

# Pension Application

Before you sign this application form, the Trustee or your licensed financial adviser is obliged to give you a PDS, which is a summary of important information relating to the Fund. The PDS will help you to understand the product and decide if it is appropriate to your needs.

**Please note:** In accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF Law), the Trustee must obtain proof of identity documents prior to you receiving an income stream. It is important for the Trustee to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

**Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.**

## 1 Applicant details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone (work)	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>
			<input type="text"/>
		Gender	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

## Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with AML/CTF Law, please advise the following:

(Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate IOOF's compliance with AML/CTF Law)

### Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person?

Yes  No

If Yes, please nominate one of the below:

I hold one of the above mentioned publically exposed roles. Please specify

I am a close associate/family member. Please specify your relationship to the PEP

### Source of wealth (the origin of your financial standing or total net worth ie, how you generated your wealth)

Employment  Investments  Other (please specify, eg inheritance)

### Source of funds (the origin of your contribution to set up your account)

Employment  Investments  Other (please specify, eg inheritance)

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## 2 Pension Details

Please select the appropriate pension for you.

I wish to commence a **Retirement phase pension**. I am eligible to so do because:

(Please tick one box applicable to your circumstance)

My existing benefits are unrestricted non-preserved.

I have reached age 65.

I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than ten hours per week.

I have left gainful employment on  /  /  and was over age 60 at that time.

I wish to commence a **Transition to retirement pension** as I have reached my preservation age but not met a condition of release.

I wish to commence a **Death benefit pension**. I am rolling over a death benefit and my relationship to the deceased is:

Spouse.

Child under the age of 18 or financially dependent child under 25.

Child of any age and suffering from a disability (please attach evidence of disability).

Financial dependant or interdependent and not a child (please attach evidence of relationship).

## 3 Tax file number

I am age 60 or over and my TFN is  -  -

I am less than 60 years of age and have attached my completed Tax File Number Declaration

If you are less than 60 years of age, a Tax File Number declaration form must be completed for each pension account opened. We are authorised by superannuation and taxation law to collect your TFN which will be used to open and administer your account. It is not an offence if you choose not to provide your TFN, but providing it has advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

We require your TFN in order to process your Pension Division application.

## 4a: Deposit Instruction

Please advise us of your Deposit Instruction.

### Please note:

- Please ensure that the Deposit Instruction includes at least the default minimum allocation of 1% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.
- For a full list of investment options available for selection within Pitcher Partners Superannuation Fund go to our website and select from the **Pitcher Partners Superannuation Fund Investment guide (PPS.01)** and list your selections in the space provided.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Term deposits and listed investments cannot form part of your Deposit Instruction. Please refer to Step 4b and 4c to provide these details.

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APIR Code	Investment option	Allocation (%)
	Cash Account (Mandatory)	
<b>Total (must = 100%)</b>		

- If no investment selection is nominated or your choice is unclear, funds will be allocated to the Cash Account.
- If you require more space, please go to our website and download the Investment Authority – Pension Division form.

**New members** – If you do not complete this section, your investments will be allocated to the Cash Account.

**Existing members** – If you are transferring an existing account to the Pension Division and you do not complete this section, your existing assets will be transferred.

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## Step 4b: Listed investments

Minimum trade is \$2,000 per listed investment.

ASX code	Units	OR	Investment amount	At market price	OR	At maximum price (\$)
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>		<input type="text"/>

**Please note:**

- If additional investments and/or listed investments are required, attach a separate signed sheet.
- These investments cannot form part of your Standing Instructions.
- The maximum per listed investment is 30% of your account balance, with no more than 95% of your account balance invested in listed investments
- The maximum buy price will be valid for 30 days, after which the amount for the purchase of your selected listed investments will be retained in your Cash Account until we receive further instructions from you.

## Step 4c: Fixed rate/fixed term investments (minimum \$20,000)

Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>
Months	<input type="text"/>	Amount	\$ <input type="text"/>

Please select your provider (if no selection is made, Adelaide Bank will be used)

- Adelaide Bank  
 NAB  
 ANZ

**Please note:**

- 3, 6 and 12 month terms are offered.
- The maximum overall investment is 95 per cent of your account balance.

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## 5 Cash Account preferences

### Cash Account limits

You must maintain a minimum percentage allocation to the Cash Account.

Please specify one of the following options:

**Cash Account default minimum of 1%**

OR

**Cash Account percentage nominated in your Deposit Instruction**

You may also nominate a dollar based cap on the amount held in your Cash Account, subject to a \$5,000 minimum.

To set a Cash Account cap, please specify the amount here \$

### Cash Account top-up

If the balance in your Cash Account is zero or below, the Trustee will top up the balance to the lower of:

- the Cash Account default minimum of 1% or the Cash Account percentage nominated in your Deposit Instruction; or
- the Cash Account cap

We will top up your Cash Account balance by redeeming the necessary amount from your managed investments (without prior notice to you) in accordance with the method you have selected below:

**Pro-rata (default option)** – Redeem funds across all managed investments according to the proportion of the portfolio that they represent.

