

Thank you for requesting this Product Disclosure Statement from Funds Focus.

Fee Reduction

As highlighted within our offers page, whilst most managed funds typically pay an entry fee of up to 5%. Applications lodged through Wealth Focus will receive a rebate of up to 5% directly into your fund, providing you with more money in your fund.

How to Apply

Please have a read through the PDS and if you would like to invest the application pages can generally be found towards the back of the document. You will only need to send the application section back with a cheque/direct debit payable direct to the investment company (not ourselves). You should take note of any minimum investment amounts that may apply and proof of ID that is now required for the new Anti-Money Laundering regulations.

Then mail the completed application directly to us.

We will then check to ensure your form is completed correctly before forwarding your document on to the investment provider on your behalf.

Wealth Focus Pty Ltd
Reply Paid 760
Manly
NSW 1655

Please note that we are unable to track applications mailed directly to the product provider and therefore cannot guarantee that your discounts have been applied in these instances.

Should you wish to take advantage of our free annual valuation and tax report for all your investments you should complete our broker nomination form for The Wealth Focus Investment Service.

Regards



Sulieman Ravell
Managing Director



Requirements for verifying your identity under the new Anti Money Laundering (AML)/Counter Terrorism Financing (CTF) Act

The new AML/CTF Act came into effect on the 12th December 2007. All financial planning and fund management companies are now required to collect, verify and store specific customer information before arranging certain services such as managed investments for a client. It is designed to prevent, detect and protect Australian business from money laundering and the financing of terrorist activities.

We are currently in a transition phase and as such whilst most companies will not accept any new business without a person identity being verified, there are a number that still do not. To avoid confusion, we request that all new applications are sent with 'certified documentation'.

We've found that the easiest way to provide the required documentation is to have a copy of your driving licence or passport certified by Australia Post or a Justice of the Peace (please see following page for a full list of individuals that can certify documentation).

Once this has been completed, under the current requirements we will not require you to send identification again.

What you need to do

You will need to enclose a certified piece of photographic evidence or one piece of primary non-photographic evidence and one piece of secondary evidence (please refer to the Identification Form for document requirements), with your application form and post to us at the following address

Wealth Focus Pty Ltd

Reply Paid 760

Manly

NSW 1655

Please do not send us original driving licences or passports as these can very easily get lost in the post. Copies of documents can be certified by an authorised individual, they will need to sight and verify that the copy is a 'certified true copy', sign, date, print their name and list their qualification.

ANTI-MONEY LAUNDERING REQUIREMENT FOR NEW APPLICATIONS
IDENTIFICATION FORM
INDIVIDUALS & SOLE TRADERS

GUIDE TO COMPLETING THIS FORM (MUST BE INCLUDED WITH ALL NEW APPLICATIONS)

- Complete one form for each applicant. Complete all applicable sections of this form in **BLOCK LETTERS**.
- Please contact us on 1300 55 98 69 if you have any queries.
- If you wish to apply in the name of a super fund, trust or company, please contact us for an alternative identification form.

SECTION 1A: PERSONAL DETAILS

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Who can verify customer identity documents?

Please find below a list of all the Approved Individuals that can certify documents:

- **A Justice of the Peace**
- **An agent of the Australian Postal Corporation** who is in charge of an office supplying postal services to the public, or a permanent employee with more than two years continuous service (who is employed in an office supplying postal services to the public)
- A notary public (for the purposes of the Statutory Declaration Regulations 1993)
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
- A judge, magistrate, registrar or deputy registrar of a court
- A chief executive officer of a Commonwealth Court
- A police officer
- An Australian consular or diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer or finance company officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having two or more continuous years of service with one or more licensees, and
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with more than two years continuous membership.

VERIFICATION PROCEDURE

Attach a certified copy of the ID documentation used as proof of identity. ID enclosed should verify the **applicant's** full name; and **EITHER** their date of birth or residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- Contact your licensee if the individual is unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
Tick ✓	AND ONE valid option from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	BOTH documents from this section must be presented
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.



This form may be used to collect client data for the submission of a North Personal Superannuation application on North Online.

