

# Retirement Income account and Transition to Retirement account Membership Application Form



Office Use Only: Member Number

Please complete this form with **CAPITAL LETTERS** and a blue or black pen.

This application form is part of First Super's *Your Retirement Product Disclosure Statement (PDS)* dated 1 December 2023. Please read the PDS before completing this application.

☐ I am applying for a **Transition to Retirement account**

For people who are still employed and have reached Preservation Age.

**OR**

☐ I am applying for a **Retirement Income account**

Tick one of the following:

☐ I have reached my Preservation Age and permanently retired from the workforce on

☐ I have reached 60 years of age and since then ceased working on

☐ I am aged 65 and over.

## Section 1 | Your personal details

Title (Mr, Mrs, Miss etc)

Date of birth (DD/MM/YYYY)

Sex (M/F)

Surname

Given name(s)

Residential address

Suburb

State

Postcode

Postal address ☐ (Tick box if same as above)

Suburb

State

Postcode

Telephone (home)

Telephone (work)

Mobile

Email address

By providing your email address and phone number, you are consenting to First Super communicating with you in these ways. We may also contact you by mail, your firstonline account, our Mobile App or through our website **www.firstsuper.com.au**

☐ Please tick this box if you do not want to receive information from us using your email or phone number.

You can also change your preferences at any time by calling the Member Services Team on **1300 360 988**. Changes may also be made through firstonline and the Mobile App.

## Section 2 | Verifying your identity

☐ I authorise First Super to verify my identity electronically against government records or other third-party identity match providers. First Super reserves the right to ask for additional identification documents if required.

**Two forms of identification are required for electronic identification verification.** If you don't have a drivers licence or passport, please call us on **1300 360 988** for assistance.

### Driver Licence

Full name as it appears on licence

Card number (as shown on back or front of licence)

Driver licence number

State of issue

Date of expiry (DD/MM/YYYY)

## Section 2 | Verifying your identity (continued)

### Current Australian Passport

Full name as it appears on passport

Passport number

Country of issue

Date of expiry (DD/MM/YYYY)

### Medicare Card

Full name as it appears on Medicare card

Medicare card number

Individual reference number

Valid to date (MM/YYYY)

Medicare card colour (green/yellow/blue)

## Section 3 | Membership details

☐ I am new to First Super.

Please fill out the details of the fund(s) you wish to roll over money from and the amount of each rollover into the new Retirement account.

Fund name

Membership number  
(if known)

Approximate amount  
of rollover \$

**Note:** please complete and sign a separate **Combine Your Super Form** for each rollover request.

OR

☐ I am an existing First Super member.

My First Super member number is

I would like to:

☐ Transfer my entire accumulation account balance. This will result in the closure of your First Super account and your insurance cover will cease.

OR

☐ Transfer an amount of \$  (Minimum opening balance of \$10,000)

OR

☐ Transfer my entire First Super accumulation account balance, retaining a minimum account balance of \$1,000 in the accumulation account to keep it open.

## Section 4 | Your Retirement account payment details

Legislation requires you to draw at least a minimum amount each financial year based on your age and your retirement account balance. The amount may be reduced pro-rated when you initially invest in proportion to the number of days remaining in the financial year.

Please tick how often you wish to receive your payments:

☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

### First Super Transition to Retirement Account

Tick one of the following:

☐ Minimum amount (See page 6 of this PDS for more information)

☐ Maximum amount 10%

☐ An amount between your minimum and maximum \$  or  % per annum

### First Super Retirement Income account

Tick one of the following:

☐ Minimum amount per annum

☐ An amount above your minimum  % per annum or \$  per annum

## Section 5 | Your bank account details

Please provide the bank details where the payments will be paid.

**Bank/Financial Institution**

**Account name**

**BSB number**

**Account number**



To avoid any payment delays, please provide a copy of your bank statement so we can confirm your name with the BSB and account numbers (you can black out the financial details).

## Section 6 | Your investment choice

Before completing this section, First Super recommends you read the Investments section 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            |
|---------------------------|------------------------|------------------------|
| Shares Plus               | <input type="text"/> % | <input type="text"/> % |
| Growth                    | <input type="text"/> % | <input type="text"/> % |
| Balanced (default option) | <input type="text"/> % | <input type="text"/> % |
| Conservative Balanced     | <input type="text"/> % | <input type="text"/> % |
| Cash                      | <input type="text"/> % | <input type="text"/> % |
| TOTAL must equal          | <b>100</b> %           | <b>100</b> %           |

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

## Section 7 | Nominating your beneficiaries

Please nominate the type of beneficiary option you wish to be implemented in the event of your death.

In the event of your death, the balance of your Retirement Account will be paid to your spouse, dependants or estate. You have the following two options:

- > **Nominating a Reversionary Beneficiary, complete option A.**
- > **Death Benefit Nominations, complete option B.**

☐ **OPTION A. REVERSIONARY BENEFICIARY**

If you choose this option, your spouse will receive the remaining payments.

**Surname**

**Given name(s)**

**Residential address**

**Suburb/Town/City**

**State**

**Postcode**

**Relationship**

**Date of birth (DD/MM/YYYY)**

## Section 7 | Nominating your beneficiaries (continued)

### ☐ OPTION B. NOMINATION OF BENEFICIARIES

Please read the 'Important information about Nomination of Beneficiaries' before you complete this section.

#### Nomination details

Tick one.

☐ This is a Binding Nomination.

☐ This is a Non-Binding Nomination.

#### Beneficiary details

☐ Legal Personal Representative.

All or part of the benefit to be paid to your estate then distributed in accordance with your Will.

