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Fund ABN 68 964 712 340 | USI 68964712340019

PENSION APPLICATION FORM

Complete this form to apply to become a member of the Future Super Pension.

Please ensure that you read and understand the Product Disclosure Statement (PDS), Target Market Determination (TMD) and Financial Services Guild (FSG) for the Future Super Pension and consider speaking with a financial adviser before completing this form. You can obtain a copy of the Future Super Pension PDS, TMD and FSG from www.futuresuper.com.au or on request by phoning 1300 658 422.

This form may be posted to **GPO Box 2754, Brisbane QLD 4001** or sent via email to **info@futuresuper.com.au**

Section 1 Personal Details

Given name(s)	
Surname	
Title	
Date of birth	
Gender	
Phone number	
Email address*	
Residential address	

City | State | Postcode

* By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies. You can elect to receive communications by post at any time by contacting Future Super on 1300 658 422 or email info@futuresuper.com.au or in writing at **GPO Box 2754, Brisbane QLD 4001. All personal information is collected in accordance with our Privacy Policy and Australian Privacy principles.**

Section 2 Tax File Number

If you are not already the holder of an existing Future Super accumulation account, please provide your Tax File Number.

Tax File Number	

Under the Superannuation Industry (Supervision) Act 1993, the Trustee is authorised to collect your TFN. It's not compulsory to tell us your TFN, nor is it an offence not to do so. However, if you don't tell us your TFN

before-tax contributions and withdrawals are taxed at a higher rate, we can't accept after-tax contributions from you, and it will make it harder to find different superannuation accounts in your name.

☐ By providing my TFN, I declare that I have read and understood the important information about my Tax File Number in the **Future Super Pension PDS** and consent to providing my TFN for the legal purposes stated.

Section 3 Investment Selection

Before choosing how your Pension will be invested, it is important that you understand the risks for your selected investment option and consider the information disclosed in the PDS available at www.futuresuper.com.au, to determine whether the investment option(s) are appropriate for you.
If you don't choose an investment option on this form, your application cannot be accepted.

Please note:

- The option(s) you choose must be whole percentage amounts totalling 100%.
- When selecting your investments, there is a minimum weighting of 5% in each investment option.
- If you want to change your investment strategy after you commence your pension, you can switch your investments in your Member Online Account.

I want my account balance to be invested in the following investment options:

Options	Current Account Balance
Sustainable Growth	%
Sustainable Balanced Growth	%
Sustainable Moderate	%
Total	**100%**

Section 4 Source of Funds

Please indicate the source(s) of funds that will be used to establish your pension account.

Rollover from my Future Super accumulation account	□ Yes	□ No
Rollover from one or more other superannuation funds Please also provide a completed rollover form available on the Fund website	□ Yes	□ No

If you are rolling over money from one or more other superannuation funds, you will need to complete a Rollover Form available from www.futuresuper.com.au or on request by calling 1300 658 422 and provide it to us together with this Form.

If you would like to start a pension account by making a personal contribution, you will need to complete an accumulation account application at www.futuresuper.com.au/join and make a personal contribution through your online account. Once you have done this and the contribution has been received, you may complete this form and select "Rollover from my Future Super accumulation account" in the section above.

If you are rolling over from your Future Super accumulation account, please provide your Future Super Member Number and indicate if you will be moving a specific amount or the full balance below.

Future Super Member Number ☐

☐ I wish to rollover my full balance from my Future Super accumulation account
I understand that this will result in the closure of my accumulation account and the loss of any insurance cover I held through this account.

Or

☐ I wish to rollover $_____ from my Future Super accumulation account.

I understand that balance should be left in my accumulation account if I wish to continue to hold insurance cover through this account.

Section 5 Condition of Release

Permanently retired is defined as never being gainfully employed again for more than 10 hours per week. Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, calling, occupation or employment. If you are eligible, please complete one of the following declarations to allow your benefit payment to be processed.

☐ I have reached my preservation age, have ceased employment and permanently retired from the workforce.
☐ I am at least 60 years of age and I have changed jobs since attaining age 60.
☐ I am at least 65 years of age.
☐ Other (please specify):

_____

Section 6 Payment Instructions

Your first payment will generally be made on the 15th of the month following the month that we receive your completed application. We will confirm your payment start date once your pension has been established.

Please indicate the frequency you wish for your payments to be made:

☐ Monthly
☐ Quarterly
☐ Half-yearly
☐ Annually

Please indicate the amount you will regularly withdraw from your pension account:

☐ The minimum allowable payment*

☐ A specific amount of $_____ per payment

*Please note that all new pension members who elect the minimum amount will be paid the standard minimum (see section 3 of the Future Super Pension PDS for details).

Choose which investment options to draw down your pension payments (and any other deductions from your account).

- If no selection is made your payments will be deducted on a pro-rata basis in reference to the value held in each investment option.
- Must be whole percentage amounts totalling 100%.

Options	**Percentage**
Sustainable Growth	%
Sustainable Balanced Growth	%
Sustainable Moderate	%
Total	**100%**

Section 7 Bank Account Details

Please provide us with the details of the Australian bank account that you would like your regular pension payments to be made into. The account must be in your name or in an account held jointly between you and another person.

Account Name	
BSB	
Account Number	

Please attach a copy of acceptable evidence of your nominated Australian bank account (e.g. a recent bank statement) to confirm your bank name, BSB, account name and number.

