

# The ReddiFund Income Protection Plus Discretionary Trust Arrangement



## Acceptance Form - Gold

Before completion of this Acceptance Form, please read our Product Disclosure Statement (PDS). The PDS helps potential Members decide whether to join the ReddiFund Income Protection Plus Discretionary Trust (Discretionary Trust) arranged by Howden on your behalf.

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

<b>Date of trust deed:</b>	8/06/2022	<b>Fund period:</b>	1/09/2023	<b>To:</b>	1/09/2024
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NOTE: You are not a Member of this Discretionary Trust arrangement until we receive your Membership Contribution and completed Acceptance Form

### Details

Employer	ABN
Address	
Contact name	Telephone
Email	
Level of cover	Gold
Maximum weekly benefit	\$1,500
Trauma benefit:	\$300,000
Total contribution per week per person: (incl. GST)	\$25.00
<b>Breakdown of weekly contribution</b>	
Aggregate contribution. This is the proportion of the Membership Contribution payable by a Member to meet claims and costs attributable to claims management	\$16.71
Administration contribution ✓ This is the proportion of the Membership Contribution payable by a Member which represents the administrative fees of the Discretionary Trust arrangement	\$0.90
Surplus Rebate	(\$0.62)
Insurance Cover contribution. This is the proportion of the Membership Contribution payable by a Member which represents the premium paid to the Insurer for the Insurance Cover	\$4.74
Insurance Cover premium stamp duty (GST exempt)	\$0.00
Howden broking fee ✓✓	\$0.50
ReddiFund fee	\$0.50
GST payable	\$2.27

✓ **The administration contribution can be broken down as follows based on budgeted estimations:**

Legal costs	<b>1.0%</b>
Audit fee	<b>16.6%</b>
Scheme Manager's (ARMS) fee	<b>82.4%</b>

✓✓ In addition to its Broking fee, the Broker receives commission from the insurer of 7.5% 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 regulations. I am aware that the withdrawal from the Discretionary Trust arrangement as a member does not entitle the Member to a refund of the 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, Financial Services Guide (FSG) and annual report for this product via email or I have obtained a hard copy of the PDS, FSG and annual report.
- c) Privacy Act implications: upon joining the Discretionary Trust 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 **Gold- Max \$1,500 per week**

Expected number of employees per week

Signature

Date