



Issued 1 November 2023  
Fund ABN 45 960 194 277 | USI 45 960 194 277 010

## PENSION APPLICATION FORM

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

Please ensure that you read and understand the Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the Future Super Pension Plan before completing this form. You can obtain a copy of the Future Super Pension Plan PDS and TMD from [www.futuresuper.com.au](http://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

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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"/>				
Residential 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@futuresuper.com.au](mailto: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

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

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

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as trustee of the Future Super Fund ("the Fund") (ABN 45 960 194 277; RSE Registration R1072914).



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 Plan PDS** and consent to providing my TFN for the legal purposes stated.

### Section 3 Investment Selection

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By completing this Pension Application Form you hereby direct the Trustee to invest 100% of your pension account balance into the Future Super Balanced Growth Pension investment option.

### 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

Please also provide a completed rollover form available on the Fund website

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](http://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](http://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

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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

\*Please note that all new pension members who elect the minimum amount will be paid the standard minimum (see section 3 of the Pension Plan Product Disclosure Statement for details).

## Section 7 Bank Account Details

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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



## Section 8 Verification of Identity

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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**

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**First and middle names** (if applicable)

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**Last Name**

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**Date of Birth**

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### Medicare Card

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

**Card number**

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**Reference number**

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**First and middle names** (if applicable)

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**Last Name**

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**Date of Birth**

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**Card Expiry date**

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### Australian Drivers Licence

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

**Licence number**

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**Card Number**

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**First and middle names** (if applicable)

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**Last Name**

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**Date of Birth**

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**State of Issue**

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## Section 9 Nominating a Beneficiary

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You can choose between nominating a reversionary beneficiary to continue to receive your pension payments following your death, or more 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 Plan PDS available at [www.futuresuper.com.au](http://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 Plan PDS available at [www.futuresuper.com.au](http://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**

If you would like your benefit to be paid to your estate and distributed in accordance with your Will please tick the Legal Personal Representative option, otherwise please complete the details of the people you would like your benefit to be paid to as well as the percentage of the benefit they should receive. The total must add to 100%.

Legal Personal Representative

**Beneficiary 1**

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Beneficiary 2**

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Beneficiary 3**

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Beneficiary 4**

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Beneficiary 5**

Full Name	Date of Birth	Relationship to you*	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

\* Please select from: Spouse, Child, Financial Dependant, or Interdependency Relationship.

**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.

x.....  
Signature

...../...../.....  
Date



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

I declare that:

- I am 18 years of age or over;
- 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

x

..... /..... /.....  
Signature Date

..... DOB ..... /..... /.....  
Print name

Witness 2

x

..... /..... /.....  
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 and Additional Information Booklet to which this application applies and I have made an informed decision.
- I have read and understood the Privacy Policy.
- I accept that I will be bound by the provisions of the Trust Deed and rules which govern the operations of Future Super.
- I have chosen an investment option and I understand that 100% of the balance of my Future Super account will be invested in the option I chose. 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.

I consent to Future Super Investment Services Pty Ltd (FSIS), in its role as Fund Promoter, receiving a portion of the Fees and Costs as set out in section 6 of the Future Super PDS. The Promoter Fee received by FSIS is estimated to be 0.266% of your account balance per annum, which is accrued and reflected in the calculation of the unit price, plus the annual flat dollar administration fee of \$60 per annum. I consent to



Future Super Investment Services Pty Ltd, in its role as Investment Manager, receiving a portion of the Investment Fee as set out in section 6 of the Future Super PDS. This fee differs depending on which investment option you hold; section 6 of the PDS and section 5 of the Additional Information Booklet sets this out. This fee is accrued and reflected in the calculation of the unit price.

Before you sign this Application Form, the Trustee is obliged to give you a PDS and TMD for the Future Super Pension Plan (which is a summary of important information relating to this product). The Future Super Pension Plan PDS and TMD can be obtained from [www.futuresuper.com.au](http://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 Plan is appropriate to your needs.

x

..... Date ...../...../.....  
Signature

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](http://www.futuresuper.com.au/privacy) or phone 1300 658 422.