

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 Balanced (default)	%	%
First Super Shares Plus	%	%
First Super Conservative Balanced	%	%
First Super Cash	%	%
TOTAL must equal	100%	100%

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



Withholding declaration

PAYER'S COPY

Complete this declaration to authorise your payer to adjust the amount withheld from payments made to you.

You must provide, or have previously provided, your payer with a completed *Tax file number declaration* (NAT 3092) (or *Employment declaration* or *Annuity and superannuation pension declaration* completed before 1 July 2000), quoting your tax file number or claiming an exemption from quoting it, before you can make a *Withholding declaration*.

! The information in the completed *Withholding declaration* form must be treated in confidence.

- Refer to the Instructions to help you complete this declaration.
- Print neatly in BLOCK LETTERS and use a black or dark blue pen.
- Print in the appropriate boxes.

Section A: Payee's declaration

➤ To be completed by payee.

1 What is your name? Title: Mr Mrs Miss Ms Other

Family name

Given names

2 What is your date of birth? Day /Month /Year

➤ See 'Privacy of information' inside the front cover of the Instructions.

3 What is your tax file number (TFN)?

If you have not provided your TFN, indicate if any of the following reasons apply:

- I have lodged a TFN application. I am claiming an exemption because I am a pensioner. I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

4 This question has been removed. Refer to Question 4 in the Instructions.

5 Are you an Australian resident for tax purposes? Yes No You must answer 'NO' at question 6.

6 Are you claiming or do you want to claim the tax-free threshold from this payer? Yes No You must answer 'NO' at questions 9 and 10 unless you are a non-resident claiming a senior Australians, zone or overseas forces tax offset.

7 (a) Do you have an accumulated Higher Education Loan Program (HELP) debt? Yes No

(b) Do you have an accumulated Financial Supplement debt? Yes No

8 This question has been removed. Refer to Question 8 in the Instructions.

9 Do you want to claim or vary your dependent spouse, zone, overseas forces or special tax offset by reducing the amount withheld from payments made to you? Yes No
Insert your estimated total tax offset amount from table J on page 14. **\$** ,

10 Do you want to claim the senior Australians tax offset by reducing the amount withheld from payments made to you? Yes No
Are you: single a member of an illness-separated couple a member of a couple

11 Do you want to increase the rate or amount withheld from payments made to you?

Yes No

You need to complete the *Upwards variation agreement*. As stated in the agreement, I elect that my payer will:

(a) withhold amounts from payments made to me at the rate of . %
OR

(b) increase the amount that would otherwise be withheld by \$, .~~00~~ per payment.

This applies to payments made to me from the / / pay period.

I understand that the varied rate or increased amount will apply only to the payments made to me starting from the date indicated above, when it results in a higher amount being withheld than would otherwise apply under the PAYG withholding tax tables or by regulation for the relevant withholding event.

DECLARATION BY PAYEE

I declare that the information I have given on this form is true and correct.

Signature of payee

Date / /

There are penalties for deliberately making a false or misleading statement.

Section B: Payer's declaration

The information in the completed *Withholding declaration* form must be treated in confidence.

To be completed by payer.

YOUR DETAILS

1 What is your Australian business number (ABN) (or your withholding payer number if you are not in business)?

2 What is your registered business name or trading name (or your individual name if you are not in business)?

HOW MUCH SHOULD YOU WITHHOLD?

The payee's answers to questions 5 and 6 will indicate which of the weekly, fortnightly or monthly tax tables you should use as the base rate of withholding.

A 'YES' answer at question 7 will require an amount to be withheld as specified in the HELP tax tables or Student Financial Supplement Scheme tax tables.

A 'YES' answer at question 9 or 10 will generally require a variation of the rate of withholding specified in the tax tables.

A 'YES' answer at question 11 may require a higher rate or amount of withholding than may otherwise apply under the PAYG withholding tax tables or by regulation for the relevant withholding event.

WITHHOLDING AGREEMENT

As elected by my payee, I agree to:

(a) withhold amounts from payments made to them at the rate of . %
OR

(b) increase the amount that would otherwise be withheld by \$, .~~00~~ per payment.

This applies to payments made from the / / pay period.

DECLARATION BY PAYER

I declare that the information I have given on this form is true and correct. I agree to increase the amount withheld from payments made, as indicated at either (a) or (b).

Signature of payer

Date / /

There are penalties for deliberately making a false or misleading statement.

WRITTEN NOTICE

This declaration will constitute written notice under section 15-15 of Schedule 1 to the *Taxation Administration Act 1953* of the Commissioner's approval to vary the amount required to be withheld where:

- the payments specified in Section B, at (a) or (b) in the form, are covered by Subdivision 12-B, 12-C or 12-D in Schedule 1 to the *Taxation Administration Act 1953*
- the payee has notified the payer of the varied rate of withholding in writing on this approved form at Section A, and
- the varied rate or increased amount of withholding results in a higher amount of withholding than would otherwise apply under the PAYG withholding tax tables or by regulation for the relevant withholding event, or
- the rate of withholding indicated by the payee results in a lesser amount of withholding than would otherwise apply under the PAYG withholding tax tables or by regulation for the relevant withholding event (then the latter rate applies), and
- the payee has given a completed *Tax file number declaration* (or *Employment declaration* or *Annuity and superannuation pension declaration*) to the payer, or they have entered into a voluntary agreement with the payer.

STORING AND DISPOSING OF WITHHOLDING DECLARATIONS

The information in the completed *Withholding declaration* form must be treated in confidence. Once you have completed, signed and dated the declaration, file the declaration form. If the declaration is accompanied by a completed *Upward variation agreement*, return the signed agreement to the payee for their records. **Do not send the declaration or agreement to the Tax Office.**

Under the TFN guidelines in the *Privacy Act 1988*, you must use secure methods when storing and disposing of TFN information. Under tax laws, if a payee submits a new *Withholding declaration* or leaves your employment, you must still keep this declaration for the current and next financial year.

Do not send this declaration form to the Tax Office.