smart Monday | PENSION

Member kit

(includes Application form)

Preparation date: 22 November 2024

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What to do next

After you've read the Product Disclosure Statement (PDS), just complete the following steps.

Complete the application form

When completing the form, you should:

- Select the type of pension you want.
- Choose how you would like your pension account balance invested
- Choose the frequency of your pension payments and a regular date when you would like to receive them.
- Provide Bank account details for your payments
- Choose your annual pension payment amount
- Sign and date your application
- Provide information so we can validate your identity, or provide certified proof of ID

Make sure you provide authority to validate your ID or certified proof of ID, a residential address, and acceptable evidence of your nominated bank account (such as a recent bank statement). (See the back of the *Application* form for more information).

Get your super together

It helps to get all your super rollovers and contributions together before investing in a pension (since you cannot add or contribute to a pension once it has started).

- If you've already got a smartMonday super account with us, nominate the amount you would like to transfer across to commence your pension (on page 5 of the *Application* form).
- Search 'Consolidation' at **smartmonday.com.au**
- **Paper forms:** Send us a completed *Request to transfer whole balance of superannuation benefits between funds* form for any super you want to bring across from other super funds you have. The form is available in this Member kit or on the forms and docs section of our website. You'll need a separate form if you have money in multiple super funds.

Please note:
If you haven't already got a superannuation account with smartMonday, and you don't want to use your existing super fund to get your super monies together, you may want to consider applying for a smartMonday PRIME personal account, a product issued by the trustee. The PDS is available at **smartmonday.com.au** or call us on **1300 614 644** for more information. You should consider the PDS in deciding whether to acquire a smartMonday PRIME account.

Nominate a beneficiary

It's important to let us know who you would like to leave your superannuation money to when you die. There are three death benefit nomination options available to you in a smartMonday PENSION:

- reversionary
- binding
- non-binding

See page 6 of the *Application* form to nominate your beneficiaries, and ensure your nomination is witnessed (where applicable).

Appointing a financial adviser

To appoint a financial adviser to your smartMonday account, complete and return a *Authority to Advise* form available from **smartmonday.com.au**

Verifying your identity

We are required to verify your identity before you can commence your smartMonday PENSION. See pages 7, 9 and 10 for more information about requirements.

Where to send your completed forms?

Please be aware that transfers to the Pension will only be processed after original application forms and any other required documentation have been received by us by post.

- **Post to:** GPO Box 1202, Brisbane QLD 4001

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Application form

Complete this form to join smartMonday PENSION ('the fund'). You must be an Australian citizen, New Zealand citizen or permanent resident of Australia.

If you don't already have a super account with us, see the instructions on the inside-front cover of the Member kit.

Your membership

Tick the box that applies to you and complete your details:

☐ New member

☐ Existing member Member number (if known)

Your pension type

Choose a Retirement Pension or Transition to Retirement Pension

Tick the box that applies to you:

☐ Retirement Pension (RP)

☐ Transition to Retirement Pension (TTR)

Your details

* See the section '*Providing your TFN*' later in the application form which explains the consequences of not providing your TFN.

Given name/s

Surname

Date of birth

Gender (M,F)

Tax File Number (TFN)*

Phone

Email

Residential Address

Suburb

State

Postcode

If your postal address is different from your registered address, please provide details.

Postal address

Suburb

State

Postcode

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001

Issued by Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757, RSE Licence L0001458 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). smartMonday is a registered trading name of smartMonday Solutions Limited (ABN 48 002 288 646). smartMonday products are part of the Fund.

Investment options

Choosing your investments is important and may significantly affect the amount of pension benefit you receive. You should read the latest information in the PDS available on the website at **smartmonday.com.au. If you don't choose an investment option on this form, your application cannot be accepted.** Please note:

- The options you choose must total 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 commencing your pension, you can switch between investment options online or by sending us a completed *Switching investment options* form available on the website.

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

Option	Current account balance (%)
High Growth	
Growth	
Balanced Growth	
Moderate	
Defensive	
Cash	
Total	**100%**

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Pension income payment details

Frequency of payments

How frequently would you like to receive your pension payments? Select one option only.