All details from this form must be submitted via Wealth Focus in order for your application to be accepted. On completion please return this form to Wealth Focus Pty Ltd, Reply Paid 760, Manly, NSW 1655

The completed form is to be retained by the adviser. Wealth Focus Pty Ltd, Tel 1300 559 869.

PLEASE DO NOT SEND A COPY TO NORTH.

Please note the following when using this form

Client details

At least one address and one contact phone number must be provided.

Bank account details

These details will be used for withdrawals, ad hoc direct debits and Regular Savings Plan.

Guarantee details

All details must be completed if a Guarantee is required.

Investment Instructions

Please ensure that the total investment is equal to 100%.

If more space is required, please photocopy this section.

If a Guarantee is selected for the account, please ensure that the investment instructions meet investment strategy maximums. Fund asset allocations may affect the maximums. Maximums will be validated when entered on North Online. Please check the asset allocation of each fund to assist in asset selection and allocation amounts.

Regular Savings Plan

Bank details must be provided in the bank account details section on the first page of the form. Please select only one regular investment type.

Beneficiaries

This section is optional.

Please ensure that the total benefit in the beneficiary section is equal to 100%. If more space is required, please photocopy this section.

Binding nominations are required to be witnessed and signed using the Binding Nomination form that is produced at the end of the online application process. The binding nomination form must be sent to AXA. The nominated beneficiary will not be recorded as binding until this has occurred.

All details in this section must be completed on North Online if they are to be recorded against the account.

Deposit details

Details regarding minimum and maximum contributions and contribution methods can be found in the North Personal Superannuation and Personal Pension Product Disclosure Statement – Part A. You may only enter a contribution or a rollover at new business – not both. Please contact the North Service Centre for further information.

Please note that direct debits are processed on the day the details are submitted online.

If commencing the account with a rollover, please complete the External Transfer request at the back of the client data collection form and forward it to the transferee fund. Please complete a separate form for each transferee fund.

All details in this section must be completed on North Online if they are to be recorded against the account.

Declaration and signature

The signed and dated declaration is to be attached to the North application once the details have been submitted online and retained by your office. The client does not need to sign the electronically produced version of the application if this declaration is signed and attached.



North Personal Superannuation
Client data collection form

This application relates to the North Personal Superannuation and Personal Pension Product Disclosure Statement (PDS) dated 28 February 2009

Please note:
Adviser to retain this copy.

Client details

Dr Miss Mr Mrs Ms Gender* Male Female Date of birth*

Surname* (please print) Given name(s)*

Contacts

Email

*At least one phone number required:

() ()

Home telephone Work telephone Mobile telephone

Home address

At least one address is required: Mailing address?

Street number and name Town/Suburb State Postcode

Business address

Street number and name Town/Suburb State Postcode

Postal address

Street number and name Town/Suburb State Postcode

Tax file number*

* denotes a mandatory field

Bank account details

Account name

Name of bank/financial institution Bank/financial institution branch name

-

BSB number Account number

This account will be used for your Regular savings plan, withdrawals and ad hoc direct debits

Adviser transaction authority

Yes No

Selecting 'yes' indicates that this account is to be operated as a Managed Discretionary Account.

Guarantee details

Type Protected Growth Protected Investment

Term 10 years 15 years (No Transitional 20 years 5 years 7 years
Period is available)

Investment strategy 1 2 3

Transitional period Nil 1 year 5 years

Investment instructions

Cash account minimum \$

When the cash account falls below this level it will be restored to the sum of the cash account threshold plus this nominated cash account minimum. The default minimum is \$0 or you can nominate a specific dollar amount.

plus
Cash account threshold %

When the cash account exceeds the sum of this threshold plus the cash account minimum, by \$1,000 or more, the excess funds will be invested. The default minimum is 5 per cent or you can nominate a specific percentage.

Investment profile

Investment Profiles allow you to specify the way cash will be invested, the account is rebalanced and Investment Options are sold down. Please consider asset allocation limits for North Protected Growth accounts.

