number declaration

If you are less than 60 years of age, a TFN declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has advantages:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more than you need to, and
- it will be easier to find different super and/or pension accounts in your name.

SECTION 3: RESIDENCY DETAILS

Please advise (✓) if you are an Australian resident:

Yes, I am an Australian resident

No, I am not an Australian resident. My country of residence is:

If you are a United States (U.S.) citizen or resident for tax purposes, please provide your U.S. Tax Identification Number (TIN).

Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) requirements

In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF), please advise the following: (Note: your application cannot be processed unless the 'Politically Exposed Person' section is completed and you may be requested to provide additional information and documentation to facilitate compliance with the AML/CTF legislation).

Politically Exposed Person

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

No Yes

If you have nominated yourself to be a Politically Exposed Person, you must complete and attach:

a Politically Exposed Persons form – Please contact SuperConcepts for this

original certified copies of your identification documents.

SECTION 4: PENSION TYPE

Please select the appropriate pension for you.

- I wish to commence an account based pension. I am eligible to so do because:
 (Please tick one box applicable to your circumstance)
- My existing benefits are unrestricted non-preserved.
- I have reached age 65.
- I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.
- I have left gainful employment on / / and was over age 60 at that time.
- I wish to commence a transition to retirement pension as I have reached my preservation age but not met a condition of release.
- I wish to commence a death benefit pension as I am rolling over a death benefit and my relationship to the deceased is:
- Spouse.
- Child under the age of 18 or financially dependent child under 25.
- Child of any age and suffering from a disability (please attach evidence of disability).
- Financial dependant or interdependent and not a child (please attach evidence of relationship).

4(a) Account-based pension income payments

Please nominate an annual pension amount:

- Minimum
- OR
- Nominated amount* pa \$.
- OR
- Nominated amount per payment \$.

* If you commence your pension after July of the current financial year please nominate the gross amount you would like to receive for the entire financial year. We will pay you a proportion of your annual pension amount in the first year.

Please specify the first payment month:

Please nominate a payment frequency:

- Monthly Quarterly Half-yearly Yearly

Payment will be made on the 15th of the month.

4(b) Transition to retirement pension income payments

Please nominate an annual pension amount:

- Minimum
- OR
- Maximum – capped at 10% of account balance on commencement
- OR
- Nominated amount* pa \$.
- OR
- Nominated amount per payment \$.

* If you commence your pension after July of the current financial year please nominate the gross amount you would like to receive for the entire financial year. We will pay you a proportion of your annual pension amount in the first year.

Please specify the first payment month:

Please nominate payment frequency:

- Monthly Quarterly Half-yearly Yearly

Payment will be made on the 15th of the month.

Please advise if you wish to:

- continue to make contributions to your accumulation account
- claim or vary a tax deduction for contributions made to your accumulation account in the current financial year Please complete and return the Notice of intent to claim or vary a deduction for personal super contributions to us which is available from the Client View portal or by contacting SuperConcepts on 1300 023 170. We recommend that you speak to your financial adviser in relation to your eligibility to claim a personal tax deduction).

Please specify the assets you would like to transfer to your pension, (please note that we will transfer the entire holding for the assets you nominate below):

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SECTION 7: NOMINATED BENEFICIARY(IES)

Please nominate one of the following three options below. If you do not provide beneficiary details, your benefit will be paid to your legal personal representative. Please refer to the PDS and the general reference guide for definition of dependency.

- Upon my death, I would like the balance of my pension account to be paid to my legal personal representative (my estate).
- Upon my death, I would like the balance of my pension account to be used to continue a pension to my reversionary beneficiary as follows:

Beneficiary's surname

Beneficiary's given name(s)

Beneficiary's date of birth

		/			/			
--	--	---	--	--	---	--	--	--

Relationship of beneficiary to the member

- Upon my death, I would like the balance of my pension account to be paid to my nominated dependants and my legal personal representative (if applicable) as stated below:

Name of beneficiary Please print full name	Date of birth	Relationship of beneficiary to member Only the following options can be accepted	Percentage of benefit
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Financial dependant <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship	%
Legal personal representative			%
Total must equal 100% or all nominations will be invalid. You can nominate a percentage up to two decimal places.			TOTAL %

SECTION 8: INVESTMENT STRATEGY

Please select your investment strategy. Please refer to the investment guide for further information about investment strategies.

