

The ReddiFund Income Protection Plus Discretionary Trust Arrangement

Acceptance Form

Before completing this Acceptance Form, be sure to read Sections 1, 2, 3 and 4 of our PDS. Our PDS will help a Potential Member decide whether to become a Member of the Discretionary Trust Arrangement.

This Acceptance Form relates to both the Scheme Cover and Insurance Cover components of the Discretionary Trust Arrangement.

Date of Trust Deed: 28th June 2019 Fund Period: 1st July 2021 to 1st July 2022

NOTE: You are not a member of this Discretionary Trust Arrangement until we receive your **Membership Contribution** and completed **Acceptance form**

Employer: **ABN:**
Address:
Contact Name: **Telephone:**
E-mail: **Fax:**

LEVEL OF COVER:	Gold
MAXIMUM WEEKLY BENEFIT:	\$1,500
TRAUMA BENEFIT	\$300,000
TOTAL CONTRIBUTION: (incl. GST)	\$25.00 (per week per person)
Breakdown of Contribution	
Aggregate Contribution This is the proportion of the Total Membership Contribution payable by a Member to meet claims and costs attributable to claims management	68.99%
Administration Contribution* This is the proportion of the Total Membership Contribution payable by a Member which represents the administrative fees of the DT Arrangement	3.60%
Surplus Rebate (renewing Members only)	0.00%
Insurance Cover Contribution. This is the proportion of the Total Membership Contribution payable by a Member which represents the premium paid to the Insurer for the Insurance Cover	14.30%
Insurance Cover premium stamp duty (GST Exempt)	0.00%
Marsh (the Broker's) Broking Fee**	2.00%
ReddiFund Fee	2.00%
GST Payable	9.08%

* The Administration Contribution can be broken down as follows based on budgeted estimations:

- Actuary fees- 0%
- Legal costs- 4%
- Audit fees- 27%
- Scheme Manager's (JGS's) Fees- 69%

** In addition to its Broking Fee, the Broker receives commission from the insurer of 20% of the Insurance Cover Contribution

Please complete and return this Acceptance Form with your payment and retain a copy for your records.

Declaration (In addition to the duty to disclose certain information to the Insurer and the Trustee):

- a) I have read the PDS and agree to be bound by the Rules. I am aware that the withdrawal from the DT Arrangement as a Member does not entitle the Member to a refund of the Total Membership Contribution in full or in part, other than any applicable return Membership Contribution in respect of the unexpired portion of the Insurance Cover.
- b) I agree to receive the PDS, FSG and annual report for this product online, via email or I have obtained a hard copy of the PDS and FSG
- c) Privacy Act implications: Upon joining the DT Arrangement you, as a Member, acknowledge that, as part of the financial reports, the Trustee will be declaring Members' detailed Claims data to all Members and service providers performing specific tasks on behalf of the Trust.

LEVEL OF COVER (PLEASE TICK)

Gold - Max. \$1,500 per Week

Expected Number of Employees per week

Signature: Date:

ReddiFund Income Protection Plus Discretionary Trust ABN 62 453 921 382

ReddiFund Income Protection Plus Discretionary Trust Arrangement Promoter:- ReddiFund Ltd ABN 98 009 404 273

ReddiFund Income Protection Plus Discretionary Trust Arrangement Product Issuer:- JLT Group Services Pty Ltd,

PDS Section 5 – Acceptance Form (Sample)
Level 3, 148 Frome Street, Adelaide SA 5000. ABN 26 004 485 214. Authorised Representative No 274831.