

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

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at activesuper.com.au/PDS before making a decision.

You can change how your pension is invested at any time by updating your investment using Member Online.

It's quick and easy to register. Simply go to member.activesuper.com.au/registration and follow the prompts.

You will need to complete a relevant *Application for payment* form for any rollovers from an Active Super Scheme.

Note: The minimum investment is \$25,000.

1. YOUR DETAILS

Date of birth (DD MM YY)	<input type="text"/>	Title (e.g. Ms)	<input type="text"/>
Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		
Email	<input type="text"/>		
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Phone (mobile)	<input type="text"/>		
Postal address			
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>	State/Territory	<input type="text"/>
		Postcode	<input type="text"/>
Residential address	<input type="checkbox"/> select if same as postal address above		
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>	State/Territory	<input type="text"/>
		Postcode	<input type="text"/>

2. INVESTMENT INSTRUCTIONS

Please roll over from one of the following funds:

<input type="checkbox"/>	Active Super Accumulation Scheme	\$	<input type="text"/>
<input type="checkbox"/>	Active Super Retirement Scheme	\$	<input type="text"/>
<input type="checkbox"/>	Active Super Defined Benefit Scheme	\$	<input type="text"/>
<input type="checkbox"/>	External fund	Fund name	<input type="text"/>
		\$	<input type="text"/>

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

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

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.

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

3. YOUR CHOICE OF INVESTMENT OPTIONS

Pre-mixed options	High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
	Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %
	Conservative Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %
	Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Single sector option	Managed Cash	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL		1 0 0 %

4. PENSION DRAWDOWN OPTIONS

Pre-mixed options	High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
	Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %
	Conservative Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %
	Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Single sector option	Managed Cash	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL		1 0 0 %

5. YOUR PENSION PAYMENT DETAILS

It will take approximately 10 business days from when we receive all of your completed forms and funds before we can establish your account. Your first payment will be made on the first occurrence of your nominated payment frequency following the commencement of your account.

You can elect to defer your first pension payment. Should you wish to do so, please advise the month in which you would like to receive your first payment:

Payment frequency

<input type="checkbox"/> Twice-monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly
<input type="checkbox"/> Yearly	<input type="checkbox"/> With first payment to commence in the month of		<input type="text"/>

Amount required each pension payment

<input type="checkbox"/> Minimum pension income
<input type="checkbox"/> Specific pension income (per year) \$ <input type="text"/>
<input type="checkbox"/> Maximum pension income (<i>only relevant to Transition to Retirement Pension</i>)

If 'Maximum pension income' selected:

<input type="checkbox"/> Pro-rata of yearly pension over the remainder of the financial year (reduced)
<input type="checkbox"/> Full yearly pension to be paid in the remaining months (not reduced)

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 ask us in writing to stop this deduction or when you turn 60 years of age.

6. WITHHOLDING TAX (OPTIONAL)

Please withhold additional tax of \$

Per Twice-monthly Monthly Quarterly

Half-yearly Yearly

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.

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 your super.
- 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 or a joint account of which you are one of the account holders.

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. PROOF OF IDENTITY

You have two options to prove your identity. Check either the Option 1 or Option 2 box to make your selection.

Option 1: Use electronic verification

By providing my Medicare card, driver's licence or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand Active Super uses a third party system for this purpose.

Important: Make sure the details you provide are accurate. If your personal details provided do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will delay processing your request.

You MUST provide details of at least two of the following documents:

Document 1: Medicare card

Full name as shown on your Medicare card, including initials

Card no. I am person number on this card

Colour and expiry date of Medicare card:

Green Expiry date (MM YYYY)

Blue Expiry date (DD MM YYYY)

Yellow Expiry date (DD MM YYYY)

Document 2: Australian driver's licence

First name as shown on your licence

Last name as shown on your licence

Date of birth as shown on your licence (DD MM YY)

Australian driver's licence number

Australian driver's licence card number

State where driver's licence was issued

Expiry date (DD MM YYYY)

Document 3: Australian passport

Given name(s) (including middle name) as shown on your passport

Last name as shown on your passport

Date of birth as shown on your passport (DD MM YY)

Australian passport number

Country of birth (not shown on passport)

Family name at birth (not shown on passport)

CERTIFIED DOCUMENTS

A certified copy is a photocopy of the original document that has been sighted and signed by an authorised person as a true representative of the original. Please refer to the Active Super *Proof of Identity* fact sheet for a comprehensive list of who can certify your ID.

Please select ONE (1) of the options

Please complete this section if you wish to provide authority to your financial planner.

Option 2: Provide certified copies of identification documents

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.

For more information on what is required when supplying certified proof of identity, please see the *Proof of Identity* fact sheet available at activesuper.com.au.

10. PRESERVATION DECLARATION

I am using unrestricted non-preserved funds.

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 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 pensions 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)
- reach age 65.

Your preserved component is also payable immediately if you suffer permanent incapacity, terminal illness or you die.

11. APPLICANT AUTHORITY

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

- 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.
- I authorise the use of my personal details for the purpose of electronic data verification of my identity using reliable and independent data sources. I understand Active Super uses a third party system for this purpose.
- 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 YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

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 service 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').