- Strategy 1 – Cautious
- Strategy 2 – Conservative
- Strategy 3 – Balanced
- Strategy 4 – Growth
- Strategy 5 – High Growth

SECTION 9: FINANCIAL ADVISER DETAILS

I authorise the following financial adviser (or their nominated staff) to provide investment instructions to the Trustee on my behalf and until I notify the Trustee in writing otherwise.

Licensee name

AFSL

Name of financial adviser

Telephone

Email address

Street address

Suburb

State

Postcode

SECTION 10: FINANCIAL ADVISER REMUNERATION

Choose your fee option. Fees should be provided including GST. Blank boxes will default to nil.

- Equity Trustees Superannuation Limited (Trustee), as trustee of your SAF, is required to obtain specific written consent before a fee for financial advice can be deducted from your account. You are not under any obligation to consent to the fee being deducted.
- You may revoke your consent at any time by contacting the Trustee via the options at the end of this form. Once your consent is revoked, no further fees will be deducted from your account however any amounts paid before you revoke your consent will not be automatically refunded.
- The default value for each advice fee is 0% or \$0, unless you agree and specify otherwise below in conjunction with your financial adviser.
- Advice fees can only be deducted from your SAF if they relate to advice you receive about your super or pension benefits, insurance and investments.
- Advice fee(s) paid to your financial adviser and their Licensee (and quoted in this section) are inclusive of GST.
- Any ongoing or fixed term fee arrangements charged to a pooled fund must be in respect of advice provided in relation to the whole of the EQT SAF and all of its members. If advice is provided that is particular to an individual member's own circumstances, it must be separately consented to and charged as a one-off fee.
- For further information on advice fees, please refer to the Product Disclosure Statement.

Which fee type would you like to establish?

- Member Advice Fee – Ongoing** (please complete section 1 – for fees to be deducted from the investment platform only. Can include fixed dollar fees or tiered or percentage based fees that are determined with reference to the value of the standard assets held via the investment platform only)
- Member Advice Fee – Fixed Term Arrangement** (please complete section 2 – for fees to be deducted from the investment platform only. Can include flat dollar fees or tiered or percentage based fees that are determined with reference to the value of the standard assets held via the investment platform only)
- Member Advice Fee – One-off** (please complete section 3 - can be deducted from your HUB24 Invest cash account via the investment platform or, if you do not hold any assets via the platform and hold your Operating Cash account and non-standard assets only, your adviser can only charge a One-off fee and this will be deducted from your SAF Operating cash account.

Member Advice Fee

1 Member Advice Fee – Ongoing

Start date (optional) / /

You must select the services being provided in relation to the Fixed Term Arrangement:

- Review of your account
- Investment advice on your account
- Insurance in superannuation strategy
- Strategic superannuation advice
- Contribution strategy
- Withdrawal advice

The start date is optional, if no start date is provided, fees will commence on the date this form is processed. This form must be signed no more than 90 days prior to the start date. For flat fee amounts or where there is a tiered or percentage-based fee, this must be determined with reference to the value of your standard assets only and deducted from your HUB24 Invest cash account. If you only hold non-standard assets and your SAF Operating Cash Account, you are not able to enter an Ongoing fee arrangement.

Consent end date (required) / /

The consent end date is the date when all ongoing advice fees will end if we have not received your consent to continue. Client consent to an ongoing fee arrangement ends 150 days after the next anniversary date. Your anniversary date is generally the date when you agreed to an ongoing service with your financial adviser.

