

Allocated Pension Membership Application Form



This application form is part of First Super's Plan for Retirement and Start Retirement Product Disclosure Statement (PDS) dated 1 November 2018. Please read the PDS before completing this application.

I am applying for a **Transition to Retirement Pension Account**
For people who are still employed and have reached preservation age.

OR

I am applying for an **Allocated Pension 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.

1. Your personal details

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

Surname

Given name(s)

Residential address

Town/Suburb/City State Postcode

Postal address (if different from above)

Town/Suburb/City State Postcode

Telephone (home) Telephone (work) Mobile number

Email

2. 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 First Super Pension Account.

Fund name	Membership number (if known)	Approximate amount of rollover \$
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Note: please complete and sign a separate 'Roll-in 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 account balance, retaining a minimum account balance of \$1,000 to keep it open.

3. Your pension payment details

Legislation requires you to draw at least a minimum pension amount each financial year based on your age and your pension account balance. The amount may be reduced 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 pension payments:

Fortnightly Monthly Quarterly Half-yearly Yearly

First Super Transition to Retirement Pension

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 Allocation Pension

Tick one of the following:

Minimum amount per annum

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

4. Your Bank Account details

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

Bank/Financial Institution

Account name

BSB number

Account number

5. 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	100 %	100 %

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

6. 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 Pension Account will be paid to your spouse, dependants or estate. You have the following two options:

- > Nominating a Reversionary Beneficiary (spouse only), complete option A.
- > Death Benefit Nominations, complete option B.

OPTION A. REVERSIONARY BENEFICIARY

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

Surname

Given name(s)

Residential address

Town/Suburb/City

State

Postcode

Relationship

Date of birth (DD/MM/YYYY)

OPTION B. NOMINATION OF BENEFICIARIES

Please read the 'Important Information' overleaf 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)	Relationship	Date of birth	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 2

Surname	Given name(s)	Relationship	Date of birth	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 3

Surname	Given name(s)	Relationship	Date of birth	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary 4

Surname	Given name(s)	Relationship	Date of birth	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

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

Town/Suburb/City

State

Postcode

Please sign here

Date (DD/MM/YYYY)

Witness 2

Surname

Date of birth (DD/MM/YYYY)

Given name(s)

Residential address

Town/Suburb/City

State

Postcode

Please sign here

Date (DD/MM/YYYY)

Important Information about Nomination of Beneficiaries

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 and may be appropriate if your personal circumstances are stable.

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.

A Non-Binding Nomination may be appropriate if your personal circumstances are unsettled.

Who can receive a Death benefit?

A Death benefit can be received by one or more dependants, your legal personal representative (estate) or, if neither of these exist, another person.

A dependant is generally a child, spouse 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.

Examples of interdependency relationships may include:

- > Same sex couples who reside together and are interdependent
- > Siblings who reside together
- > An adult child who resides with and cares for an elderly parent.

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.
- > 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.
- > Your Binding Nomination will cease to have effect if you subsequently marry, remarry or divorce. You can amend or revoke a Binding Nomination at any time by sending a new Nomination Form.
- > 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 amongst 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 percentage 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.

7. Declaration

To apply for membership of the First Super Transition to Retirement Pension or Allocated Pension, 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 Allocated Pensions under the terms and conditions of the Trust Deed by which the Fund is operated
- > Acknowledge receiving this First Super Allocated Pensions Product Disclosure Statement (PDS) and have read this document
- > Acknowledge that I have read and understood the section on Tax File Numbers in the PDS.

Please sign here

Date (DD/MM/YYYY)

Please return this completed Form by

Mail First Super
PO Box 666
Carlton South, VIC 3053

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

Call 1300 360 988
Email mail@firstsuper.com.au
Website firstsuper.com.au

This application is part of the First Super Plan for Retirement & Start Retirement Product Disclosure Statement dated 1 November 2018.
First Super Pty Ltd ABN 42 053 498 472, AFSL No. L223988.

COMPLETING PROOF OF IDENTITY

You need to provide documentation with this request to prove you are the person to whom the superannuation entitlements belongs.

Acceptable Documents:

OPTION 1 Primary ID

One of the following documents only:

- > A current driver's licence issued under State or Territory law; or
- > A current passport.