☐ Monthly

☐ Quarterly (Default: March, June, September, and December)

☐ Half-yearly (Default: June and December)

☐ Yearly (Default: June)

- If you don't make a selection payments will be monthly.
- All payments are made on the 15th of each month, commencing in the month this form is received or the following month if received on the 10th or later. Payments should reach your bank account no later than the 21st.

Commencement of payments

When would you like your payments to commence? Select the appropriate option.

☐ Date of first payment _____ *(complete month and year)*

☐ First available payment date after receipt of my investment

According to current Government rules, pension payments and withdrawals from a TTR pension account will be drawn from your pension benefit in the following order:

- unrestricted non-preserved component
- restricted non-preserved component
- preserved component.

Bank account details for payments

Your pension payments are made electronically via direct credit to your bank account. Complete your account details below. Note that we can only make payments to an Australian Bank account.

Account name

Name of financial institution

BSB number

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.

Pension income payment details (*continued*)

Pension payment amount

Complete according to the type of pension you are applying for. Depending on your age and the type of pension, tax may be deducted from your payments. Any amounts you request below should be on a before-tax basis.

I would like my annual pension payment to be paid as indicated.

☐ **Retirement pension**

- ☐ The minimum allowed under Government rules[1]
- ☐ The following annual amount that is above the Government minimum $ _____ or _____ %

☐ **Transition to retirement pension**

- ☐ The minimum allowed under Government rules[1]
- ☐ The maximum allowed under Government rules[1]
- ☐ The following annual amount that is above the Government minimum limit but below the maximum $ _____ or _____ %

[1] Your payment will automatically be adjusted on 1 July each year in order to maintain this instruction.

- Minimum annual pension payments are worked out on a pro rata basis if you start your pension on a date other than 1 July. See the PDS for more information.
- If you have elected to commence a TTR on a date other than 1 July and you wish to have the maximum reduced in line with the remaining months in the financial year, please nominate an amount in the 3rd box under *Transition to retirement pensio*n above.

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

- If you don't complete this section, your payments will be drawn in proportion to your current investment allocations.
- Must be whole percentage amounts totalling 100%.

Options	%
High Growth	
Growth	
Balanced Growth	
Moderate	
Defensive	
Cash	
Totall	100%

Transferred benefits/rollovers into your pension account

Please indicate below the source and amount of your rollover(s) from your super accounts. See the *Get your super together* instructions on the inside-front cover of the Member kit, or call us if you need help.

I'm transferring from an existing smartMonday account

☐ Transfer full balance and close account. I understand any insurance cover in my smartMonday account will cease.

☐ Transfer full balance less $6,000 to keep my account open and maintain insurance (if any)

☐ Transfer nominated amount of $
Please ensure that you leave a minimum balance of $6,000 to keep your existing account open.

Note: If you are commencing a TTR pension account, you must keep your smartMonday account open and leave a minimum balance of $6,000 in your account.

IMPORTANT:

> **I**f you intend to claim a tax deduction for any personal (voluntary) contributions paid into your smartMonday account, it's important that you do this **BEFORE** your commence your pension account. Please complete the Notice of intent to claim a tax deduction form and return it to us first.

☐ No, I don't intend to claim a tax deduction

☐ Yes, I intend to claim a tax deduction and have provided my Notice of intent to smartMonday

I'm transferring from another superannuation fund

Superannuation fund 1

Name of fund

Member/Account number

Approximate amount ($)

Superannuation fund 2

Name of fund

Member/Account number

Approximate amount ($)

If you have additional transfers, please write them on a separate piece of paper and attach to this form.

In addition to completing the above, you must also complete the following forms, if relevant:

> If you are transferring funds from only one other super fund you will need to complete and sign a *Rollover initiation request to transfer whole balance of superannuation benefits between funds* enclosed with this kit.

> If you are transferring funds from more than one other super fund all these transfers must first be consolidated into your smartMonday account, or another super fund of your choice.