(a) Percentage based fee options – flat percentage or tiered percentage

Flat fee (percentage) . % pa (inclusive of GST)

OR

Tiered percentage fee

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 4	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 5	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 6	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 7	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Required for flat percentage fee or tiered percentage fee:

Your adviser has estimated a fee of \$ for the 12 months commencing / /

This fee is calculated on the net value of your stand assets and investment platform cash account on the last day of the month and is deducted from each member’s investment platform cash account monthly in arrears. If the consent end date is any date other than the last day of the month and a renewed consent or new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

OR

(b) Flat dollar fee

\$. pa (inclusive of GST)

This fee is pro-rated equally and deducted monthly in arrears. If the consent end date is any date other than the last day of the month and a renewed consent or new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

2 Member Advice fee – Fixed Term Arrangement

Fixed Term Arrangement is for fees that cover a 12-month period or less. The form must be signed within 90 days of the start date. If the supplied start date is in the past, the start date will default to the date the form is processed. If you only hold non-standard assets and your SAF's Operating Cash Account and do not hold an account via the investment platform, they cannot be subject to a fixed term arrangement.

Fixed Term Arrangements can be made for flat dollar fee amounts or where there is a tiered or percentage based fee, must be determined with reference to the value of your standard assets only and deducted from your HUB24 Invest cash account. If you only hold non-standard assets and your SAF's Operating Cash Account, you are not able to enter a Fixed Term Arrangement.

Start date / / End Date / /

The fees available under a Fixed Term Arrangement are listed below.

You must select the services being provided in relation to the Fixed Term Arrangement:

- Review of your account
- Investment advice on your account
- Insurance in superannuation strategy
- Strategic superannuation advice
- Contribution strategy
- Withdrawal advice

(a) Percentage based fee options – flat percentage or tiered percentage

Flat percentage fee . % pa (inclusive of GST)

OR

Tiered percentage fee

	Balance from	Balance to	% per annum (inclusive of GST)
Tier 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 4	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 5	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 6	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tier 7	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Required for flat percentage fee or tiered percentage fee:

Your adviser has estimated a fee of \$ for the term of the Fixed Term Arrangement.

This fee is calculated on the net value of your standard assets and investment platform cash account on the last day of the month and is deducted from each member's investment platform cash account monthly in arrears. If the end date is any date other than the last day of the month and a new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

OR

(b) Flat dollar fee

\$. pa (GST inclusive)

This fee is pro-rated and deducted monthly in arrears. If the end date is any date other than the last day of the month and a new advice fee arrangement has not been provided, no advice fees will be remitted for that particular month.

3 Member Advice Fee – One-off

Flat fee (dollar amount) \$.

You must select the services being provided in relation to the One-off fee:

- Review of your account
- Strategic superannuation advice
- Investment advice on your account
- Contribution strategy
- Insurance in superannuation strategy
- Withdrawal advice

If you hold standard assets, this fee is deducted from your investment platform cash account. If you only hold non-standard assets and your SAF's Operating Cash Account, it is deducted from your SAF's Operating Cash Account.

This fee is deducted as instructed by you. A new request must be supplied each time you would like this fee to be applied.

- I authorise the Trustee to charge the member advice fee(s) selected against my account.
- I confirm that fees have been fully explained to me and that any member advice fees relate to advice about my superannuation or pension benefits, insurance and investments in the Fund.
- The amount of any member advice fee(s) that are paid to my financial adviser, or their Australian Financial Services Licensee (Licensee) as agreed by me, will be an additional cost to me and charged against my account.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser or their Licensee, until I instruct the Trustee to cease payment or when I change my nominated financial adviser or my ongoing consent expires
- Where I have chosen ongoing fees, I understand the consent for the Trustee to pay the ongoing fees to my adviser will cease on the consent end date, which is 150 days after the next anniversary date for my ongoing fee arrangement.
- I understand my consent for one-off fees will last until the one-off fee is paid in full.
- I understand I can withdraw my consent or vary an ongoing fee arrangement at any time by notice in writing to my adviser, or by contacting the Trustee via SuperConcepts.
- I understand I can withdraw my consent at any time before the cost is passed on to me by contacting the adviser and the Trustee via SuperConcepts before the fee is paid.

