

Membership Application Form

Pension Division

Please complete in pen. Applications must be completed in full before an account can be established in your name.

1: Your personal details

Title	Date of birth	Sex (m/f)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>	
Family name	<input type="text"/>	
Residential address	<input type="text"/>	
	State	Postcode
	<input type="text"/>	<input type="text"/>
Mailing address (if different from Residential address)	<input type="text"/>	
	State	Postcode
	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	

2: Tax File Number

I have read and understood the section on *Providing your Tax File Number (TFN)* on page 32 of this First Super Product Disclosure Statement and understand that I have a choice of providing my TFN. I understand that, when provided, my TFN will be used by First Super for lawful purposes only.

I confirm that I have read and understood the TFN information in this Product Disclosure Statement. I certify that the information I have provided in this form is true and correct. I hereby choose to provide my Tax File Number:

3: Funding your pension

Please provide details of all superannuation money that will fund your First Super pension. Where money is being rolled over from other superannuation funds please complete a *Transfer Your Super Form* available from www.firstsuper.com.au or by calling us on **1300 360 988**. The minimum starting balance is \$10,000. You can choose to do A or B or both A and B.

I wish to:

A: Transfer the balance of my First Super account into my First Super Pension Account.

Membership Number: Amount expected: \$

AND/OR

B: Transfer the balance of my account in another superannuation fund into my First Super pension.
You will need to complete a *Transfer Your Super Form*, available on request.

Amount expected: \$

We cannot commence your pension until all rollovers have been received.

4: Your pension choice

Please indicate which pension you wish to join (eligibility requirements are outlined on page 5)

Pension Account Transition to Retirement Pension Account

Initial investment \$ Pension payment amount \$

Payment frequency Fortnightly Monthly Quarterly Half-yearly Yearly

Name of Bank Account Name

BSB Number - Account Number

Now complete sections 5, 6 and 7 overleaf >>

5: Member investment choice

Before completing this section, First Super recommends you read the section *Investing your super* on page 21 of this PDS and obtain professional advice relating to your own circumstances. The information provided by First Super is of a general nature and does not constitute investment advice.

I would like to invest in the following investment options:

	Initial investment	Withdrawals
First Super Growth (default)	%	%
First Super High Growth	%	%
First Super Conservative Growth	%	%
First Super Capital Stable	%	%
TOTAL must equal	100%	100%

Note: If you do not make a choice, your account will automatically be invested in the First Super Growth option.

6: Nominating your preferred beneficiaries

You should read the section on *What happens when you die?* on page 20 before completing this part of the form.

Reversionary Beneficiary (spouse only)

If you choose this option your spouse will receive any remaining pension payments if he/she survives you.

Full name	Relationship	% Share
<input type="text"/>	<input type="text"/>	100
Address	Date of Birth	
<input type="text"/>	<input type="text"/>	

Discretionary Beneficiary/ies

If you choose this option any remaining Account balance may be paid to these beneficiaries.

1: Full name	Relationship	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Date of Birth	
<input type="text"/>	<input type="text"/>	
2: Full name	Relationship	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Date of Birth	
<input type="text"/>	<input type="text"/>	
3: Full name	Relationship	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Date of Birth	
<input type="text"/>	<input type="text"/>	
4: Full name	Relationship	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Date of Birth	
<input type="text"/>	<input type="text"/>	
Total must equal		100%

Note: The Trustee has discretion to determine who payments are made to. These nominations are not binding on the Trustee.

7: Declaration

To apply for membership of the First Super Pension Division, you must sign and date this form having read the statements below. I hereby:

- > apply to the Trustee for admission as a member of the First Super Pension Division under the terms and conditions of the Trust Deed by which the Fund is operated;
- > acknowledge receiving this First Super Pension Guide Product Disclosure Statement (PDS) and have read this document; and
- > acknowledge that I have read and understood the section on Tax File Numbers in the PDS.

Please sign here

Date

<input type="text"/>	<input type="text"/>
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Please return this completed form to: First Super, PO Box 666, Carlton South VIC 3053

t: 1300 360 988 f: 1300 362 899 e: mail@firstsuper.com.au w: www.firstsuper.com.au