Fund name	Investment %	Rebalance %	Sell order/ Sell profile %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts with a guarantee can only have a proportionate sell instruction

Please copy and use a separate sheet if additional space is required

Automatic rebalance? Yes No

If selected, the account will be rebalanced to the Rebalance Profile on the frequency specified.

Rebalance frequency: Half-yearly Quarterly

Next rebalance date:

Regular savings plan

Please note: bank details must be provided on the first page of this form if regular savings plan is selected

Regular investment type

- Member non-concessional Employer/Award Spouse and Child Superannuation Guarantee
- Member concessional Salary Sacrifice Other Family and Friend

Regular investment amount \$ (minimum of \$250 per payment)

Frequency Monthly Quarterly Half-yearly Yearly

Payment date Last day of month OR Select day (must be between 1-28)
(only available for monthly frequency)

Indexation None CPI Percentage %
(maximum of 7%)

Beneficiaries

Binding nominations are required to be witnessed and signed using the form that will be provided after the application has been submitted on North Online. The Binding nomination form must then be sent to AXA. Your nominated beneficiary will not be recorded as binding until this has occurred.

Beneficiary 1

Type of nomination Non binding nomination Binding nomination

Surname (please print) Given name(s)

Date of birth / / Gender Male Female

Address

Street number and name Town/suburb State Postcode

Relationship to investor: Child Legal personal representative Spouse Interdependant

% of benefit %

Beneficiary 2

Type of nomination Non binding nomination Binding nomination

Surname (please print) Given name(s)

Date of birth / / Gender Male Female

Address

Street number and name Town/suburb State Postcode

Relationship to investor: Child Legal personal representative Spouse Interdependant

% of benefit %

Please use a separate sheet if additional space is required

Adviser remuneration

Contribution fee 0.00 % 0.00 – 4.40% (inclusive of GST)

Trail commission 0.55 % 0.00 – 0.55% (inclusive of GST)

Adviser review fee (0.00 – 2.00%)

None % pa % Amount \$

Frequency Monthly with no end date One-off Monthly with end date End date /20

Deposit details

Type Rollover Contribution

If Rollover is selected, please complete the attached External Transfer Request form.

If Contribution is selected, please provide details below.

Personal contributions

Concessional \$ Non-concessional \$ Personal contribution total \$

Employer contributions

SGC \$ Salary sacrifice \$ Other employer \$ Employer contribution total \$

Other contribution type

- Spouse
- Other family and friend
- CGT small business 15 Yr Exempt
- Personal injury
- Direct termination payment
- Assessable foreign fund
- CGT small business retirement exempt
- Non assessable foreign fund