Member/Applicant signature

Date

Name

SECTION 11: MEMBER/APPLICANT DECLARATION AND SIGNATURE

In signing this application form, I declare that:

- I have received, read and understood the current Product Disclosure Statement (PDS) and investment guide for the EQT SAF.
- All details in this application form are true and correct and I undertake to inform the Trustee of any changes to the information supplied as and when they occur.
- I will be bound by the Trust Deed governing my EQT SAF (as amended from time-to-time).
- I consent to Equity Trustees Superannuation Limited acting as Trustee of my EQT SAF.
- I confirm that I have received financial advice confirming that EQT SAF is an appropriate and relevant product suited to my personal needs and circumstances.
- I confirm that the investment strategy selected in Section 8 is appropriate and relevant to the combined personal needs and circumstances of all members of a Pooled EQT SAF (or for a segregated SAF, my personal needs and circumstances) and was selected in conjunction with my/our financial adviser after receiving and considering the advice they have provided.
- I agree to notify the Trustee if I cease to be a resident of Australia.
- I have correctly indicated my U.S. tax residency status in Section 3.

Privacy

Information (including my personal information) provided to the Trustee is used for the purpose of opening my account and for other related purposes. For the purpose of providing me with the products or services I have requested, the Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to

the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions (including the investment platform provider and administrator), or to provide me with information about other products or services that may be of interest to me. The Trustee is required to collect my personal information under the Superannuation Industry (Supervision) Act 1993 and the AML/CTF legislation. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Trustee's privacy policy, which contains information about how I may access or correct my personal information and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by visiting www.eqt.com.au/global/privacystatement or by contacting SuperConcepts on 1300 023 179.

Pooled investment funds

- I acknowledge and understand that if the EQT SAF has multiple members, it must be operated on a 'pooled' basis ie a single SAF Operating Cash Account and investment strategy (implemented through the chosen investments) applicable to all members unless exceptional circumstances apply and Trustee approval is obtained and that all investment decisions must be made in consultation with a financial adviser and with the agreement of all members.
- I release and indemnify the Trustee and any member of the EQT Holdings Group from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly, out of, or in connection with, any investment.

Eligibility

I am eligible to commence an EQT SAF pension because:

- I am at least 18 years of age and am commencing the pension with unrestricted non-preserved benefits only, or
- I have reached my preservation age, I have ceased an arrangement under which I was gainfully employed and never again intend to become gainfully employed, or
- I am at least 60 years of age and an arrangement under which I was gainfully employed has ceased, or
- I am aged 65 or over, or
- I have reached my preservation age but have not ceased gainful employment if I am commencing a transition to retirement pension.

Financial adviser

- I understand that the financial adviser nominated in section 9 of this application form has been authorised by me to provide investment directions to the Trustee on my behalf.
- I release and indemnify the Trustee from and against all demands, actions, proceedings, claims, losses, liabilities and costs arising directly or indirectly out of, or in connection with, the Trustee acting or omitting to act on instructions given by my financial adviser under this authority.
- I understand that the financial adviser nominated in section 9 of this application form has been authorised by me to receive correspondence from the Trustee on behalf of my SAF. I agree that confirmation of transactions for my account may be provided to me, and to my financial adviser, through the Client View portal.
- I authorise the Trustee to pay, from my investment platform cash account or my SAF's Operating Cash Account (as applicable) the adviser remuneration as set out in this application form.

Marketing material

- I agree to receive information on other products and services offered by the Trustee or its related parties.

