



Issued
24 June 2017

Fund
Future Super Fund
ABN 45 960 194 277
Fund registration number R1072914

Trustee
Diversa Trustees Limited
ABN 49 006 421 638
AFSL 235153
Trustee number L0000635

FUTURE SUPER PENSION PLAN MEMBER APPLICATION FORM

This is the form you fill out to become a member of the Future Super pension fund. You should read the Product Disclosure Statement before completing this form. You will need to provide identification information with this application. Future Super uses a third party verification service to process identity checks. Please post the completed form along with your identification information to Future Super, GPO Box 1858, Sydney, NSW 2001 or email it to info@myfuturesuper.com.au

You can also join Future Super Pension online at www.myfuturesuper.com.au

1. Personal Details

Are you an existing accumulation member of Future Super?

Yes, my Future Super member number is _____ No

Personal Details

Title: _____ Surname: _____

Given Names(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female Other

Contact Details

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____ Email: _____

By providing this email address, I agree that Future Super may use this address to provide me with information about my investment (such as transaction confirmations, statements, reports and other material).

2. Tax File Number (TFN)

Tax File Number: _____

By providing your Tax File Number you give Future Super permission to use the TFN for superannuation purposes, such as creating your account and processing any requested fund transfers. The Trustee is authorised to collect TFNs under government legislation.



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3. Pension Type and Declaration

Please select the condition of release allowing you to establish your Account-Based Pension.

- I am aged between 55 and 65 and have permanently retired from the workforce.
- I am aged 60 or over and I ceased a paid employment arrangement after turning 60.
- I am aged 65 or over

4. Initial Investment / Rollover Details

Please select the appropriate options.

If you currently have an accumulation account with Future Super:

- Please transfer all of the funds in my Future Super accumulation account

OR

- Please transfer \$_____ from my Future Super accumulation account

If you would like to make a rollover from another super fund or pension fund:

- I would like to make a transfer from the following funds:

Rollover Details

Name	Member

If you have provided rollover details above, we will transfer your entire balance from these super funds.



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5. Pension Commencement Details

Payment Frequency

Please make my pension payments:

- Monthly Quarterly Half yearly Yearly
(If incomplete, monthly payments will be made)

Pension Commencement

Please start my pension payments:

Month _____ Year _____
(If incomplete, payments will commence after we receive all of the transfer of monies above)

First Year Payment Amount

For Account-Based Pension

Please pay me the following pension in the first year: \$ _____

OR

Please pay me the minimum required by law

Please refer to the PDS for more information.

6. Bank Account Details for Pension Payments

Electronic Funds Transfer

Please provide details of the bank account you would like pension payments made into.

Name of Bank: _____

Account Name *: _____

Account Number: _____ BSB Number: _____

Note: * Payments will not be made to third parties. The account must be in your name for individual accounts or for joint accounts, your name must appear in the 'Account Name'



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7. Reversionary Pension and Beneficiary Details

As a pension member of Future Super you have a number of options as to how your benefit can be dealt with in the event of your death. Please note, you cannot have a binding nomination where you have established a reversionary pension.

A) Reversionary Pension

Prior to commencement of your pension, you may elect to nominate a reversionary pensioner. In the event of your death, your pension will revert to that person and continue to be paid. Refer to “Nominating a Reversionary Pension Beneficiary” section of the PDS for further details on reversionary pensions.

Reversionary Pensioner Personal Details

Title: _____ Surname: _____

Given Names(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female Other

Relationship to you: Spouse De Facto Spouse Dependant Child Interdependency Relationship

B) Binding Nomination

If you would like to make a nomination that is binding on the Trustee, please complete the “Binding Nomination of Beneficiary” form. You can not have a binding nomination where you have established a reversionary pension.

8. Proof of Identify

Please provide a copy of one of the following forms of identity:

Driver licence not including WA

Australian Passport

Medicare card

By providing an identity document as well as other identifying information provided, you are giving Future Super permission 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.



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9. Declaration & Signature

I declare and agree that:

- I have received and read the Product Disclosure Statement (PDS) for the Future Super Pension Plan;
- I have received all the information I require in order to exercise the choices I have made. I accept I will be bound by the provisions of the Trust Deed and rules which govern the operation of Future Super (as amended from time to time). All the details I have provided for this application are true and correct;
- I have made an informed decision because I have read the PDS to which this application applies;
- I acknowledge that no representation has been made to me by or on behalf of Future Super other than those contained in the PDS;
- I understand that if there is any inconsistency between the PDS and the Trust Deed, the terms of the Trust Deed will apply;
- I am aware that Future Super will have records of my personal information, and consent to me information being used and/or disclosed to administer my investment, provide information to me, conduct market research and analysis, develop products, and to meet regulatory obligations;
- I have met a condition of release and am eligible to receive a superannuation pension;
- By providing my email address, I consent and authorise Future Super to send communications and information to me in electronic format, including information required by law such as my annual statement, to me via email or similar technologies. I understand there is a Privacy Policy available at the Future Super website;
- If I have provided my TFN, I declare that I have read the important information about my TFN and consent to providing my TFN for the legal purposes stated;
- I understand the nature of the risk 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;
- I understand that the Trustee has not provided me with financial advice which takes into account my personal situation, objectives and needs, and confirm that if I require such advice, I have consulted an appropriately qualified financial adviser;
- I understand that the Trustee retains the right to invest in any underlying investments at any time without seeking further instructions from me.

Pension Applicant Name: _____

Signature: _____ Date: _____

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).