

PENSION APPLICATION FORM

1. MEMBER DETAILS

Write the full name that you wish to appear on your statements and other correspondence that we send you.

Title: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other _____

Surname: Clarke

Given Name(s): John Duncan

Date of Birth: 13/11/1946 Gender: Male ☒ Female ☐

Mailing Address: 10 Grundy Street, Westbrook, QLD

Postcode: 4350

2. TAX FILE NUMBER (TFN) DETAILS

You are not legally required to provide us with your TFN. However, if you have not provided us with your TFN, your pre-retirement contributions and pension payments may be taxed at the top marginal tax rate plus Medicare levy, and we will not be able to accept any pre-retirement non-concessional contributions from you.

TFN: 185-547-659

3. NON-COMMUTABLE PENSION

Do you wish this account to be a non-commutable pension?

(Refer to the Product Disclosure Statement for information about non-commutable pensions.)

☐ Yes

☒ No

4. BENEFICIARY NOMINATION

You can nominate one or more beneficiaries to receive the benefit from your pension and insurance (if any) in the event of your death, provided you have nominated a dependant as defined under superannuation law. Refer to the Product Disclosure Statement for more information.

Do you wish to nominate a beneficiary?

☐ No – go to section 6.

☒ Yes – complete the next question.

Do you wish to nominate a reversionary beneficiary?

Note: You cannot nominate a reversionary beneficiary once your pension has commenced. For more information about reversionary beneficiaries, including who can nominate, refer to the Product Disclosure Statement.

Important information about making a reversionary beneficiary nomination:

- The longer of you or your reversionary beneficiary's life expectancies will be used to calculate the deductible amount for the purposes of assessing your eligibility for Social Security benefits.
- You may **only** nominate a **tax dependant** as your reversionary beneficiary. Please see the Product Disclosure for more information or speak to your financial adviser.
- At the date of your death, the person you select must meet the description you have specified below. For example, your spouse must still be your spouse at the date of your death. Unless your nominated beneficiary meets that description, we will not automatically pay a benefit to them even if they qualify on another ground, for example, as being a financial dependant.
- There may be tax implications and estate planning implications involved in nominating eligible dependants. **PLEASE SPEAK TO YOUR FINANCIAL ADVISER AND LEGAL ADVISER** before completing section 5.
- Refer to 'what happens on death?' in Part 1 of the Product Disclosure Statement for more information.

☐ No – Consider completing a Binding Death Nomination form **AFTER CONSULTATION WITH YOUR LEGAL ADVISER** then go to section 6

☒ Yes – please complete section 5.

5. REVERSIONARY BENEFICIARY DETAILS

Title: Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other _____

Surname: Clarke

Given Name(s): Sandra Kay

Date of Birth: 03/10/1948

Gender: Male ☐ Female ☒

Relationship to Self: Spouse ☒ Child ☐ Financial Dependant ☐ Interdependant ☐
(including de facto)

Share of Benefit

1	0	0
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 .

0	0
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 %

Mailing Address: 10 Grundy Street, Westbrook, QLD

Postcode: 4350

6. PENSION PAYMENT DETAILS

If you commence your pension in the middle of a financial year (between 1 July and 30 June), your annual pension amount will be pro-rated. Income will be adjusted to remain within Government limits. Refer to the Product Disclosure Statement for details about pension payments. We recommend you discuss the amount with your financial adviser.

6a. STANDARD PENSION

Complete this question if you ticked 'No' in response to the question in **section 3**.

How much income do you wish to receive from your pension per payment?

☐ The minimum amount

☐ The amount nominated by me: \$ _____

Please specify the amount per payment - This must be at least the minimum amount.

Go to **section 6c**.

6b. NON-COMMUTABLE PENSION

Complete this question if you ticked 'Yes' in response to the question in **section 3**.

How much income do you wish to receive from your pension per payment?

☐ The minimum amount

☐ The maximum amount

An amount (between the minimum and maximum amounts) nominated by me below:

\$ _____ (please specify the amount per payment)

6c. PENSION PAYMENT DATE AND FREQUENCY

How often do you wish to receive your pension payments?

☐ monthly

☐ quarterly (every 3 months)

☐ half yearly (every 6 months)

☐ annually (every 12 months)

When would you like to start receiving your pension payments? ____ / ____ / ____

7. MEMBER DECLARATION AND SIGNATURE

Members Signature: _____

Dated: _____

01/07/2016

Print Member Name: John Duncan Clarke

Capacity:



Member



Power of Attorney



Legal Personal Representative

(tick whichever is applicable)