If you do not wish to receive such information, please select this box

Member/Applicant signature

Date

		/			/				
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Name

SECTION 12: FINANCIAL ADVISER DECLARATION AND SIGNATURE

In submitting this application form:

- I declare that I hold a current Australian Financial Services Licence OR I am a Representative or an Authorised Representative nominated to act on behalf of a holder of a current Australian Financial Services Licence.
- I confirm that I have provided the applicant with all the necessary information concerning the EQT SAF, including the PDS and investment guide.
- I confirm that the fees have been fully explained to the applicant and that the applicable Member Advice Fees are solely for the provision of advice in relation to the member's benefits held within the Fund.
- I confirm that all adviser remuneration to which the applicant has consented to be deducted from the investment platform cash account or SAF's Operating Cash Account (as applicable) as detailed in section 10 relates solely to the EQT SAF.
- I understand that if my client has standard assets, the investment platform provider will also require additional forms to be completed in respect of the investment platform including the set up or maintenance of adviser appointment details and applicable advice fees.
- In recommending the EQT SAF and the investment strategy nominated in this application form to the applicants, I have:
 - taken into account the personal needs and circumstance of the applicant(s), and have supplied all the necessary information concerning their chosen investment(s), including the PDS or disclosure document as relevant to the investment(s)
 - considered the following issues:
 - (i) the risk involved in making, holding and realising, and the likely return from, the account's investment having regard to the applicant's objectives and expected cash flow requirements
 - (ii) the composition of the account's investments as a whole including the extent to which the investments are diverse or involve the entity in being exposed to risk from inadequate diversification
 - (iii) the liquidity of the account's investments having regard to its expected cash flow requirements
 - (iv) the ability of the account to discharge its existing and prospective liabilities.
- I confirm that the applicant information is correct and that the applicant is a client of my Licensee group. I acknowledge that there will be no conflict of interest between a decision made by the client and myself as a result of information obtained from Client View or the investment platform
- I consent to provide the Trustee access to all proof of identification records and other relevant documents for the purposes of this application if requested (pursuant to the AML/CTF legislation Part 7.2)
- I confirm that I have conducted the relevant customer identification procedure in line with the obligations under the AML/CTF legislation, and:
 - I have attached original certified copies of the applicant's identification document(s) with this Application; Please note: Compulsory where:
 - initial contribution is equal to or more than \$2 million or
 - the applicant is a Politically Exposed Person or
 - the applicant is not residing in Australia
 - OR**
 - I have completed and signed an FPA/FSC identification form which is attached to this Application (and retained an original certified copy of the applicant's identification document(s));
 - OR**
 - I have sighted and retained the original certified copies of the applicant's identification documents recorded in the following Record of proof of identity table. (Please complete the following table and declaration).

RECORD OF PROOF OF IDENTITY (ID) ¹	ID DOCUMENT 1	ID DOCUMENT 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date	□□ / □□ / □□□□	□□ / □□ / □□□□
Expiry date	□□ / □□ / □□□□	□□ / □□ / □□□□
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

¹ For further information on the types of proof of identity which can be attached or verified and retained, please refer to the 'Proof of identity requirements' attached to this application form.

Signature Date / /

Name of financial adviser or AFSL holder representative

I have attached the following compulsory forms to the application (if applicable):

- High Threshold form – applicable where the initial contribution is equal to or more than \$2 million.
- Politically Exposed Person form – applicable if the applicant is a Politically Exposed Person.
- Overseas Investor form – applicable if the applicant is not residing in Australia.

CONTACT DETAILS

SuperConcepts

Email

EQTSAF@SuperConcepts.com.au

Postal address

PO Box 554 Adelaide SA 5001

Telephone

1300 023 170

Trustee's Registered office

Equity Trustees Superannuation Limited
Level 1, 575 Bourke Street Melbourne VIC 3000

Website

www.eqt.com.au/EQTSAF



EQT SAF – REQUEST TO TRANSFER SUPERANNUATION FORM (FORM C)

Before completing this form, you must first complete either the Accumulation account application form and/or the Pension account application form.