Other contribution total \$

Total contribution amount \$

Payment method Direct debit EFT BPAY Cheque



Declaration and signature

- I agree to be bound by the provisions and rules of the trust deed for the North Personal Superannuation Plan.
- I confirm that I have received (including an electronic version issued or a printout of it) and read and understood the current North Personal Superannuation and Pension PDS, as amended from time to time. I acknowledge that this application is subject to the terms and conditions of the PDS and, to the extent applicable to North Personal Superannuation.
- I acknowledge that with the exception of any benefits arising out of a selected feature from North's Protected Growth Guarantee or Protected Investment Guarantee (guarantee), neither the performance of, nor the payment of any particular return from, nor any increase in the value of the assets acquired using the investments listed in the PDS is guaranteed in any way by any member of the Global AXA Group.
- I agree to release and indemnify N.M. Superannuation Pty Ltd from and against all actions, proceedings, accounts, costs, claims and demands in respect of any liabilities arising directly or indirectly as a result of the use of the facilities offered. This release and indemnity does not apply to the extent that such liability is attributable to N.M. Superannuation Pty Ltd's own neglect or default.
- I agree that neither I nor any other person claiming through me has any claim against N.M. Superannuation Pty Ltd or the North Personal Superannuation Plan in relation to a payment made or action taken by N.M. Superannuation Pty Ltd under any of the facilities, if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later shown not to have been made by me.
- I acknowledge that N.M. Superannuation Pty Ltd is entitled either to cancel or change the terms and conditions of the facilities but may not do so without giving me prior written notice. I may cancel the use of any of the facilities at any time by giving N.M. Superannuation Pty Ltd written notice.
- I have read and understood the 'Your Privacy' section within the current PDS. I consent to my personal information being collected and used in accordance with this section. I acknowledge that I can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 667 841.
- I authorise the Trustee to provide my financial adviser and/or their authorised delegate with information regarding my investments in North Personal Superannuation Plan.
- I authorise my financial adviser and/or their authorised delegate to act in accordance with my instructions online through North Online and to lodge details regarding those instructions on my behalf and that N.M. Superannuation Pty Ltd may accept and act upon instructions lodged online by my financial adviser and/or their authorised delegate on my behalf without:
 - requiring any further proof, instructions or confirmation from me to accept and act upon those instructions, and
 - verifying that the financial adviser and/or their authorised delegate has the necessary authority to act on my behalf (including any authority given by me pursuant to the operation of a Managed Discretionary Account).
- I agree that I will ratify and confirm whatever my financial adviser and/or their authorised delegate does in exercising any instructions made on my behalf and I agree that neither I, nor any person claiming through me, has any claim against AXA for a transaction done by my financial adviser and/or their authorised delegate on my behalf.
- I agree that N.M. Superannuation Pty Ltd (and any of its agents appointed for this purpose) may correspond with me using the email address which I have provided in this application for any purpose related to the administration of my portfolio in the fund.
- I agree that all correspondence, including any disclosure obligations N.M. Superannuation Pty Ltd may have to me under the Corporations Act 2001, except those deemed as an exception, will be provided to me via email and/or the North Online Service and will not be mailed by post.
- I am eligible to join and make contributions, rollovers or transfers to North Personal Superannuation and will continue to do so while I remain eligible.

X

Member's signature

| |

Date



Please note: All details MUST be entered on North Online using the data collected in this form. A photocopy of this form should also be retained for your records.

Please print separate forms for each fund.

Client details

Dr Miss Mr Mrs Ms

Gender Male Female

Date of birth

Surname (please print)

Given name(s)

Address

Street number and name

Town/suburb

State

Postcode

North account number

AXA details

Fund name: Wealth Personal Superannuation and Pension Fund

SPIN: NMS0001AU

ABN: 92 381 911 598

RSE: R1071481

Contact number: 1800 667 841

Please send a cheque payable to 'North' at GPO Box 2915, Melbourne VIC 3001.

Transferee fund details

Fund name

Fund policy or membership number

Fund address

Fund phone number

Transfer amount

Full transfer Partial transfer (Gross) Partial transfer (Nett)

Estimated amount:

Notes to the external rollover/transfer form

Important information

This transfer may close your account (you will need to check this with your **from** fund).

This form can NOT be used to:

- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.

What happens to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits from.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit **www.superchoice.gov.au** or call the Tax Office on 13 10 20.

Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your **from** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **to** fund may also charge entry or deposit fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **from** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

If you require additional information about superannuation, you may wish to visit the Australian Securities and Investment Commission website **www.fido.asic.gov.au**.

Please send your completed and signed form to the fund from which you are transferring.

Sending this form to the transferring fund may not always be sufficient and the existing service provider may require completion of their own withdrawal documentation. There may also be specific identification requirements your client needs to satisfy for the transferring fund. Please contact the transferring fund for further details.

Authorisation

To the Trustee, I request that you transfer my existing superannuation entitlements as specified above to North Personal Superannuation and send a cheque payable to 'North', GPO Box 2915, Melbourne VIC 3001.

You are requested and duly authorised to provide AXA North with all the relevant details, including details of my membership and any other information that may be required to effect this transfer.

I make the following statements:

- The information I have provided in this form is true and correct
- I understand and acknowledge the implications and effects of transferring my benefits from my transferring super fund to my AXA account.
- I consent to you speaking with my financial adviser and/or their authorised delegate.

X

Applicant signature

| |

Date

Please print and send to the transferee fund. Retain a copy of this document for your records.