> If you haven't already got a superannuation account with smartMonday, and you don't want to use your existing super fund to get your super monies together, you may want to consider applying for a smartMonday PRIME personal account, a product issued by the trustee. The PDS is available at smartmonday.com.au or call us on 1300 614 644 for more information. You should consider the PDS in deciding whether to acquire a smartMonday PRIME account

When we receive all funds, your smartMonday PENSION account can commence.

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Nominate your beneficiaries

There are three options available to you in the details are given below. See the PDS for more information.

☐ **Reversionary beneficiary nomination** (*complete the Reversionary beneficiary nomination section below*)

☐ **Binding death benefit nomination** (*complete and return the Binding nomination of beneficiaries form at the back of this kit)*

☐ **Non-binding nomination** (*a non-binding nomination can be set up online once you open your account and receive your log in details or you can complete and return a Change member details and options form which is available on our website or by calling us on 1300 614 644*

Reversionary beneficiary nomination

- You can only nominate a spouse as a reversionary beneficiary in your smartMonday PENSION account
- Your spouse will receive your pension as an income stream on your death (subject to approval by the trustee)
- If your personal circumstances change (eg divorce, your spouse dies before you) and you want to change your reversionary beneficiary details or remove them, you will need to complete and return a new smartMonday PENSION *Application* form (noting the change). The pension will be commuted and new pension will be set up with the amended beneficiary information.

Spouse's full name

Date of birth

☐ Please tick if your spouse's postal address is the same as yours, otherwise provide spouse's postal address below:

Postal address

Your retirement declaration

If you want to commence a retirement pension, you must satisfy one of the following 'conditions of release'. Tick the box that applies to you.

Note: If you're applying for a TTR pension account, you don't need to complete this section. However, please note that you must be over your preservation age to commence a TTR pension account. Your account will automatically convert to a retirement pension when you reach age 65.

☐ I have retired permanently from the workforce

☐ I have ceased paid employment since turning age 60

☐ I have reached age 65

☐ I am permanently incapacitated/terminally ill*

☐ Other reason

* Additional requirements apply, please call us on 1300 614 644.

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Verification of Identity

Please selection **one** option below:

☐ **Option 1 - I want to use electronic verification**

By providing the information below you authorise us to validate your identity 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. If you are unable to provide this information you will need to provide certified ID as per option 2.

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 Driver Licence
Please complete the details exactly as they appear on your card

Licence Number

Card Number

First and middle names (if applicable)

Last Name

Date of Birth

State of Issue

☐ **Option 2 - I want to provide paper copies of certified ID**

Please see pages 10 and 11 for proof of identification requirements. Please ensure that you provide photocopies of your original identification documents and that they are correctly certified. Each page must be certified as a true copy.

Note: If the documents you provide are not correctly certified or are unable to be read you authorise us to validate your identity using a third-party green ID validation provider, including confirming your document is valid with the original document issuer.

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Privacy

The fund is subject to the trustee's privacy statement, which is available at **eqt.com.au/global/privacystatement**

Providing your Tax file number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. Your TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

It is not an offence if you choose not to quote your TFN. But, if you do not tell us your TFN, either now or later, you may pay more tax.

Your declaration and agreement

I declare that:

- I am an Australian citizen, New Zealand citizen or permanent resident of Australia.
- On being admitted as a member of the fund I will be bound by the trust deed and the rules thereunder. I acknowledge that I have received and read the smartMonday PENSION Product Disclosure Statement (PDS).
- I understand the information about the importance of providing my Tax File Number (as outlined above and in the PDS).
- I have read the trustee's privacy statement and consent to my personal information and sensitive information being handled in accordance with that statement.
- If I am disclosing personal information about another person (e.g. spouse), I have obtained their consent to disclose their personal information to you and I have made them aware that you may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If I have not obtained the consent of the other person, I will inform you of such.
- I understand that on written notification of my death, any benefit attributable to me may be switched to the **Cash investment option**, unless I have nominated a reversionary beneficiary on my account.
- If I have made a reversionary beneficiary nomination, I declare that my beneficiary is my current spouse. I understand that any reversionary nomination will take precedence over any other nominations I make in future on this account, and any changes to an existing reversionary nomination will require me to commute my pension and complete an application form for a new pension.
- I authorise the exchange of my personal information securely with the Green ID service provider for the purposes of verifying my identity, if necessary.
- I have fully read this form and the information provided is true and correct.