OR

**Redemption instruction – percentage** – Redeem funds from specified managed investments according to the percentage allocation nominated below.

**Please note:**

- The percentages allocated your selected investment option(s) must add up to 100% not including the Cash Account.
- To ensure the investment option selections are listed correctly please add the APIR code along with the name of the investment option.
- Restricted investments, annuity funds, term deposits and listed investments cannot form part of redemption instruction – percentage.

APIR Code	Investment option	Allocation (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total (must = 100%)</b>		<input type="text"/>

**If you don't indicate a top-up method, the default option of pro-rata will be applied.**

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## 6 Income preferences

I direct the Trustee to manage income distributions that I receive from managed investments as follows:

**Re-invest (default option)** – Re-invest 100% of the income distributions back into the same managed investment that made the income distribution.

OR

**Retain in Cash Account** – Leave all income distributions to accumulate in my Cash Account.

**If you don't indicate your income preference, the default option of re-invest will be applied.**

## 7 Nomination of beneficiaries

Please complete section A OR section B.

### Section A: Reversionary Pensioner

This nomination must be made before the commencement of your pension. Your nominated Reversionary Pensioner cannot be changed once your pension commences. Do not complete this section if you have made or are intending to make a Binding Death Benefit Nomination.

In the event of your death you wish the remaining balance of your pension account (if any) to continue to be paid as a pension to your nominated Reversionary Pensioner.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to member <sup>2</sup>	<input type="checkbox"/> Spouse	<input type="checkbox"/> De facto spouse	<input type="checkbox"/> Child
	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> Interdependency relationship	

<sup>2</sup> Refer to the PDS for the restrictions that apply.

### Section B: Binding or Non-Binding Death Benefit Nomination

Do not complete this section if you have nominated a Reversionary Pensioner in section A.

If you are transferring your entire balance from the Super Division of the Fund, any existing valid Binding or Non-Binding Death Benefit Nomination will be transferred to the Pension Division unless you make a new Binding or Non-Binding Death Benefit Nomination.

Binding or Non-Binding Death Benefit Nomination (please complete a Binding or Non-Binding Death Benefit Nomination form available in this forms booklet, from our website or by contacting our Client Services Team).

If you do not make a Binding or Non-Binding Death Benefit Nomination or nominate a Reversionary Pensioner, your death benefit will normally be paid to your Legal Personal Representative in the event of your death.

## 8 Pension payment details

Pay my initial payment on	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly
			<input type="checkbox"/> Yearly

**Please note:** If all pension account requirements are not received by the 2nd business day of the month, your pension payments will commence on the 7th of the following month.



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## Section B:

If you wish to roll over funds from another account(s), please fill in the following details and complete a Request to Transfer form, available in this forms booklet, for each account. If you do not know the amount of your rollover(s), please provide an estimate.

1) Rollover institution name	<input type="text"/>
Expected amount	\$ <input type="text"/>
2) Rollover institution name	<input type="text"/>
Expected amount	\$ <input type="text"/>
3) Rollover institution name	<input type="text"/>
Expected amount	\$ <input type="text"/>

## Section C:

### For existing members only

Account number

I would like to transfer my whole balance from the above account and I understand that by doing this the above account (and any insurance cover) will be closed as a result.

I would like to transfer a partial amount of \$  OR I would like to leave the amount of \$  in the above account\*

\* Minimum amount to leave in your existing account is \$1,000. Minimum initial investment is \$30,000.

### Tax Declaration Notice under section 290-170 ITAA for full or partial transfers

If you have made personal contributions during the current financial year to your existing super account, please tick the box below and attach a completed ATO Notice of Intent to Claim a Tax Deduction with your Application. This can be obtained from our website ([www.pitcherpartnerssuper.com.au](http://www.pitcherpartnerssuper.com.au)) or by contacting our Client Services Team on (07) 3222 8444. We recommend that you speak to your Pitcher Partners adviser in relation to your eligibility to claim a personal tax deduction.

I wish to claim a tax deduction for some or all of the personal contributions(s) in the current financial year, and have attached a completed ATO Notice of Intent to Claim a Tax Deduction.

**A completed ATO Notice of Intent to Claim a Tax Deduction notice must be submitted and be carried out prior to the transfer to your pension account.**

## 13 Appointment of a representative (optional)

I hereby appoint the following person as my representative for the purposes listed below.

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/>	/	<input type="text"/>
	<input type="text"/>	/	<input type="text"/>
Signature of representative	<input type="text"/>		Date <input type="text"/>
			/ <input type="text"/>
			/ <input type="text"/>

I authorise my representative to do the following in relation to my account:

- make enquiries about my account
- direct the trustee to establish/change my investment strategy and/or Standing Instructions (excluding MySuper members)
- request a full or partial withdrawal (payable only to me)
- alter the amount of my pension payments.

Note: Please provide proof of identification for the appointed representative above. Refer to the 'Completing Proof of Identity' document on [www.pitcherpartnerssuper.com.au](http://www.pitcherpartnerssuper.com.au) for more guidance on acceptable forms of individual identification.



