



# **Application Form**

### For Pension

#### How to complete

Important: If you make any amendments or corrections on the form due to an error, please acknowledge the changes by putting your initials and date on where the changes have occurred, otherwise the application will be invalid.

This Application Form is for investment in a Pension account with Australian Ethical Super and must not be circulated or distributed uncompleted unless accompanied by a copy of the Product Disclosure Statement (PDS), which along with the Additional Information Booklet (Pension) (AIB) contains information relevant to investing in the Super Fund. You can download a current PDS and AIB at <a href="mailto:australianethical.com.au">australianethical.com.au</a>.

#### Send your completed form to:

Australian Ethical Super, GPO Box 3117
Brisbane QLD 4001

Or login to the member portal at australianethical.com.au/login and upload your completed form under the 'We're here to help' section.

#### Please use **BLOCK LETTERS** and **black ink**.

Complete this form if you are starting a pension account or transitioning to retirement with regular payments. You should read and understand the PDS before making an investment. Interests in the Australian Ethical Retail Superannuation Fund (ABN 49 633 667 743, USI/SPIN AET0100AU) are offered by Australian Ethical Investment Limited ABN 47 003 188 930, AFSL 229949 and issued by the Trustee of the Fund, Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733, RSEL L0001441 AFSL 526 055).

Applicants under the age of 60 will need to complete a Tax File Number Declaration Form, which is available by calling us on 1800 021 227 or on our website <u>australianethical.com.au/pensions/forms</u>.

Step 1: Member details					
Title	Other, please specify				
Full given name(s)		Surname			
Date of birth (DD/MM/YYYY)					
		☐ Male ☐	Female		
Work phone		Home phone	е		
Mobile phone		Email			
If you provide your email address, we will set communications preferences in our secure r			nline by de	efault. You can chang	ge your
Residential address (PO Box is N	OT acceptable)				
Address					
Suburb	State	Postcode		Country	



Address			
Suburb	State	Postcode	Country
Third Party Authority			
If you have a third party authority on an e pension account, please tick the box.	xisting Australian Ethic	al account and want the	e third party authority to be applied to your r
If you like to add a third party authority on th	is account please com	plete the <u>Third party inf</u>	ormation authority form.
Step 2: Tax file number			
Tax File Number			
Under the Superannuation Industry (Supervicompulsory to quote your TFN, nor is it an ownthdrawals will be taxed at a higher rate, we amalgamate your super benefits.	ffence not to do so. Ho	wever, if you do not quo	ote your TFN, your before-tax contributions
Step 3: Start a pension			
If you need to nominate more than 3 funds,	please copy this section	on of the form.	
A minimum amount of \$30,000.00 is require	ed to start a standard in	come stream.	
Please select which income stream you wis	h to use:		
Transition to retirement (Taxed) income s	tream	☐ Standard income	e stream
Have you permanently retired from the work	force and reached you	r preservation age*?	☐ Yes ☐ No
lf you are 60 - 64 have you ceased employr	☐ Yes ☐ No		
Are you aged 65 or more?			☐ Yes ☐ No
* Preservation age is between 55 and 60 dependi	ng on your date of birth.		
Funding your pension account			
If you are commencing a pension with more set up for you which will incur the standard found in the Pension Additional Information	ees and costs as our S		
Select how you would like to start your pens	ion account:		
☐ Transfer from my existing Australian Ethic	cal Pension account to	a new Pension account	t.
☐ Transfer super from my Australian Ethical			
Account number			
☐ Full amount ☐ Full amount minus:	\$	Other amount:	\$
Cheque contribution of:	\$		

Step 1: Member details (continued)

Step 3: Start a pension (continued)	
How many funds will you be rolling over from:	
Is this a $\square$ full or $\square$ partial rollover. If partial, $\$	
Name of fund	
Member number*	USI
ABN	
*Member number must be provided for your benefit to be rolled over	
Is this a $\square$ full or $\square$ partial rollover. If partial,	
Name of fund	
Member number*	USI
ABN	
*Member number must be provided for your benefit to be rolled over	•
Is this a $\square$ full or $\square$ partial rollover. If partial,	
Name of fund	
Member number*	USI
ABN	
*Member number must be provided for your benefit to be rolled over	
Self-Managed Super Fund (SMSF)	
SMSF name SMSF ABI	N* Electronic service address
Is this a $\square$ full or $\square$ partial rollover. If partial,	

\*Your SMSF must have an electronic service address (ESA) identifier to receive SuperStream data and for this rollover request to be processed. You can get an ESA from an SMSF messaging provider or through your SMSF intermediary/administrator.