OR

Please nominate the beneficiary you would like to receive your death benefit. Remember to write in the % of benefit each should receive and that the total must be 100%.

#### Beneficiary 1

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

Relationship to you

% of benefit

#### Beneficiary 2

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

Relationship to you

% of benefit

#### Beneficiary 3

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

Relationship to you

% of benefit

#### Beneficiary 4

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

Relationship to you

% of benefit

You can nominate more than four beneficiaries by providing their details on a separate piece of paper attached to this form that is signed and dated by you and witnessed in the same manner as this form.

#### MEMBER DECLARATION (MUST BE COMPLETED IN ALL CASES)

I request and direct the Trustee to distribute any benefit payable in the event of my death in accordance with this form. This Nomination Form supersedes any previous nomination of beneficiary. I acknowledge that I have read and understood the Binding Nomination rules below, and that my nomination complies with these requirements.

Please sign here

Date (DD/MM/YYYY)

## Section 7 | Nominating your beneficiaries (continued)

### WITNESS DECLARATION (BINDING NOMINATION ONLY)

I declare I am over the age of 18, not named as a beneficiary on this form and this Binding Nomination was signed by the member in my presence on the date it was signed by me.

#### Witness 1

Surname

Date of birth (DD/MM/YYYY)

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Please sign here

Date (DD/MM/YYYY)

#### Witness 2

Surname

Date of birth (DD/MM/YYYY)

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Please sign here

Date (DD/MM/YYYY)

## Section 8 | Declaration

To apply for membership of the First Super Transition to Retirement Account or Retirement Income account, 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 Retirement products under the terms and conditions of the Trust Deed by which the Fund is operated
- > Acknowledge receiving and reading this *Your Retirement Product Disclosure Statement (PDS)* dated 1 December 2023
- > Acknowledge that I have read and understood the section on Tax File Numbers in the PDS
- > Acknowledge that I have read the section on nomination of beneficiaries contained in the PDS
- > Acknowledge that I have read the Privacy Statement in this PDS and hereby consent to the collection, use, storage and disclosure of my personal information as described therein

- > Acknowledge that, if I have consented, First Super may use my personal details to search for lost superannuation money on my behalf.
- > If I have provided my email address and phone number, I consent to First Super sending me information about my account, First Super's products and services and marketing communications, including third-party products and services, via email, my firstonline account, SMS, Mobile App or phone, in accordance with First Super's Privacy Policy (unless I have opted out). I understand that I can change my preferences at any time by calling the Member Services Team on 1300 360 988, through firstonline or the Mobile App.

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Signature

Date (DD/MM/YYYY)

## Important information about Nomination of Beneficiaries

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### The difference between a Binding and Non-Binding Nomination

A Binding Nomination is an instruction to the Trustee about who is to receive your benefit in the event of your death. The Trustee is legally bound to follow this instruction, provided that the nomination is legally valid and the person(s) nominated qualify for payment under the law when the benefit is paid. A Binding Death Benefit nomination is valid for three years.

A Non-Binding Nomination is a request for the Trustee to pay your benefit in a certain way in the event of your death. It is not legally binding, but is taken into account. The Trustee is obliged to follow the law in working out who should receive a death benefit.

### Who can receive a Death benefit?

A Death benefit can be received by one or more dependants or your legal personal representative (estate).

A dependant is generally a child, spouse (including a de facto or same sex spouse), financial dependant, or a person with whom you have an interdependency relationship. Two people may have an interdependency relationship if:

- > they have a close personal relationship
- > they live together
- > one or each of them provides the other with financial support
- > one or each of them provides the other with domestic support and personal care.

An interdependency relationship may also exist where there is a close personal relationship between two people who do not satisfy other criteria because either or both of them suffer from a physical, intellectual or psychiatric disability.

### Special Rules for Binding Nominations

- > A Binding Nomination must be signed by two witnesses who are at least 18 years old and are not named as beneficiaries. Your witnesses must sign and date the Binding Nomination at the same time as you.
- > This form is invalid if not received by the Trustee before your death.
- > Only your dependants or legal personal representative can be nominated to receive a share of a Death benefit. Whether or not a person is eligible to receive part of your Death benefit is determined at the date of your death.
- > You can amend or revoke a Binding Nomination at any time by sending a new Nomination Form. It is important to update your nominations when your circumstances change.
- > If a person you have nominated dies before you or is not eligible to receive a share of your Death benefit, that person's part will be distributed equally among the surviving nominated dependants and/or legal personal representative.
- > If you do not provide all details requested in this form, or if it is not properly witnessed, the form is a Non-Binding Nomination.
- > If you fail to properly and clearly specify the % of your benefit payable to each person, it will be distributed equally amongst those persons nominated who are eligible to receive a benefit, providing the Nomination Form was otherwise valid.
- > Your Binding Nomination will no longer be binding on the Trustee after three years. You will need to make a new Binding Nomination every three years if you wish to bind the Trustee, otherwise your benefit will be paid at the Trustee's discretion.

### Tax on death benefits

Death benefits paid to dependants (generally limited to your spouse and minor children) are tax-free.

The 'taxable component' of a death benefit paid to non-dependants will be taxed at special rates. For more information, contact the Australian Taxation Office (ATO) on **13 10 20**.

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### Please return this completed form by:

 First Super, PO Box 666, Carlton South, VIC 3053

 [mail@firstsuper.com.au](mailto:mail@firstsuper.com.au)

### Want to know more? We're here to help.

 1300 360 988

 [mail@firstsuper.com.au](mailto:mail@firstsuper.com.au)

 [firstsuper.com.au](http://firstsuper.com.au)

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**Please retain all original documents for future use in case it is required by the Trustee.**

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