Unilever Super – Application Form

Unilever gives you a number of options for your super - see the Understanding your super guide for details.

Use this form to apply for membership in Unilever Super.

Return your completed form to:

Unilever Peoplelink Private Bag 2 Epping NSW 1710

Part 1: Your details - all employees

Please complete your personal details – please use BLOCK letters.

| Title | Mr | / | Ms | / | Mrs / | Miss | (Please | circle | one) |
|-------|----|---|----|---|-------|------|---------|--------|------|
|-------|----|---|----|---|-------|------|---------|--------|------|

| Surname | Given na | Given names | | | | | | |
|---|--|------------------------|--|--|--|--|--|--|
| Date of birth / Male / Female (Please circle one) | | | | | | | | |
| Home address | S | | | | | | | |
| | | Postcode | | | | | | |
| Email | | | | | | | | |
| Daytime phon | e number | | | | | | | |
| FOR OFFICE PAY OFFICE | USE ONLY (Please use BLOCK letters only) | | | | | | | |
| Location | State | Work level | | | | | | |
| Employee No | Date joined Company/ | / Date joined Fund/ / | | | | | | |
| Date effective of | on payroll/ Department | | | | | | | |
| TGR | Notional salary | Non TGR salary | | | | | | |
| Permanent: | Full-time (H1) 🗆 | Fixed term (H3) 🗆 | | | | | | |
| | Part-time 18 hours or more (H1) | Casual/Seasonal (H3) 🗌 | | | | | | |
| | Part-time less than 18 hours (H1P) 🗆 | | | | | | | |
| TFN (if not prov | vided by member) | | | | | | | |
| Signature of Pa | ayroll | Date/ / | | | | | | |
| Superannuation | n Member No | | | | | | | |



Part 2: Your own voluntary contributions - all employees

Do you want to make voluntary contributions to your super from your salary? (Please tick **one** box below)

| No |
|----|
| |

OR

Yes, I want to make **before-tax** voluntary contributions (whole percentage only based on TGR/base salary). I understand that these contributions are subject to certain limits (see below). These contributions will be made from my before-tax salary through a payroll deduction and deposited into my (Company) account. **TGR employees only:** The before-tax percentage nominated in the box should only reflect any **extra** contribution **above** the minimum compulsory Company contribution of 9%.

AND/OR (Please tick)

Yes, I want to make **after-tax** voluntary contributions (whole percentage only based on TGR/base salary). These contributions will be made from my taxable salary through a payroll deduction and deposited into my (Member) account.



%

Contribution caps

You should note that legislation effective from 1 July 2007 changes the taxation applicable to member contributions, as follows:

Before-tax (concessional) contributions

Are limited to \$50,000* per person per year, taxed at the ongoing rate of 15%. This limit includes all company and member before-tax contributions, with any additional contributions over the limit attracting an additional 31.5% tax payable by you.

* If you are currently aged 50 or over, the limit currently applicable to you is \$100,000 per year.

After-tax (non-concessional) contributions

Are limited to \$150,000 per person per year, or \$450,000 within any three-year period**. There is no tax payable on contributions within these limits, however tax of 46.5% is payable on any amount that exceeds these amounts.

** \$450,000 limit only available if under age 65.

Part 3: Your investment choice



Acknowledgements:

- I have read the Investment Choices section of the Understanding your super guide which sets out the investment options available to me, and the objectives of each option.
- I understand that this guide includes general information and does not constitute investment advice.
- I accept the investment risks and rewards of the investment choice I make.
- I understand that I may change my investment choice twice each Unilever Super review year (i.e. 1 July to the following 30 June). I must submit my request to change my investment option by the 25th day of the month in order for my new investment option to be effective on the first day of the following month.
- I understand that the choice I have made above will remain in force until I advise the Trustee otherwise.
- I understand that if I do not make an investment choice, my super will be invested in the Balanced option, which is the Fund's default option.

Part 4: Nominating your beneficiaries

The Trustee can only pay your death benefit to:

- Your **dependants** including your spouse (including de facto partner), children (including step children, adopted children and unborn children), any person who is financially dependent on you, or any person with whom you have an 'interdependency relationship'*.
- Vour estate, if you have no dependants, where your benefit will be distributed according to your Will.

* An 'interdependency relationship' is where:

- Two people have a close personal relationship, and
- They live together, and
- One or each of them provides the other with financial support, and
- One or each of them provides the other with domestic support and personal care.

However, if two people have a close personal relationship but do not satisfy the other conditions because one or both of them suffer from a physical, intellectual or psychiatric disability, then their relationship still meets the definition of interdependency. The law includes details of various matters that the Trustee must consider in deciding whether two people have an interdependency relationship.

Write the name of your beneficiaries, their relationship to you, and the share you want them to receive. If you do not have any dependants, write 'estate' in the Beneficiary column, and 100% in the Share of Benefit column. Make sure the Share of Benefit column totals 100%.

| Beneficiary (your estate or full name of dependants) | Date of birth (dd/mm/yy) | Sex (M/F) | Relationship to you (e.g. spouse, child) | Share of Benefit (must total 100%) |
|--|-----------------------------|--------------|---|---------------------------------------|
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| | | | | 100% |

Part 5: Notification of Tax File Number



* You do not have to provide this information. However, additional tax will be payable on all Company and before-tax contributions and the Fund will be unable to accept any after-tax contributions. If you provide your Tax File Number, it will be held confidentially by the Trustee and only used by them for the purposes outlined in the **Understanding your super** guide.

Part 6: Your approval - all employees

Please sign and date your approval of the instructions provided on this form.

I hereby acknowledge that:

- I have received and read the **Understanding your super** guide from Unilever Super.
- I understand the superannuation options available to me for contributions and investments.
- As a permanent employed member of the Fund, my insurance cover in Unilever Super is subject to the 9% Superannuation Guarantee Company contributions being paid directly into Unilever Super, any health requirements being met and acceptance by the insurer.
- Taxes and any fees that apply will be deducted from my super accounts.
- I have read the information in the Understanding your super guide about the protection of my privacy and agree to the use of my personal information as disclosed in this guide.
- I understand that neither Unilever nor any of its affiliates (including the Trustee) can guarantee the investment earnings in my chosen investment option(s) and that my superannuation account balances may fluctuate both upwards and downwards over time.
- My super will be invested in the investment option of my choice and I accept full responsibility for the investment earnings achieved by my chosen investment option, whether positive or negative.
- If I do not make an investment choice, my super will be invested in the default Balanced option.
- I understand that neither Unilever nor the Trustee is giving investment advice through the information provided on the *MySuper* website or other super communication materials.
- I understand that my death benefit nomination(s) do not constitute a direction to the Trustee and that under the Trust Deed and Rules of the Fund, whilst the Trustee will take my request into consideration, the distribution of any benefit payable on my death will be at their discretion.

| Signature | Date | / | / |
|-----------|------|---|---|
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