#### Step 3: Start a pension (continued)

#### Bank account details

Provide details of the account into which you would like your pension paid. The account must be in your name and can be a joint account. You must also provide a copy of a bank statement showing your full name, BSB and account number. This statement needs to be issued within the last 6 months.

Name of financial institution		Branch
BSB number		Account number
Account holder name		
Select the frequency of your pensio	on (one selection only):	
☐ bi-monthly		
monthly		
uarterly (Starting in)		
six-monthly (Starting in)		
annually in (Cannot be July)		
Payments will be made on the 15th	day of the month at the elected	frequency.
Select your pension amount (one se	election only). Refer to the <u>Pensi</u>	on Additional Information Booklet for details.
☐ Specific amount per payment	\$	
OR		
Amount of annual pension  OR	\$	
Minimum (annual payment)		
OR		
	A	
Maximum (only an available option for	transition to retirement pensions)	
If your pension account commence June by default. If you would like to		the minimum pension payment you will not receive a payment in se tick this box: $\square$
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
Step 4: Selecting your inves	stment options	
If no selection is made your pension	n will be invested into the Consc	ervative option.
Options	Percentage*	
Defensive	%	
Conservative	%	
Balanced (pension)**	%	
Balanced (accumulation)***	%	
Growth	%	

International Shares	0/0		
Australian Shares	%		
TOTAL	100%		
<ul> <li>Please ensure that your investment</li> <li>Available for account-based Pension</li> <li>Available for Transition to Retirement</li> </ul>	,	option is in whole percenta	ges
Step 5: Choose your paym	nent drawdown strategy		
You can nominate which investme drawn proportionately from the inv			lection is made, pension payments will be
Please select how you would like	your pension payments to be dra	awn (select one option):	
□ Proportionately from r	ny investments (pro-rat	a)	
			ly from the investment options you are
☐ Percentage split acco	rding to the nominated	investment choic	e below:
Options	Percentage*		
Defensive	0/0		
Conservative	0/0		
Balanced (pension)**	%		
Balanced (accumulation)***	%		
Growth	%		
International Shares	%		
Australian Shares	%		
TOTAL	100%		
<ul> <li>Please ensure that your investment</li> <li>Available for account-based Pension</li> <li>Available for Transition to Retirement</li> </ul>	·	option is in whole percenta	ges
Once there is no longer enough m	noney in your chosen options, yo	ur payments will be paid	d proportionately from your investments.
☐ Pension payment draw	vdown order (sequentia	ıl)	
	rder, we will deduct payments from the second option and so on.	om the first option until y	rour investment in that option is exhausted,
Ontions	Drowdown order	Ontions	Drowdown order

Options	Drawdown order - number from 1 to 6	Options	Drawdown order - number from 1 to 6
Defensive		Growth	
Conservative		International Shares	
Balanced (pension)**		Australian Shares	
Balanced (accumulation)***			nt-based Pensions only tion to Retirement (TTR) accounts onl

Step 6: Nominating beneficiaries		
Nominating beneficiaries is an important decision to make. You ca you below. We recommend you seek legal and tax advice if you ar		· ·
☐ Preferred beneficiaries		
Select the person(s) who you would prefer to receive your pension meets the definition of a 'dependent' under superannuation law. The whom you have an interdependency relationship, or a person who personal representative(s).	nis includes your spouse, de	efacto partner, children, a person with
These nominations are non-binding and will only be used by Austr	alian Ethical Super as a guic	le.
Name	Relationship	Percentage
		%
		%
		0/0
Total		100%
☐ Binding death benefit  If you would like your nominated beneficiaries to be binding on Au Nomination Form, which is available on our website.  Your nominations will be binding provided it meets the legal require form. We recommend you seek legal and tax advice if you are not	rements and as outlined in t	he Binding Death Benefit Nomination
Reversionary beneficiary		
You can nominate one person to be a reversionary beneficiary. Thi whom you have an interdependency relationship, or a person who		· · · · · · · · · · · · · · · · · · ·
A reversionary beneficiary is someone to whom the pension will codeath.	ontinue to be paid via regula	ar payments (pension) following your
Full given name(s)	Surname	
Relationship	Date of birth (DD/MM/Y	YYY)

☐ Male ☐ Female

#### Step 7: Proof of identity

As a requirement of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF legislation), you need to provide identification documentation with this transfer request to prove you are the person to whom the super entitlements belong. Please provide to us either one **certified** primary Identification (ID) document or two **certified** secondary documents as listed below.

