

Manildra Flour Mills Retirement Fund

(ABN 32 448 411 930)

Income Protection Insurance Benefit—Opt Out Form

From 1 July 2013, the Fund has provided members with income protection insurance. This will give you an income if you are temporarily disabled for up to 2 years. The income protection benefit is provided under an insurance policy held by the Trustee with OnePath Life Limited (ABN 33 009 657 176), a regulated life insurance company.

You will automatically receive the income protection insurance from the time you joined the Fund, with premiums deducted from your account in the Fund. You do not need to complete any forms to receive income protection insurance from that date.

You can also cancel your income protection insurance at any time by writing to the Fund Secretary. If you do so, no further income protection insurance premiums will be deducted from your account and no income protection benefits will be payable. When completed, please return this form to: Mr. Peter May, Fund Administrator, Manildra Flour Mills Retirement Fund, GPO Box 2128, Sydney NSW 2001 or by email to petermay@pfsconsulting.com.au.

For more information on the income protection benefit refer to Part One of the Manildra Flour Mills Retirement Fund Member Guide.

1. Personal Details:

Manildra Fund Membership Number: _____

Full Name (Title, First and Middle Names, Surname): _____

Full Residential Address: _____

Postal Address (if different from residential address): _____

Business hours telephone number, including area code: _____

Email address, if any: _____

Date of Birth: _____

2. Opt out of income protection insurance

I choose not to have income protection in the Fund, effective immediately. I understand that if I change my mind in the future, I will need to complete an application form, provide appropriate evidence of health and be accepted by the insurer. The insurer may accept or reject my application at that time, and may apply higher premiums or special conditions.

3. Declaration and signatures

I confirm that the information I have provided on this form is correct and complete. I understand that neither the Trustee nor its agents nor my employer has provided any advice on the appropriateness of the income protection insurance benefit for me and that the Trustee has advised me that I should seek advice from a licensed financial adviser.

Signature of Member: _____ Date: _____ / _____ / 20

Signature of Witness: _____

Full Name of Witness: _____

This document was prepared by Manildra Flour Mills Retirement Fund Pty Limited (ABN 74 065 680 195, AFSL 530609), the Trustee of the Manildra Flour Mills Retirement Fund (ABN 32 448 411 930)