

NOMINATION FORM

NOMINATION OF MEMBER REPRESENTATIVE DIRECTORS OF THE TRUSTEE OF ANZ AUSTRALIAN STAFF SUPERANNUATION SCHEME

APRIL 2017

To nominate someone or to be nominated, you must be a current member of ANZ Staff Super.

TO BE COMPLETED BY THE CURRENT MEMBER NOMINATING THE CANDIDATE

I (full name of nominator)

am a current member of the ANZ Australian Staff Superannuation Scheme (ABN 83 810 127 567) and nominate (full name of candidate)

for the position of a Member Representative Director of ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 RSEL L0000543.

Signature

Date

Branch / Department

Salary number or member number

Please ensure that this nomination is seconded by at least 20 other current members of the ANZ Australian Staff Superannuation Scheme (see over).

Please return the properly completed Nomination Form, current resume, Schedule of Seconders, Candidate's Declaration, Attachment (setting out your qualifications, knowledge and skills) and, if you choose, a Candidate's Statement of no more than 100 words, to the Returning Officer at the address shown opposite by **no later than 4:00pm (EST) on Thursday 11 May 2017.**

John Kaloupis – Returning Officer
ANZ Australian Staff Superannuation Scheme
GPO Box 9946
Melbourne Vic 3001

Note: Nominations sent by fax or email cannot be accepted.

CANDIDATE'S DECLARATION

I (full name),

of (address),

being (occupation),

Employer

declare that:

- a) I have not been convicted of an offence against or arising out of a law of the Commonwealth, a State, a Territory or a foreign country, being an offence in respect of dishonest conduct (or, if I have been so convicted, APRA has waived that status);
- b) a civil penalty order under the Superannuation Industry (Supervision) Act 1993 (SIS Act) has not been made against me;
- c) I am not an insolvent under administration, a discharged bankrupt nor have I seriously and persistently failed to manage my personal debts or financial affairs in circumstances where that failure has caused loss to others;
- d) I have not acted as a director, secretary or senior manager to an entity that was, or became, insolvent, under administration or management, or had otherwise failed to meet its financial obligations;
- e) I have not been disqualified by APRA under the SIS Act or otherwise been the subject of an adverse finding by APRA or by any other regulator;
- f) I have not been prohibited from being a director of a body corporate under the Corporations Act 2001 or similar overseas legislation;
- g) I have not engaged in conduct which has led to a breach of any fiduciary obligations or conduct which is negligent, deceitful or otherwise discreditable;
- h) I have not contravened any legal or regulatory requirement or professional standard relating to my management, commercial or professional activities or responsibilities;
- i) I am not aware of any real or potential conflict of interest which arises as a result of my employment or as a result of other circumstances and which might adversely affect my ability to carry out my duties as a director of the Trustee other than those I have disclosed expressly to the Trustee;
- j) I have sufficient educational or technical qualifications, knowledge and skills relevant to the duties of a director of the Trustee (as set out in the attachment to this declaration) or, if I do not have such qualifications, knowledge and skills, am prepared to undertake the necessary training immediately after my appointment to gain such qualifications, knowledge and skills; and
- k) in all other respects, I have appropriate character, competence, diligence, experience, honesty, integrity and judgement to perform the duties of director of the Trustee.

I also confirm that I consent to a police check being undertaken.

Signature

Date

Branch / Department

Business hours phone number

Salary number or member number

Email

Work address

CANDIDATE'S STATEMENT

Name of candidate (First name and surname only)	
<input type="text"/>	
Position	Employer
<input type="text"/>	<input type="text"/>
Preferred name on ballot paper	
<input type="text"/>	

This Statement is optional. If you complete it, please return it with the nomination form. It must be received by the time nominations close, **4:00pm (EST) on Thursday 11 May 2017**.

Your Candidate's Statement will be reproduced and issued to voters if an election becomes necessary.

Your Candidate's Statement must be brief (100 words or less) and may describe your reasons for wishing to become a Member Representative Director, your employment history with ANZ, and any information you feel is relevant to your nomination.

EMPLOYEE CANDIDATES:

Type your Candidate Statement in the text box over the page, and then print this nomination form for your seconds to sign.

PERSONAL SECTION, PARTNER SECTION AND RETIREMENT SECTION CANDIDATES:

Type your Candidate Statement and attach it to this nomination form when posting it. Do not forget to include a current resume.

Candidate Statements cannot contain links (such as urls) to more information. If your Candidate's Statement is more than 100 words or contains misleading, defamatory or inappropriate information, the Returning Officer reserves the right to delete words or request a revised Candidate's Statement.

Candidates are asked not to send unsolicited emails (spam) to other members seeking votes.

ATTACHMENT

Insert details of educational or technical qualifications, knowledge and skills relevant to the duties of a director of the Trustee.

STATEMENT

Signature <input type="text" value="X"/>	Date <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
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