OR

#### YOUR PRIMARY ID DOCUMENT REQUIREMENTS

You MUST supply ONE primary document from this list:

Australian Driver's Licence (current)

Australian Passport (not expired more than 2 years)

International Passport (current)

Proof of Age Card/NSW Photo Card (current and government issued)

#### YOUR SECONDARY ID DOCUMENT REQUIREMENTS

Supply ONE of the following:

Australian birth certificate, birth extract or citizenship certificate

Foreign birth certificate or citizenship certificate

Government issued concession card, such as a pensioner concession card, a health care card, or a seniors health care card

**AND** supply **ONE** valid option that contains your current residential address;

Utility Bill or Council Rates Notice (less than 3 months old)

Taxation Notice or Centrelink Statement (less than 12 months old)

#### How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:



- A clear copy of the document that identifies you
   (i.e. your driver's licence (front and back) or passport)
  - Write or stamp 'certified true copy' of the original document
- 3 The authorised person's signature
- 4 Full name, qualification, state, phone number and registration number (if applicable) of the authorised person
- 5 Date of certification (within 2 years of receipt)

#### Proof of identity (continued)

#### Who can certify documents in Australia?

- Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.
- Agent of the Australian Postal Commission who is in charge of an office supplying postal services to the public.
- Architect
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more continuous years of service)
- · Commissioner for Affidavits or Declarations
- Court Officer, Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- · Fellow of the National Tax Accountant's Association
- Finance Company Officer (with two or more continuous years of service with one or more finance companies)
- · Financial Adviser or Financial Planner
- · Justice of the Peace
- · Holder of a Statutory office not specified in another item
- Legal Practitioner
- Marriage Celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner, Chiropractor, Dentist, Nurse, Optometrist, Physiotherapist, Psychologist, Midwife, Occupational Therapist
- Member of Chartered Secretaries Australia
- Member of Engineers Australia (other than at the grade of student), a Registered Professional Engineer of Professionals Australia or registered under a law of the Commonwealth, a State or Territory or registered on the National Engineering Register by Engineers Australia
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- · Member of the Governance Institute of Australia Ltd
- Member of the Institute of Chartered Accountants in Australia and New Zealand, the Australian Society of Certified Practising
- Accountants, Member of the Institute of Public Accountants or the Association of Taxation and Management Accountants
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)

- Migration agent registered under Division 3 of Part 3 of the Migration Act 1958
- Minister of Religion (under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Officer with, or Authorised Representative of an Australian Financial Services Licensee (who has had at least two years of continuous service with one or more licensees)
- Officer with, or a credit representative of, a holder of an Australian credit licence (who has had at least two years of continuous service with one or more licensees).
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- · Police Officer, Sheriff or Sheriff's Officer
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- · SES Employee of the Commonwealth
- Teacher employed on a full-time basis at a school or tertiary education institution Trade marks attorney, Patent Attorney
- · Veterinary surgeon

## Who can certify documents outside of Australia?

- an authorised staff member of an Australian Embassy, High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- an authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- a Member of the Australian Defence Force who is an officer or a non-commissioned officer with two or more years of continuous service
- Notary Public from a country ranked 129 or below in the latest Transparency International Corruptions Perception Index: <u>transparency.org</u>



#### Step 8: Declaration and signature

#### By completing the Application Form I declare that:

#### My application is lawful because

- All the details I have provided for this application are true and correct
- I confirm that I am an Australian citizen, New Zealand citizen or Permanent Resident of Australia.
- · I received and accepted this offer in Australia.

#### I have made an informed decision because

- I have read the PDS to which this application applies.
- If I have received the PDS from the internet or by other electronic means, I have received the entire document.

## I am responsible for my decision to make this application,

- I acknowledge that no representation has been made to me by or on behalf of Australian Ethical other than those contained in the PDS.
- I am not making this application because of an unsolicited meeting with or phone call from another person.

