

# Application form

ORACLE

## Oracle Superannuation Plan

### Use this form to tell us:

- that you want to join the Plan
- if you want to contribute more to your super
- how you would like to invest your super
- who you want as your beneficiaries to receive your death benefit

If you want to join another fund, complete a **Standard Choice form**.

When you have joined the Plan, you can update your details, change your contribution rate, your investment option(s), and your nomination of beneficiaries on the Plan's website at <https://super.towerswatson.com/super/oracle>.

### Checklist for your other super options

- Do you want to take out extra insurance? Use the *My Extra Insurance form*.
- Do you want to roll other super into the Oracle Superannuation Plan? Use the *Rollover form*.
- Do you want to set up or change super/insurance for your spouse? Use the *My Spouse form*.

All forms are available on the Plan's website,

<https://super.towerswatson.com/super/oracle>.

## Instructions for completion

To join the Oracle Superannuation Plan, complete:

- Section 1. My details** – to provide us with your contact information;
- Section 2. My super contributions** – indicate here if you wish to make personal contributions;
- Section 3. My investment choice** – you must choose how your super is to be invested or your application for membership cannot be processed;
- Section 4. My beneficiaries** – you can make either a binding or non-binding nomination for payment of your death benefit. A binding nomination must be witnessed as explained in Section 4; and
- Section 5. My declaration** – please sign here.

Please return your completed form to:

Human Resources  
Oracle  
4 Julius Avenue  
North Ryde NSW 2113

## 1. My Details

Last name	<input type="text"/>	Mr/Mrs/Ms/Miss	<input type="text"/>
First name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>dd mm yyyy</small>
Work location	<input type="text"/>	Employee number	<input type="text"/>
Work email	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/>	State	Postcode

Please turn over →

## 2. My super contributions

Oracle makes compulsory contributions to super for you. You can choose to contribute more. If you do contribute more, the amount will be deducted from your pay each pay period. Please tick or complete as required.

Yes, I want to contribute \$  per month or  % of my salary to my super.

I wish to contribute from my  before-tax or  after-tax pay.

**OR**

**No**, I don't want to contribute any extra to my super.

You can change your contribution rate at any time by completing a *Super Options form* – your new contribution will be deducted from your next pay after your form is processed. There are limits to the amount you can contribute and receive concessional tax treatment. These limits are outlined in the Plan's Product Disclosure Statement (PDS), available on the website.

## 3. My investment choice

**You must choose how your super is invested or your application for membership cannot be processed.** There is no fee for making your initial choice. You are able to change your investment choice each month by completing a *Super Options form*. For details of the current fees that apply, refer to the Plan's PDS, available on the website.

I would like my **future contributions** to be invested in the following option or options:

Diversified Shares	<input type="text"/> %
Growth	<input type="text"/> %
Balanced	<input type="text"/> %
Stable	<input type="text"/> %
Cash	<input type="text"/> %
<b>Total</b>	<input type="text"/> %

**Remember:**

- Your choice must add up to 100%. Otherwise your choice will not take effect and we will be unable to process your application for membership.

## 4. My beneficiaries

Complete this Section to tell us who should receive your death benefit. Oracle employee members can make a binding or non-binding nomination. You can change your nomination at any time.

**A binding nomination** obliges the Trustee to pay your death benefit according to your stated wishes (provided that the nomination is valid at the time of your death). Your nomination is valid for up to three years. It is your responsibility to ensure that your nomination is kept up to date, especially if your circumstances change. Your nomination must be witnessed by two people who are aged 18 years or over, and who are not nominated as your beneficiaries.

**A non-binding nomination** is used only as a guide for the Trustee, who will investigate your circumstances at the time of your death and then decide who to pay your benefit to.

For more information on these choices, please refer to the Plan's Product Disclosure Statement (PDS), available on the Plan's website, <https://super.towerswatson.com/super/oracle>. Note that Retained Benefit members cannot nominate beneficiaries – refer to the *Additional Information* factsheet for more details.

### My beneficiaries

Fill in the table below to nominate your beneficiaries (who must be your dependants or your Estate) and the share of your benefit you would like them to receive.

Beneficiary Names and addresses of dependants	Relationship to you (e.g. spouse, child)	Share of benefit (must total 100%)
Estate		
<b>If you need more room, please attach a separate note.</b>	<b>TOTAL</b>	<b>100%</b>

The Trustee can only pay your death benefit to one or more of:

1. Your dependants, who are:

- Your spouse of any sex (including de facto);
- Your children (including adopted, step or unborn children and children of your spouse);
- Any person who is wholly or partially financially dependent on you; and
- Any person with whom you have an interdependency relationship (for details see the Plan's PDS);

### AND/OR

2. Your Estate.

On this form, you can nominate your dependant(s) or your Estate. If you die with no dependants, your benefit will be paid to your Estate.

