Retirement Income account and Transition to Retirement account Membership Application Form

FIRST super

An Industry SuperFund

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 October 2026. 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 or over.

Section 1 | Your personal details

Title (Mr, Mrs, Miss etc)

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

Gender ☐ Male ☐ Female ☐ Other

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, through your firstonline account, our through 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 from the options provided below are required for electronic identification verification. If you don't have a driver licence or passport, please call us on **1300 360 988** for help.

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)*

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)

Current Australian Passport

Full name as it appears on passport

Passport number | **Country of issue** | **Date of expiry** (DD/MM/YYYY) / /

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. You can also complete this step through firstonline after you're registered as a member.

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.

Stop and think: Have you finalised your tax deductions?

N/A or **YES** – great, keep going with this form

NO – Ensure you have received confirmation that your tax deduction has been finalised and processed before you transfer your super to your Retirement Income or TTR account.

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-rata 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**

When do you want your payments to start from? *Please be aware your payments will start after the specified date.*

☐ **As soon as possible** ☐ **Next scheduled payment date** ☐ **Future Date:** / /

First Super Transition to Retirement Account

Tick one of the following:

☐ Minimum amount (See page 10 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 Investing your Retirement Savings on pages 12-21 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.

You can invest in one or a combination of five investment options. Please use whole numbers and make sure your choice equals 100%. If your choice does not equal 100%, the difference may be adjusted through the Balanced option.

I would like to invest in the following investment options:

Investment option	Your investment choice	*Example only*
Shares Plus		–
Growth		10 %
Balanced (default)		40 %
Conservative Balanced		50 %
Cash		–
TOTAL	100 %	100 %

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

Section 7 | Choose how your payments are drawn down

If you have chosen to invest 100% of your money in the Balanced option, or are happy for your pension payments to be withdrawn proportionally across your investment options, go straight to Section 8.

☐ If you would like to choose your own proportion of payments to draw down from each investment option, provide details in column A below. Make sure it totals 100%.

OR

☐ If you would like to draw down your payments in a specific order, please complete column B below.

Investment option	Column A: Payments will be drawn down based on the proportions you list below		Column B: payment order. Please fill in using numbers.
Shares Plus		%	
Growth		%	
Balanced (default)		%	
Conservative Balanced		%	
Cash		%	
TOTAL (must add up to 100%)	100	%	

Section 8 | Nominating your beneficiaries

Please nominate the type of beneficiary option you wish to be implemented in the event of your death. Find out more about who you can nominate as a beneficiary on page 22 of this PDS.

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 1.**
> **Death Benefit Nominations, complete option 2.**

☐ **OPTION 1. REVERSIONARY BENEFICIARY**

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

Surname

Given name(s)

Residential address

Suburb/Town/City | **State** | **Postcode**

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

☐ **OPTION 2. NOMINATION OF BENEFICIARIES**

Nomination details

Tick one box.

This is a: ☐ Non-Lapsing Binding Nomination, or ☐ Lapsing Binding Nomination. > Please complete section A, B and C.

This is a: ☐ Non-Binding Nomination. > Please complete section A and B.

To make sure your nomination is valid, read page 24 to see who can be nominated as a beneficiary.

Section A: Name your beneficiaries

The total % of your nomination must add up to 100%. It if doesn't, it will be invalid.

☐ **Legal Personal Representative** — **% of benefit**

Beneficiary 1: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Beneficiary 2: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Beneficiary 3: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Beneficiary 4: Full name — **Date of birth** (DD/MM/YYYY) / /

Relationship to you – tick one box only. — **% of benefit**

☐ **Spouse** ☐ **Child** ☐ **Financial dependant** ☐ **Interdependent relationship**

Have more than four beneficiaries? Provide their details on a separate piece of paper and attach it to this form. Make sure any additional Binding Nominations are signed, dated and witnessed (refer to section C).

Section 8 | Nominating your beneficiaries *(continued)*

Section B: Member declaration

I request and direct the Trustee (First Super) to distribute any benefit payable when I die in accordance with this form. This form supersedes any previous beneficiary nomination I have made.

I acknowledge that I have read and understand the information about Binding Nominations on page 25 and my nomination meets these requirements.

I confirm that I am authorised to provide the personal details included on this form and I consent to my information being checked by First Super or the official record holder via third-party systems for the purpose of confirming my identity.

Please sign here

✗

Date (DD/MM/YYYY)
/ /

Section C: 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 9 | 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 October 2026.

> 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)
/ /

Please return this completed form by:

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

mail@firstsuper.com.au

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

1300 360 988

mail@firstsuper.com.au

Download the First Super app to manage your account

firstsuper.com.au

This application is part of the First Super Your Retirement Product Disclosure Statement, dated 1 October 2026
First Super Pty Ltd ABN 42 053 498 472, AFSL No. 223988.