



## PENSION APPLICATION FORM

This is the form you should fill out to become a member of the Future Super. You should read the Product Disclosure Statement (PDS) for Future Super before completing this form.

This form may be posted to Future Super GPO Box 1858, Sydney, NSW 2001 or emailed to [info@myfuturesuper.com.au](mailto:info@myfuturesuper.com.au)

### Section 1 Personal details

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|                |                      |       |                      |          |                      |
|----------------|----------------------|-------|----------------------|----------|----------------------|
| Given Name(s)  | <input type="text"/> |       |                      |          |                      |
| Surname        | <input type="text"/> |       |                      |          |                      |
| Title          | <input type="text"/> |       |                      |          |                      |
| Date of Birth  | <input type="text"/> |       |                      |          |                      |
| Gender         | <input type="text"/> |       |                      |          |                      |
| Phone number   | <input type="text"/> |       |                      |          |                      |
| Email address* | <input type="text"/> |       |                      |          |                      |
| Address        | <input type="text"/> |       |                      |          |                      |
|                | <input type="text"/> |       |                      |          |                      |
| City           | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> |

\* 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@myfuturesuper.com.au](mailto:info@myfuturesuper.com.au) or in writing at GPO Box 1858, Sydney, NSW 2001.

### Section 2 Tax File Number

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|                 |                      |
|-----------------|----------------------|
| Tax File Number | <input type="text"/> |
|-----------------|----------------------|

By providing your Tax File Number above you are authorising Future Super to use it for superannuation purposes including creating your account, actioning any rollover which you request or using the Australian Taxation Office SuperMatch service.

The Trustee is authorised to collect TFNs under government legislation. The lawful purpose for which a Member's TFN can be used and the consequences for not quoting their TFN may change in the future, as a result of legislative changes. You are not obliged to provide your TFN but should you elect to do so you should refer to the PDS and current Incorporated Information which sets out further details of how the Trustee is authorised to use your TFN.

### Section 3 Investment Selection

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By completing this form you are choosing to have 100% of your balance invested in the Future Super Balanced Growth Pension,

Future Super Fund (ABN: 960 194 277, R1072914) is issued by Diversa Trustees Limited (ABN 49 006 421 638, RSE L0000635, AFSL 235153)

## Section 4 Source of funds

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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     Yes                       No
- Personal Contribution     Yes                       No

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

I wish to rollover my full balance from my Future Super accumulation account

Or

I wish to rollover \$  from my Future Super accumulation account (you must leave at least \$200 in your accumulation account for it to remain open).

## Section 5 Condition of Release

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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.

## Section 6 Payment instructions

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Your first payment will generally be made on the 15<sup>th</sup> 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

## Section 7 Bank account details

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Account Name

BSB

Account Number

## Section 8 Verification of Identity

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Option 1 – I want to attach paper copies of certified ID.

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.

If the documents you provide are not correctly certified or are unable to be read 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.

Option 2 – I want to use electronic verification

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 (if you are unable to provide this information you will need to provide certified ID as per option 1):

**Australian Passport** Please complete the details exactly as they appear on your Passport

Passport number

First Name

Last Name

Date of Birth

Sex

**Medicare Card** Please complete the details exactly as they appear on your card

Card number

Reference number

First Name

Last Name

Date of Birth

Card Expiry date

**Australian Drivers Licence** Please complete the details exactly as they appear on your Licence

Licence number

State of issue

First Name

Last Name

Date of Birth

## Section 9 Declaration and Signature

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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. I accept I will be bound by the provisions of the trust deed and rules which govern the operation of Future Super. 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 am aware that Future Super will have records of my personal information, and consent to my information being used and/or disclosed to administer my investment, provide information to me, conduct market research and analysis, develop products, meet regulatory obligations, and inform the licensee or adviser I have indicated on the Application Form, until I notify you otherwise
- I have read and understood the Privacy Statement in the PDS
- By providing my email address, I consent and authorise Future Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies
- If I have provided my TFN, I declare that I have read the important information about my tax file number and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits
- I understand the nature of 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
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I have read, understood and agree to the above declaration.

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

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Signature Date

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Print Name