Your signature

Date

Important information about proof of ID

Supporting documents that you need to provide

Identification

We are required under the rules of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to verify a member's identity when making a payment or transfer. **Your application must be accompanied by a 'certified' copy of a photo ID (eg passport details page or driver's licence).**

Where a photo ID is not held, we will accept a certified copy of one document from list 'A' plus one document from list 'B' below.

List A

- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits.

List B

- Letter from Centrelink regarding a Government assistance payment
- Notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address. For example:
  - Tax Office Notice of Assessment
  - Rates notice from local council.

Change of name

If you have changed your name you must produce certified copies of 'link' documents. Link documents prove that a relationship exists between two or more names.

In the event that you have changed your name by marriage or divorce, the link documents you would be expected to provide would be a certified copy of a marriage certificate or a decree nisi (divorce certificate). In both cases, there must be evidence of your current name and previous name or names.

If you have changed your name legally you will need to provide the trustee with a certified copy of a change of name certificate or deed poll from the Registry of Births, Deaths and Marriages or similar body in your State.

Signing on behalf of a member

If you are signing on behalf of a member you must produce a certified copy of a current Guardianship order or Power of Attorney (POA) document. You must ensure that you provide all pages to the trustee, duly certified.

In the case of a POA you must also provide a signed declaration that the POA is current and has not been revoked.

Document certification

Copies of identification documents must be certified by one of the qualified witnesses in the list below.

The witness must sight both the original and the photocopy to ensure they are identical.

The witness then formally certifies each page of the photocopy with the following:

- the words "I certify this to be a true copy of the original"
- their signature
- their printed name
- their qualification as a witness (eg Justice of the Peace)
- their registration number if applicable (eg JP# 123456)
- the date.

Here is an example of formal certification:

I certify this to be a true copy of the original

John Smith

John Smith

Justice of the Peace
Registration # 123456
Dated ……/……/……

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Qualified witnesses for document certification

- Justice of the Peace
- Pharmacist
- Australia Post (Agent)
- Court officer (e.g. Magistrate, Judge, Sheriff, Registrar, Clerk
- Police Officer
- Legal practitioner
- Medical practitioner
- Optometrist
- Chiropractor / Physiotherapist
- Psychologist
- Dentist
- Veterinary surgeon
- Bank / Building Society / Credit Union officer
- Accountant
- Authorised representative of an Australian financial services licence (AFSL) holder
- Member of Parliament
- Australian Consular or Diplomatic Officer
- Member of the Australian Defence Force

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Binding nomination of beneficiaries

Complete this form to make a binding nomination of the beneficiaries you wish to receive your superannuation death benefits in relation to your smartMonday account.

You can also use this form to revoke or change your nomination.

This form must be printed and signed and the original must be returned by post to **smartmonday, GPO Box 1202, Brisbane QLD 4001**.

Section 1
Important Information

A binding nomination is a legally binding instruction to the Trustee on the beneficiaries that should receive your superannuation death benefits in the event of your death whilst a member of the fund. So long as the nomination is valid, the Trustee is bound to follow it. In the event that the nomination is found to be invalid, it will be treated as a non-binding nomination. (See section 7 for more information). If you wish to make a non-binding nomination, you can do so online by logging in at smartmonday.com.au.

On formal notification of your death (e.g. Death certificate), your account balance will be switched to the Cash investment option.

Who can you nominate?

You can nominate your legal personal representative and/or one or more of your dependants or persons whom you have an interdependency relationship, as your beneficiaries. See section 7 of this document for more information.

How long does your nomination last?

Your nomination will be valid for 3 years unless or until you amend or revoke it. You can amend or revoke your nomination at any time. As your personal circumstances change, it's important to keep your nomination up to date. Any new and valid nomination will replace any previous nomination you have made. We will notify you before your nomination is due to lapse and provide you with an option to renew it.