Please use this form if you would like to transfer monies from a superannuation fund or income stream into your EQT SAF. In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to your 'current' fund means the super fund or income stream from which you wish to transfer monies from.

A separate form is required for each transfer from a super fund or income stream. If you need multiple copies, please photocopy this form or download it from www.eqt.com.au/EQTSAF or Client View because an original signature is required on each form.

Important information:

- Before completing this form we recommend that you understand what (if any) charges and penalties may apply to your current fund prior to making a decision to transfer your benefit. You should also ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your current fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should also ensure that you agree with your financial adviser any fee arrangements that may be incurred on a transfer into an EQT SAF.
- Please provide your certified proof of identity. Refer to the Proof of identity requirements section for the documentation you will need to provide.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address).

SECTION 1: PERSONAL DETAILS

Title Surname

Given name(s)

Mailing address (if the same as above write 'as above')

Suburb State Postcode

Telephone Date of birth: (dd/mm/yyyy) / / Gender Male Female

Email address

SECTION 4: MEMBER/APPLICANT DECLARATION AND SIGNATURE

By signing this transfer request form, I am making the following statements:

- I declare that I have fully read this form and that the information provided is true and correct.
- I am aware that I may ask my current fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my current fund into my EQT SAF.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my current fund) transferred from my current fund to my nominated EQT SAF.
- I am aware of and authorise the deduction of any fees or charges by my current fund and any tax payable from the benefit transferred to my account in my EQT SAF (subject to legislative restrictions).

Signature

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

Name

CONTACT DETAILS

SuperConcepts

Email

EQTSAF@SuperConcepts.com.au

Postal address

PO Box 554 Adelaide SA 5001

Telephone

1300 023 170

Trustee's Registered office

Equity Trustees Superannuation Limited
Level 1, 575 Bourke Street Melbourne VIC 3000

Website

www.eqt.com.au/EQTSAF

Proof of identity requirements

AML/CTF law obligates the Trustee to verify the identity of each applicant before providing financial services to them.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER A

ONE of the following documents only:

- current driver's license issued under State/Territory law (or a foreign equivalent) containing a photograph. Please copy front and back of the license
- an Australian passport (where expired within the preceding 2 years this is acceptable)
- a Foreign passport or an international travel document issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph and signature of the person whose name the document is issued
- a card issued under Australian State or Territory Law for the purpose of providing a person's age containing a photograph
- National Identity card issued by a foreign government, the United Nations (UN) or an agency of the UN, containing a photograph or signature of the person whose name the card is issued.

OR B

- birth certificate or birth extract issued under Australian State/Territory
- birth certificate issued by a Foreign government, the United Nations (UN) or an agency of the UN
- citizenship certificate issued by the Commonwealth
- citizenship certificate issued by a foreign government
- a concession (health or pension) card issued by the Department of Human Services or Centrelink.

AND

ONE of the following documents:

- a notice issued by Commonwealth, State or Territory government within the past 12 months that contains your name and residential address such as Tax Office Notice of Assessment or a letter from Centrelink regarding an assistance payment
- a notice issued by a local government body or utilities provider within the past 3 months that contains your name and residential address (such as a rates notice from local council or an electricity/gas bill).

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

PURPOSE	SUITABLE LINKING DOCUMENTS
Change of Name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration office
Signed on behalf of the applicant	Guardianship papers or power of attorney

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'This is a true copy of the original document sighted by me' followed by their signature, printed name, qualification (such as Justice of the Peace, Australia Post employee) and date.

The following persons can certify copies of the originals as true and correct copies:

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon

Other persons:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australia Diplomatic Officer (within the meaning of the Consular Fee Act 1955)
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(d) of the Consular Fees Act 1955; and
 - exercising his or her function in that place

- Fellow of the National Tax Accountants' Association
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is either:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service; or
 - a warrant officer within the meaning of that Act
- Member of Chartered Accountants Australia and New Zealand, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of either:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licences
- Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority; or
 - with two or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of either:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis
- at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy.