Please turn over →

## My nomination

Do you want to make a non-binding or a binding nomination? Tick ONE box only to indicate your choice.

Tick this box if you want the Trustee to use its discretion in paying your death benefit. The Trustee will be guided by your nomination, but not bound by it.

**Option 1: Non-binding nomination.** I would like the Trustee to use its discretion when paying my death benefit. I understand that this nomination revokes all previous nominations I have made and the Trustee will use my nomination as a guide but is not bound by it. I also understand that if I die after leaving Oracle while a Retained Benefit member, any death benefit will be paid to my Estate.

Signature

Date   
dd mm yyyy

Tick this box if you want your nomination to be binding on the Trustee. The Trustee must pay your benefit as you have shown on this form, even if your circumstances change.

\* Important: To complete your binding nomination, your form must be signed in the presence of two witnesses aged 18 or over who are not nominated as beneficiaries.

**Option 2: Binding nomination.** I want the Trustee to be bound by my nomination. I understand that:

- This nomination will no longer have effect:
  - after three years; or
  - when I am no longer employed by Oracle or I leave the Plan;
- If my nomination is no longer valid, the Trustee will determine who receives my death benefit;
- If I leave Oracle and subsequently die while a Retained Benefit member, any death benefit will be paid to my Estate; and
- I may at any time cancel or change my nomination in accordance with the Plan's procedures.

I acknowledge receipt of the Plan's PDS which explains the benefits provided by the Plan.

Signature\*

Date   
dd mm yyyy

## Witness Declaration

As a witness, I declare that:

- This form was signed and dated by the member described in Section 1 in my presence;
- I am at least 18 years old; and
- I am not a beneficiary of this benefit.

By signing below you also make the declarations to the left.

### Witness 1

Full name  Date of birth   
dd mm yyyy

Signature  Date   
dd mm yyyy

### Witness 2

Full name  Date of birth   
dd mm yyyy

Signature  Date   
dd mm yyyy

## 5. My declaration

I wish to join the Oracle Superannuation Plan, which is a Choice Product.

I have received and understood the Product Disclosure Statement. I agree to be bound by the Trust Deed and Rules of the Plan.

I understand that if I am not joining the Plan when I am first eligible (i.e. on commencing employment with Oracle Corporation Australia Pty Limited, Oracle Global Services Australia Pty Ltd or Oracle Financial Services Software Pte. Ltd.) and a Superannuation Guarantee (SG) contribution is not received for me by the Plan within 120 days of commencing employment, I will not automatically receive standard insurance cover. I will need to provide health evidence that is acceptable to the insurer before I will receive any standard insurance cover. I also understand that I must have been able to perform all my usual duties and hours of work for at least 35 hours per week (regardless of whether I am actually working those hours) on the day my cover commences or my cover will be Limited Cover (as described in the PDS) until I have returned to active employment for 30 consecutive days. If my cover is subject to underwriting, I understand that my insurance cover will not start until I have been advised in writing that it has been approved by the insurer. I understand that all insurance is subject to the conditions in the Plan's insurance policy.

I understand that if I exercise choice of fund at a future date, i.e. I choose to have my Company SG contributions paid to another superannuation fund, my insurance cover will cease with effect from the date the first contribution is paid to my chosen fund.

I have read and understood the summary of the Plan's *Privacy Policy* as set out in the Product Disclosure Statement. I agree to the collection and use of my personal information as disclosed therein.

I understand that there is no guarantee that the objectives of any investment option I have chosen will be met. The Trustee does not guarantee the investment returns of any investment option. Investment returns may be positive or negative.

If I have provided my email address on page 1, I agree that the Trustee may use that email address to send me information including Product Disclosure Statements, Benefit Statements, Exit Statements, Annual Reports, newsletters or information on material changes to my super or significant events, electronically.

I understand that to change my choices I need to complete and return a *Super Options form* or change my choices online.

I confirm that the information in this form is true to the best of my knowledge and belief.

Signature

Date   
dd mm yyyy

## For company use only (for new members)

DJC  DJP  Tax File Number  Super salary

Australian citizen or permanent resident Yes/No (please circle)

Category (please circle)

1. Full-time or permanent part-time. Working on average at least 15 hours per week over a three month period.
2. Permanent part-time. Working on average less than 15 hours per week over a three month period.
3. Non-permanent employee.

Authorised signatory

Date   
dd mm yyyy