Making a valid nomination

If you have completed your form incorrectly, your binding nomination will not be in force until a correctly completed form is received and acknowledged by the trustee. Please ensure you have nominated appropriate beneficiaries and your form has been witnessed.

Section 2
Personal Details

Given Name

Surname

Member Number

Date of Birth

Phone (Mobile)

Email

Residential Address

City

State

Postcode

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Section 3
Beneficiary Details

If you would like your benefit to be paid (in part or in full) to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option. Otherwise, please complete the beneficiary details below. The total must add to 100%.

☐ Legal Personal Representative % of benefit

Beneficiary 1

Name in Full

% of benefit

Date of Birth

Relationship to you

Beneficiary 2

Name in Full

% of benefit

Date of Birth

Relationship to you

Beneficiary 3

Name in Full

% of benefit

Date of Birth

Relationship to you

Beneficiary 4

Name in Full

% of benefit

Date of Birth

Relationship to you

Beneficiary 5

Name in Full

% of benefit

Date of Birth

Relationship to you

If you would like to add additional beneficiaries, please include a second copy of this page. Note that the total must add to 100%.

Section 4
Revoking Your Nomination

DO NOT COMPLETE THIS SECTION IF YOU ARE MAKING A BENEFICIARY NOMINATION UNDER SECTION 3.

If you would like to revoke/cancel your existing nomination of beneficiaries from your account, but do not wish to make a new nomination at this time, please tick the box below.

☐ I would like to revoke my current death benefit nomination.

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Section 5
Declaration & Signature

By completing this form, I declare that:

- All details I have provided on this form are true and correct.
- I have made an informed decision because I have read and understood the information in the relevant smartMonday Product Disclosure Statement (PDS) and additional information on this form relevant to beneficiary nominations.
- I authorise the Trustee to change the details of my smartMonday account as shown on this form.
- I understand that if this form is invalid or has not been received by the Trustee before I die, the Trustee may not pay my superannuation benefits to the people named in this form. The trustee may treat this as a non-binding nomination and may be guided by it, but otherwise will pay my death benefits at their discretion and in accordance with the superannuation laws.
- I may revoke this nomination at any time by completing a new form.
- I understand that it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
- I understand this form overrides any previous death benefit nomination for this member number.
- I have read and understood the smartMonday Privacy Statement (available at smartMonday.com.au) and understand how smartMonday will use my personal information.
- I consent to my personal information being used for the purposes of making this nomination.
- If I am disclosing personal information about another person, I have obtained their consent to disclose their personal information and I have made them aware that the Trustee may disclose their information to third parties that are reasonably necessary to assist in the processing of this nomination. If I have not obtained the consent of the other person, I will inform the Trustee of such.
- Beneficiaries nominated on this form are considered Dependants under superannuation law, or will be my legal personal representative, at the time of nomination and at the time of a death benefit assessment.

Signature

Date

Section 6
Witness Declaration

TWO WITNESSES MUST SIGN AND DATE THIS DECLARATION TO ENSURE THAT YOUR BINDING NOMINATION IS VALID. WITNESSES MUST ALSO VALIDATE ANY REVOCATION OF YOUR NOMINATION (SECTION 4).

I declare that:

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

Witness 1

Signature

Date

Print Name

Witness 2

Signature

Date

Print Name

RETURN TO: smartmonday, GPO Box 1202, Brisbane QLD 4001

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Section 7

Additional Information and Definitions

You do not need to return this page to us when completing this form.

Dependants

A dependant is:

- The spouse of the person, any child of the person and any person with whom the person has an interdependency relationship at the relevant time (being in the case of a deceased person the date of their death); and
- Any other person who in the opinion of the Trustee is at the relevant time (being in the case of a deceased person the date of their death) wholly or partially dependent on the person for maintenance or support.

Interdependency

Two persons have an interdependency relationship if:

- They have a close personal relationship; and
- They live together; and
- One or each of them provides the other with financial support; and
- One or each of them provides the other with domestic support and personal care.

Making a Valid Nomination

A death benefit will become invalid if:

- One of your beneficiaries dies before you do;
- One of your nominated dependants is not a dependant at the time of your death; or
- The nomination was not made directly by you (it is Trustee policy not to accept nominations through Power of Attorneys, or from anyone other than you).