OPTION 2 Secondary ID

Two documents are required if you are unable to supply a document from Option 1

Two certified documents from the following:

- > Birth certificate or birth extract.
- > Citizenship certificate issued by the Commonwealth.
- > Pension card issued by Centrelink that entitles the person to financial benefits.
- > Letter from Centrelink regarding a Government assistance payment.
- > Notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example:
 - > Tax Office Notice of Assessment
 - > Rates notice from local council

All proof of identification documents must be certified.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents.

Purpose	Suitable Linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths & Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

Certification of Personal Documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) must be certified as true copies by individuals approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace, Police Officer - including police stamp and badge number, etc) date, contact address and phone number.

Those who can certify documents as being true and correct copies include:

- > Finance company officer, a bank officer, a building society officer or a credit union officer who has five or more years of continuous service
- > Financial adviser or financial planner
- > Notary public officer or a Commissioner of Affidavits or a Commissioner for Declarations
- > Police officer
- > Justice of the Peace
- > Australian consular officer or an Australian diplomatic officer
- > Judge, Magistrate, Chief Executive Officer of a Commonwealth court, clerk of a court, registrar or deputy registrar of a court
- > Migration agent
- > Teacher employed on a full time or part time basis
- > Legal practitioner, patent attorney, trade marks attorney
- > Medical practitioner, dentist, nurse, chiropractor, midwife, occupational therapist, physiotherapist, pharmacist, optometrist and psychologist
- > Veterinary surgeon.

Proof of identification documents cannot be accepted by fax or email.



Tax file number declaration

This declaration is NOT an application for a tax file number.

■ Use a black or blue pen and print clearly in BLOCK LETTERS.

■ Print X in the appropriate boxes.

■ Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the ATO, provide your previous family name.

4 What is your date of birth? / /

5 What is your home address in Australia?

Suburb/town/locality

State/territory Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check) Yes No

8 Do you want to claim the tax-free threshold from this payer?
Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
Yes No Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration (NAT 3093). No

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No
(b) Do you have a Financial Supplement debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature Date / /

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

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer Date / /

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

4 What is your business address?

Suburb/town/locality

State/territory Postcode

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT
See next page for:
■ payer obligations
■ lodging online.



30920716

Sensitive (when completed)



Withholding declaration

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) quoting your tax file number or claiming an exemption from quoting it, before you can make a *Withholding declaration*.

- Refer to the Instructions to help you complete this declaration.
- Print neatly in BLOCK LETTERS.
- 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

3 What is your tax file number (TFN)?

➤ For information about tax file numbers, see instructions.

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 Are you an Australian resident for tax purposes? Yes No You must answer **no** at question 5.

5 Are you claiming or do you want to claim the tax-free threshold from this payer? Yes No You must answer **no** at questions 7 and 8.

6 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? Yes No

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

7 Do you want to claim or vary your tax offset by reducing the amount withheld from payments made to you? Yes No

Insert your estimated total tax offset amount. **\$**

8 Do you want to claim or vary the seniors and pensioners tax offset entitlement 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

DECLARATION BY PAYEE

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

- ⊖ The tax laws impose heavy penalties for giving false or misleading statements.

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

Signature of payee

Date ^{Day} / ^{Month} / ^{Year}

Section B: Payer's declaration

- 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 4 and 5 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 6 will require an amount to be withheld as specified in the HELP/SSL/TSL tax tables or Student Financial Supplement Scheme tax tables.

A **yes** answer at question 7 or 8 will generally require a variation of the rate of withholding specified in the tax tables.

DECLARATION BY PAYER

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

- ⊖ The tax laws impose heavy penalties for giving false or misleading statements.

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

Signature of payer

Date ^{Day} / ^{Month} / ^{Year}

Written notice

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

- the payee has given a completed *Tax file number declaration* to the payer, or they have entered into a voluntary agreement with the payer.
- the payee has notified the payer of the varied rate of withholding in writing on this approved form at section A.

Storing and disposing of withholding declarations

The information in the completed *Withholding declaration* form must be treated as sensitive. Once you have completed, signed and dated the declaration, file the declaration form. **Do not send the declaration to us.**

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 us.**

Sensitive (when completed)