#### I am aware that Australian Ethical 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;
- inform the licensee or adviser I have indicated on the Adviser third party and fee authority form, until I notify you otherwise.\*

## I have read all the terms and conditions contained in the Product Disclosure Statement and, in particular

- I understand that, if I am commencing a pension with more than one rollover and/or contribution, an Australian Ethical Super 'holding' account will be set up for which I will incur the standard fees and costs as the Super product, and that I will hold this product until all expected funds are received and my account has been rolled over to the pension account.
- I agree to the offer contained in the PDS and to be bound by the provisions of the Trust Deed that governs Australian Ethical Super.
- I understand that Australian Ethical has the right to reject any applications, switches or regular contributions.
- I understand that by electing to use the phone and/or email facilities, I agree that Australian Ethical will not be responsible to me for any fraudulently completed, incorrect or incomplete communications and that Australian Ethical will not compensate me for my losses. I also release and indemnify Australian Ethical against any liabilities whatsoever arising out of Australian Ethical acting on any communications received by phone or email.
- I understand the nature of risk attached to the investments I am applying for and acknowledge that neither Australian Ethical, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment.

#### I am authorised to sign this application form because

If this application is signed by me under a Power of Attorney, I
declare that I have not received notice of revocation of that power
and I hereby supply a certified copy of the Power of Attorney.

#### **Providing my TFN**

If I have provided my TFN at Step 2, 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.

#### **Signature**

be accompanied by a time-stamped certificate.

Signature

Please note if you are using an electronic signature, this must be signed using OneSpan, DocuSign, Annature or Adobe Acrobat Sign, and the forms will need to

Signatory's full name (please print)	Date form signed (DD/MM/YYYY)

<sup>\*</sup> Personal information is collected by and held for Australian Ethical by its administrator in accordance with the Privacy Act 1988 (Cth), for the purpose of administering accounts, providing services associated with those accounts and may be used for marketing and research purposes. Without this information we would not be able to provide our services to you. You can opt out of receiving marketing material at any time by calling us or notifying us by email. Your personal information may be disclosed to third party service providers (some of which may be located overseas) or otherwise as permitted by law. For further information about how personal information is handled, our complete privacy policy can be viewed at (a hard copy of the policy can be provided on request).

#### Application form checklist

#### How to complete

I	m	n	O	rta	nt
в		r	•		

Please make sure you have all the supporting documents.	
This checklist can help you make sure you send everything required so that your Austra If there is missing or incomplete information, you may experience a delay on your apple	·
☐ Australian Ethical Pension application form	
☐ Dated and signed	
☐ Complete rollover section	
Only applicable if you want to consolidate other super accounts into your new Aust account can only receive one lump sum amount so your super must be consolidat account before commencement of your pension. Refer to the Pension Additional Ir	ed into an Australian Ethical Superannuation
$\square$ Complete personal contribution tax deduction	
Before you exit from your super fund and If you intend on claiming a tax deduction, your notice of intention to claim using an Australian Taxation Office (ATO) prescribe be able to claim a deduction after your pension has commenced.	
$\square$ Tax File Number (TFN) declaration form	
If you are under 60 years of age, to ensure your pension payments are eligible for c Tax File Number (TFN) declaration form.	oncessional tax treatment, please complete the
$\hfill \Box$ Provide copy of a bank statement showing your full name, BSB and account num	ber
This statement needs to be issued within the last 6 months.	
$\square$ Binding death nomination form (optional)	
Signed (not digital) and correctly dated. Please post the signed form to GPO Box 3	117 Brisbane QLD 4001.
$\hfill\Box$ Complete adviser third party and fee authority form (optional if you have an advis	ser)
To authorise your adviser (third party) to view your information in relation to your Ausservice fee if applicable.	stralian Ethical account and charge an adviser
☐ Certified identification documents	
☐ ID is still valid/current	
$\square$ ID is certified correctly by an authorised certifier	
$\square$ Special instructions for consolidation for a Pension account	
$\square$ Super consolidated to an existing Australian Ethical Super account and ready to	commence a Pension account
Super account number:	
☐ If you have multiple superannuation accounts and contributions prior to comme Ethical Super 'holding' account will be set up to consolidate the following:	encing your pension contribution, an Australian
Number of contributions: \$	contributions
Number of rollovers: \$ r	ollovers
Additional instructions (for example if you wish to have transactions done in a p	articular order):



? If you have any questions, please contact Australian Ethical Super on 1800 021 227.

Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733, RSE L0001441, AFSL 526 055), Trustee of the Australian Ethical Retail Superannuation Fund (ABN 49 633 667 743, USI/SPIN AET0100AU)

T 1800 021 227 | W australianethical.com.au