Section 8 Verification of Identity

By providing the information below you authorise us to validate your identity and perform an anti-money laundering and counter terrorism financing check using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.

You must provide at least 2 of the following. Please provide all 3 of the following if possible:

Australian Passport

Please complete the details exactly as they appear on your Passport.

Passport number

First and middle names (if applicable)

Last Name

Date of Birth

Medicare Card

Please complete the details exactly as they appear on your card.

Card number

Reference number

First and middle names (if applicable)

Last Name

Date of Birth

Card Expiry date

Australian Drivers Licence

Please complete the details exactly as they appear on your Licence.

Licence number

Card Number

First and middle names (if applicable)

Last Name

Date of Birth

State of Issue

Section 9 Nominating a Beneficiary

You can choose between nominating a reversionary beneficiary to continue to receive your pension payments following your death, or one or more beneficiaries to receive your account balance as a lump sum following your death. For more information, see Section 4 - Nominating Beneficiaries of the Future Super Pension PDS. As there are different tax and social security consequences depending on who receives your pension after your death, we recommend that you seek tax and financial advice from a qualified adviser when making or changing any nomination of beneficiary.

Please choose one option only.

☐ Option 1 – I want to make a reversionary beneficiary nomination

If you do not nominate a reversionary beneficiary before your pension commences, you cannot do so later. A reversionary beneficiary nomination can only be changed under exceptional circumstances. Please enter the details of your reversionary beneficiary below. You can find further details about the types of beneficiaries you can make in Section 4 of the Future Super Pension PDS available at www.futuresuper.com.au

☐ Option 2 – I want to make a beneficiary nomination

Please indicate from the below options if this nomination will be a Non-lapsing Binding nomination, or a non-binding nomination. You can find further details about the types of beneficiaries you can make in Section 4 of the Future Super Pension PDS available at www.futuresuper.com.au

☐ I wish to make a Non-Lapsing Binding Nomination*

☐ I wish to make a Non-Binding Nomination**

*Provided your binding nomination is valid at the time of your death, the Trustee will be bound to follow it. A non-binding nomination will be considered by the Trustee in distributing your death benefit, but depending on if your circumstances had changed the Trustee may make a different decision. In order for your nomination to be a valid binding nomination, two witnesses must sign and date the declaration below it.

**The Trustee will have regard to your preferred beneficiary nomination but may decide to pay your death benefit differently. Please enter the details of one or more preferred beneficiary below.

Beneficiary Details
Please tick one of the boxes below:

☐ I would like to nominate my Legal Personal Representative
(Please note if you tick this box, you cannot nominate individual beneficiaries below)

OR

☐ I would like to nominate the beneficiary or beneficiaries listed below

Beneficiary 1

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 2

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 3

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 4

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

Beneficiary 5

Full Name	**Date of Birth**	**% of benefit**

Relationship to you (select one box only)
☐ Spouse/De facto ☐ Financial Dependant
☐ Child ☐ Interdependency Relationship

If you need to nominate more than 5 beneficiaries, please include more than one copy of this page.

By nominating a beneficiary, I declare that:

- In the event of my death any benefit payable should be paid in accordance with the instructions on this form.
- I understand that to the extent my nomination is non-binding or invalid the Trustee may not pay my benefit to the person(s) named in this form.
- It is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
- I have read, understood and agree to the above declarations.

×…… ……../……./……

Signature Date

If you are making a binding nomination, two witnesses must sign and date this declaration.

I declare that:

- I am 18 years of age or over; and
- I am not a nominated beneficiary of this member; and
- this binding nomination was signed and dated by the member in my presence.

Witness 1

×

…… ……../……./……

Signature Date

…… DOB ……../……./……

Print name

Witness 2

×

…… ……../……./……

Signature Date

…… DOB ……../……./……

Print name

Section 10 Declaration and Signature

By completing the application form, I declare that:

- I have received all the information I require in order to exercise the choices I have made. All the details I have provided in this application form are true and correct. I have read and understood the Product Disclosure Statement to which this application applies, and I have made an informed decision.
- I have read and understood the Privacy Policy.
- I have included evidence of my nominated Australian bank account with this application.
- I accept that I will be bound by the provisions of the Trust Deed and rules which govern the operations of Future Super.
- I authorise the exchange of my personal information securely with the third-party Green ID validation provider for the purposes of verifying my identity
- I acknowledge that no representations have been made to me by or on behalf of Future Super other than those contained in the Product Disclosure Statement.
- I understand the nature of the risks attached to the investments I am applying for and acknowledge that neither Future Super, nor the Trustee of the Fund, guarantee a return of capital or the performance of my investment.

Before you sign this Application Form, the Trustee is obliged to give you a PDS and TMD for the Future Super Pension (which is a summary of important information relating to this product). The Future Super Pension PDS and TMD can be obtained from www.futuresuper.com.au or on request by phoning 1300 658 422. The PDS will help you to understand and decide if the Future Super Pension is appropriate to your needs.

x

…… ……../……/……

Signature Date

Note that signatures must be made by hand. We do not accept electronic signatures.

……..

Print Name

PRIVACY STATEMENT: By signing this form you consent to Future Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.futuresuper.com.au/privacy or phone 1300 658 422.