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## 14 Proof of identity

You need to provide a certified copy of a document(s) with this pension application that clearly shows your full name, date of birth or residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

### EITHER

#### A ONE of the following documents only

- current driver's licence issued under State or Territory law or a foreign equivalent
- passport (we will accept an Australian passport that has expired within the preceding 2 years).

### OR

#### B ONE of the following documents

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

### AND

#### ONE of the following documents

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

Refer to the 'Completing proof of identity' document on our website for more guidance on acceptable forms of individual identification.

## 15 Member advice fees

Choose your fee option. Fees should be provided including GST. All boxes for the relevant fee option must be completed. Blank boxes will default to nil.

<b>Member Advice Fee – Upfront</b>	
Up to a maximum of 5.50% of your initial contribution:	
<input type="checkbox"/> Contributions	<input type="text"/> % (inclusive of GST)
<input type="checkbox"/> Transfers/rollovers (not applicable to transfers from existing accounts)	<input type="text"/> % (inclusive of GST)

<b>Member Advice Fee – Ongoing</b>	
<input type="text"/> . <input type="text"/> <input type="text"/>	% pa (up to a maximum of 2.20% pa of account balance)
<b>AND/OR</b>	
up to a maximum of \$18,000 pa	
Flat fee (dollar amount) \$	<input type="text"/> pa (inclusive of GST)

#### Notes:

- Maximum fees above include GST.
- For further information on adviser remuneration and advice fees, please refer to the PDS.

### Member advice fees (if applicable)

- I authorise the Trustee to charge the member advice fee(s) selected in section 14 against my account.
- The amount of any member advice fee(s) that are paid to my financial adviser, as agreed by me, will be an additional cost to me and charged against my account. A member advice fee will not be charged unless I tell the Trustee to do so.
- Any agreed member advice fee(s) will be charged to my account and paid in full to the financial adviser, until I instruct the Trustee to cease payment.

Member signature

Date  /  /

continued over

# Pension Application

Adviser name	<input type="text"/>											
Licensee name	<input type="text"/>											
Contact name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AFSL No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Adviser code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dealer code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adviser signature	<input type="text"/>							Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 16 Member declaration

**Important note:** Information (including my personal information) provided to the Trustee is used for the purpose of opening a pension account and for other related purposes. The Trustee may disclose my personal information to its related bodies corporate, my employer, my financial adviser, insurers, professional advisers, businesses that have referred me to the Trustee, medical professionals where I have applied for insurance cover, banks and other financial institutions, or to provide me with information about other products or services that may be of interest to me.

The Trustee is required to collect my personal information under the *Superannuation Industry (Supervision) Act 1993* and the AML/CTF Law. If I do not provide all of the requested information, the Trustee may not be able to action my request. To verify my identity for Know Your Customer (KYC) purposes, the Trustee may also solicit personal information about me from reliable identity verification service providers.

My personal information will be handled in accordance with the Trustee's privacy policy. The privacy policy contains information about how I may access or correct my personal information held by the Trustee and how I may complain about a breach of the Australian Privacy Principles. I may request a copy of the privacy policy by contacting the Trustee on 1800 333 500 or at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy).

- I have received and read the PDS. I agree to be bound by the provisions of the Trust Deed constituting the IOOF Portfolio Service Superannuation Fund, as amended from time to time, and agree to IOOF Investment Management Limited acting as Trustee under the Trust Deed.
- I consent to the collection, use and disclosure of my personal information by the Trustee for the purposes specified in this application, the PDS and the Trustee's privacy policy.
- It is my responsibility to inform my beneficiaries that I have provided their personal information to the Trustee and to refer my beneficiaries to the Trustee's privacy policy.
- I understand that it is not an offence if I choose not to quote my TFN, but if I do not, I will be taxed at the highest marginal rate.
- I declare that the information supplied is true to the best of my knowledge and authorise the Trustee to adjust my pension payments as required from time to time under Commonwealth Government regulations.
- I confirm that I have read and understood the instructions on how to complete the application form.
- I declare that with regard to preservation of funds, one of the following is true:
  - I have reached my preservation age and I am no longer gainfully employed. I am not intending to rejoin the workforce either full-time or part-time at any time in the future
  - I have reached age 60 or older and I have ceased gainful employment
  - I have been declared totally and permanently disabled/incapacitated and have provided the Trustee with two medical certificates to this effect
  - I am aged 65 or over
  - I have reached my preservation age and I am applying for a transition to retirement pension.
- I have attached the relevant certified document(s) which has been correctly certified as being a true copy of the original document(s) and signed by a person who has seen the original(s) and is authorised to certify a copy of the document(s).

Member signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please forward all correspondence and enquiries to

### Applications & forms

**Post** Pitcher Partners Superannuation Fund  
GPO BOX 1144, Brisbane QLD 4001  
**Email** [info@pitcherpartners.com.au](mailto:info@pitcherpartners.com.au)  
**Fax** (07) 3221 7779

### Enquiries

**Telephone enquiries** (07) 3222 8444  
**Email enquiries** [info@pitcherpartners.com.au](mailto:info@pitcherpartners.com.au)