Nominations must be signed and witnessed to be valid. The form must be returned in hard copy by post, or by scanning and emailing signed copies.

If your nomination is invalid at the time of your death it will be treated as a non-binding nomination. This means the Trustee may be guided by the nomination, but otherwise will pay my death benefit at their discretion and in accordance with the superannuation laws.

Please note: a binding nomination does not override any court orders that may be in place at the time of assessment of your death benefit.

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Australian Government

Completing the form *Rollover initiation request to transfer whole balance of superannuation benefits between funds*

By completing this form, you will initiate a rollover request to transfer the **whole** balance of your super benefits between funds. This form can **not** be used to transfer part of the balance of your super benefits.

You can **not** use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662).

This form will not change the fund to which your employer pays your contributions. The *Standard choice* form must be used by you to change funds.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

WHEN COMPLETING THIS FORM

- Refer back to these instructions where a question shows a message like this: ➤
- Print clearly in BLOCK LETTERS.

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the request form to either your **FROM** fund or your **TO** fund

IMPORTANT INFORMATION

This transfer may close your account – you will need to check this with your **FROM** fund.

This form can **not** be used to:

- transfer part of the balance of your super benefits
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if there is a super agreement under the *Family Law Act 1975* in place

CHECKLIST

- ☐ Have you read the important information?
- ☐ Have you considered where your future employer contributions will be paid?
- ☐ Have you checked your **TO** fund can accept the transfer?
- ☐ Have you completed all of the mandatory fields on the form?
- ☐ Have you signed and dated the form?

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit **ato.gov.au** or call the Australian Taxation Office (ATO) on **13 10 20**.

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your super, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super you will have to retire on – for example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have – other funds may not offer insurance, or may require you to pass a medical examination before they cover you.
- When considering a new fund, you should consider checking the costs and amount of any cover offered.

WHAT HAPPENS IF YOU DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate, plus the Medicare levy, on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

TRANSFERS TO SELF-MANAGED SUPER FUNDS

You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662) to transfer your benefits to your own self-managed super fund (SMSF).

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 and 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) need to be certified as true copies by any individual 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 – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as **true and correct** copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- an agent of the Australian Postal Corporation who is in change of an office supplying postal services to the public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

WHERE DO I SEND THE FORM?

You can send your completed and signed form to either the transferring or the receiving fund.

MORE INFORMATION

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at **moneysmart.gov.au**
- ATO website at **ato.gov.au/super**

For more information about this form, phone the ATO on **13 10 20**.

Australian Government

Rollover initiation request to transfer whole balance of superannuation benefits between funds

under the *Superannuation Industry (Supervision) Act 1993*

COMPLETING THIS FORM
- Read the important information pages
- Refer to instructions where indicated with a ❯
- This form is only for whole (not part) balance transfers.

AFTER COMPLETING THIS FORM
- Sign the authorisation
- Send form to **either** your **FROM** (transferring) or **TO** (receiving) fund.

Personal details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

*Family name

*Given names

Other/previous names

*Date of birth Day / Month / Year

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

❯ See 'What happens if I do not quote my tax file number?'

*Gender Male ☐ Female ☐ Indeterminate ☐

Contact phone number

Residential address

*Address

*Suburb

*State/territory *Postcode

Previous address

❯ If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory Postcode

Fund details

FROM (Transferring fund)

*Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation identifier

! If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

TO (Receiving fund)

*Fund name smartMonday PENSION
part of Smart Future Trust

Fund phone number 1300 614 644

*Membership or account number

Australian business number (ABN) 68 964 712 340

Unique Superannuation identifier 68964712340010

! You must check with your **TO** fund to ensure they can accept this transfer.

Authorisation

By signing this request form I am making the following statements:
- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

***Name** (Print in BLOCK LETTERS)

***Signature**

***Date** Day / Month / Year

*** Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.**

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It all adds up

Done today
Smart easy actions

Positive actions
Grow your wealth

Brighter futures
Someday starts today