APPLICATION FOR MEMBERSHIP ACTIVE SUPER ACCOUNT-BASED PENSION PLAN



Use this form if you want to join the Active Super Account-Based Pension Plan.

You can complete this form 1. YOUR DETAILS by typing directly onto it, or by using a black pen and capital letters. Use (√) to mark boxes. Date of birth Title (e.g. Ms) (DD MM YY) Given name(s) Make sure you consider the Family name relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS Email before making a decision. Phone (home) Phone (work) Phone (mobile) You can change how your pension is invested in us at any time by updating your **Postal Address** investment at Member Online. No./Street It's quick and easy to register. Simply go to member.activesuper.com. au/registration and follow Suburb/Town State/Territory Postcode the prompts. Residential address select if same as postal address above No./Street Suburb/Town State/Territory Postcode You will need to complete 2. INVESTMENT INSTRUCTIONS a relevant Application for payment form for any rollovers from an Active Super Scheme. Please roll over from one of the following funds: Active Super Accumulation Scheme \$ Active Super Retirement Scheme \$ Note: The minimum investment is \$25,000. Active Super Defined Benefit Scheme \$ External fund name



You can invest your pension in one or a combination of investment

Your pension payments will be drawn from the same proportions as your investment option(s) unless you elect otherwise in Section 4.

3. YOUR CHOICE OF INVESTMENT OPTIONS

Pre-mixed options High Growth Balanced Conservative Balanced Conservative Single sector option Managed Cash TOTAL 0

Please complete this section if you would like your pension to be drawn from a specific investment option(s).

If there are no funds in the investment option you elect for your pension to be paid from, your pension will then be paid from the next most conservative investment option.

4. PENSION DRAWDOWN OPTIONS

Pre-mixed options High Growth Balanced Conservative Balanced Conservative Managed Cash Single sector option TOTAL 0

5. YOUR PENSION PAYMENT DETAILS

As soon as possible

	If you invest between next financial year. Pl						
Payment frequency							
	Twice-monthly		Monthly		Quarterly		Half-yearly
	Yearly		With first payment to commence in the m	o nonth of	:		
Amount required each pension payment							

Commencement date

(DD MM YYYY)

specific pension income (per year) \$

Maximum pension income (only relevant to Transition to Retirement Pension)

If 'Maximum pension income' selected:

Minimum pension income

Pro-rata of yearly pension over the remainder of the financial year (reduced)

Full yearly pension to be paid in the remaining months (not reduced)

The maximum pension income for Transition to Retirement is 10% of your total account balance each financial year.



NOTE: We will continue to withhold this additional amount of tax and send it to the Australian Taxation Office (ATO) on your behalf until you either ask us in writing to stop this deduction or when you turn 60 years of age.

We are authorised to collect your tax file number (TFN) under the **Superannuation Industry** (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another super fund when we're arranging a transfer of funds for you. You aren't obliged to disclose your TFN, but there may be implications if you don't.

6. WITHHOLDING TAX (OPTIONAL)

Please withhold additional tax of		\$					
Per		Twice-monthly			Monthly		Quarterly
		Half-yearly			Yearly		

7. YOUR TAX FILE NUMBER

My TFN is:

It isn't an offence to withhold your TFN, however providing it to us means:

- · Other than the tax that may ordinarily apply, no additional tax will be deducted when you start withdrawing
- It will be easier to trace different super accounts in your name so that you receive all your super benefits when you retire.

8. PAYMENT INSTRUCTIONS

Enter details of the bank account into which you would like your Active Super Account-Based Pension to be paid. This account must be held in your name.

Please also attach a copy of your bank statement for this account which states your name, BSB and account number. We only need to see your name, the BSB and account number. You can blank out amounts or transactions you don't want us to see.

NOTE: The account must be in your name or a joint account of which you are one of the account holders.

Name of financial institution		
Account name		
Branch (BSB) no.	Account no.	



	9. PR00F	OF IDENTITY						
	I have attached copies of my certified proof of identity with this form.							
	Please ensure that you provide photocopies of your original documents and they are correctly certified.							
	Name							
	Signed	Date (DD MM YY)						
	For more information on what is required when supplying certified proof identity, please see the <i>Proof o</i> fact sheet at activesuper.com.au							
	10. PRESE	ERVATION DECLARATION						
Please select ONE (1) of	I am using	unrestricted non-preserved funds.						
the options	I am at least 55 and retired, and do not intend to seek gainful employment for more than ten hours per week in the future.							
	I am at least 60 and have ceased employment since turning that age.							
	I am 65 or	I am 65 or older.						
	I am permanently incapacitated and have previously provided two incapacity certificates to that effect.							
	I have reached my preservation age and wish to commence a Transition to Retirement Account-Based Pension. I understand that by making this election, I will be unable to make any cash withdrawals until a full condition of release has been met.							
	IMPORTANT							
	Account-based pension accounts can only be commenced with unrestricted non-preserved funds (unless a non-commutable election is made). Commonwealth provisions generally require part of your superannuation benefit to be preserved (retained in the superannuation system) until you:							
	 cease employment from age 60 retire permanently from the workforce on or after your preservation age (between 55 and 60) 							
	• you reach age 65.							
	Your preserved col or you die.	mponent is also payable immediately if you suffer permanent incapacity, terminal illness						
Please complete this section if you wish to provide authority to your financial planner.	11. APPLIC	CANT AUTHORITY						
imanciai piaimei.	I hereby authorise	my financial planner:						
	Full name							
	who can be contacted on							
	Phone							
	to provide further instructions or clarification in respect to the payment of my benefit.							



Communication preferences

Active Super provides important documents and information about your account, such as Product Disclosure Statements, Member Statements and Significant Event Notices, via the Active Super website activesuper.com.au, or Member Online.

If you've provided us with your email address, you'll receive an email each time a new document is available to view. If you have not provided an email address, your correspondence will be mailed via Australia Post.

If you want to opt out or change your preferences, you can log into Member Online and update your communication preferences, contact Member Services on 1300 547 873 between 8.30am and 5.00pm, Monday to Friday or email admin@activesuper.com.au

12. YOUR DECLARATION

I declare and acknowledge that

Name

- I understand that LGSS Pty Limited (ABN 68 078 003 497) (the "Trustee") can provide me with information but cannot give me investment advice and the PDS is a general guide and does not constitute investment advice.
- I understand that the Trustee is not liable for my choice of investment option(s) and that professional financial advice may assist me in making my decision.
- · I understand that I may change my investment option(s) at any time at no additional cost as outlined in the PDS.
- · I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.
- · I acknowledge receiving the PDS which accompanied this application form, and that I have read and understood its contents.
- All information supplied by me in my application is accurate and complete.
- · Active Super is not liable or responsible for any actions or omissions on my account, made on my behalf, by a person named and authorised by me in Section 11 of this form.

Signed		Date (DD MM YY)	
SEND	D YOUR COMPLETED FORM BA	CK TO US AT:	
Mail	Active Super, PO Box N835, Grosvenor Place NSW 122	0	
Email	admin@activesuper.com.au		



Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').