

Application Form

Retirement Service



Before signing this Application Form, please ensure that you have read the latest Freedom of Choice Product Disclosure Statement (PDS) and the Reference Guide, available from www.freedomofchoice.com.au or on request by phoning 1800 806 013.

A copy of a member's ID (driver's licence, passport or equivalent), and a bank statement or equivalent is required to be submitted with this form, see Sections 4 and 10 for information.

Section 1: Type of pension

Please select the pension you are applying for: Account Based Pension ☐ Transition to Retirement Account Based Pension ☐

Section 2: Personal details (all fields are mandatory)

| | | | |
|----------------------|----------------------|-------------|----------------------|
| Surname: | <input type="text"/> | Salutation: | <input type="text"/> |
| Given name(s): | <input type="text"/> | | |
| Date of birth: | <input type="text"/> | Gender: | <input type="text"/> |
| Postal address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| Residential address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| Telephone (BH): | <input type="text"/> | (AH): | <input type="text"/> |
| Email: | <input type="text"/> | | |

Would you like your user name and password for online access automatically emailed to this email? Yes ☐ No ☐

Tax File Number: Please read the below statements before providing your TFN.

Please Note: If you are under the age of 60, you must also supply a standard TFN declaration form.

Your TFN is confidential and before you decide to provide it, we are required to tell you the following things:

- We can collect your TFN under the Superannuation Industry (Supervision) Act 1993 and the Privacy Act 1988.
- If you provide your TFN to us, we will use it only for legal purposes. This includes finding and identifying your superannuation benefits where other information is insufficient, calculating tax on any eligible termination payment you may be entitled to, and providing information to the Commissioner of Taxation (amongst other things to enable the Commissioner of Taxation to assess any surcharge payable on superannuation contributions made by or for you). These purposes may change in the future.
- If you provide your TFN to us, we may provide it to the trustee of any other superannuation fund or to a RSA provider where the RSA provider or trustee is to receive your transferred benefits in the future. We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on. Otherwise we will treat it as confidential.
- It is not an offence if you choose not to quote your TFN. But, if you do not tell us your TFN, you may pay more tax.

Please select one of the following: ☐ I am an Australian citizen ☐ I am a permanent resident of Australia
☐ I am a New Zealand citizen ☐ I hold a subclass 405 or subclass 410 temporary visa

Account Based Pension ☐ I am aged 65 or over ☐ I have reached my preservation age and am permanently retired
Please select one of the following: ☐ I am aged 60 or over, am not permanently retired and have terminated an employment arrangement ☐ I am permanently retired

Transition to Retirement Pension ☐ I have reached my preservation age, and am engaged in gainful part time or full time employment
Please confirm: (i.e. employed at least 10 hours per week)

Section 3: Pension options

Please be advised that I wish my pension to commence in the month of:

I nominate pension payments to be: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

I nominate pension payments to be: ☐ Minimum amount* ☐ Maximum amount* ☐ Actual amount: \$ per annum

*A maximum amount can only be specified for a Transition to Retirement Pension. Pension payments must meet government standards. We reserve the right to adjust your nominated pension payment so that government standards are met. From time to time, the minimum amount prescribed by law may change. For up to date information about the minimum, contact the administrator on 1800 806 013 or go to www.freedomofchoice.com.au.

I want my pension payments to be made by:

☐ Electronic funds transfer (EFT) to my nominated bank, building society or credit union account (please nominate account details below)

☐ Cheque to be mailed to my address as detailed above

Account Based Pension only

☐ Yes, I wish my pension payments to be indexed each year @ % (Note: any indexation is subject to government payment limits)

☐ No, I do not want my pension indexed each year

Section 4: Banking details (pension payments)

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.

Please note that the account must be held in your name or jointly in your name.

Please also supply with your application form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.

BSB: Account number:

Account name:

Section 5: Target market assessment

The target market determination (TMD) for Freedom of Choice products can be found at freedomofchoice.com.au/target-market-determinations and includes a description of who the product is appropriate for, based upon the characteristics of the product, and the likely investment objectives, financial situation and needs of the consumer that each product had been designed to meet.

Products available through Freedom of Choice will also have their own TMD. A consumer must refer to the TMD and relevant disclosure documents when deciding if these products are suitable for them.

Please answer the following questions so that we can meet our regulatory obligations to take reasonable steps to ensure our products are distributed in line with those TMDs.

Which of these investment goals best describes your primary investment objective?

☐ Capital growth ☐ Capital preservation ☐ Capital guaranteed ☐ Income distribution

Which of these statements best describes how long you expect to remain invested in this product and selected investment options?

☐ Short term (less than 2 years) ☐ Medium term (between 2 and 8 years) ☐ Long term (more than 8 years)

Which of these statements best describes your attitude to investment risk, ability to bear loss, and return?

- ☐ Low (Unwilling to see a reduction in value of investment even in the short term. Risk of loss is low as is corresponding return.)
- ☐ Medium (Unwilling to see a reduction in the value of investment in the medium term, willing to accept some risk in the short term compensated with a higher return.)
- ☐ High (Seeking a high return from investment over the long term, willing to see a reduction in short to medium term compensated with a higher return.)
- ☐ Very high (Seeking to maximise returns and are willing to accept periods of investment losses over the lifetime of your investment. You are willing to accept the risk that can derive from the use of aggressive investment strategies such as investment in alternative assets, derivatives or from the use of leverage.)

Which of these statements best describes how long you expect withdrawals to take from the product?

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually or longer

Section 6: Beneficiaries

The Fund provides the following options for nominating how your benefit should be paid upon your death.

Note: For each account you have, you can only make one type of nomination. Your financial adviser cannot make a beneficiary nomination on your behalf. Refer to the Reference Guide for more information about nominating beneficiaries.

1. Preferred non-binding nomination – please complete the section below.

Please note that a preferred nomination of beneficiary guides but does not bind the Trustee. You may revoke or change your nomination at any time by completing a new *Change of Member Details* form.

In the event of my death please pay my remaining balance to: my estate or the following nominated dependants

| Full name of non-binding nominated beneficiary | Date of birth | Relationship | % of benefit |
|--|----------------------|----------------------|----------------------|
| <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"/> |
| | | | 100% |

2. Binding beneficiary nomination – you must complete the *Binding Nomination of Beneficiary* form available from www.freedomofchoice.com.au.

3. Reversionary beneficiary nomination

You can nominate your spouse (including a de facto spouse of the same or opposite sex) as a reversionary beneficiary, that is, a beneficiary who can continue to receive your pension in the event your death. The person you nominate must qualify as your 'spouse' at the date of your death.

Note: Where you nominate a reversionary beneficiary to continue to receive your pension, you are unable to make another type of binding nomination linked to your pension account. To revoke or change a reversionary beneficiary nomination (including a change from a reversionary beneficiary nomination to a binding nomination) you must restart your pension. Refer to the Reference Guide for more information about reversionary benefits.

Surname: Given name: Relationship: Date of birth:
Address: Postcode:

Section 7: Identity verification

To make a payment from your account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification. The Australian government's document verification service (DVS) has made the 'card number' a mandatory field to verify Australian drivers' licences. The card number is a unique number attributed to a driver's licence in Australia. If you are supplying a driver's licence as your form of identification, **please provide both the front and back of your licence** to ensure we can verify your identity.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1800 806 013.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the DVS. The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy is available from their website: <http://www.dvs.gov.au>

If you would like to proceed with electronic verification please tick each of the consent boxes below:

- ☐ You consent to us electronically verifying your identity; AND
- ☐ you are authorised to provide the identification documents to us; AND
- ☐ you understand that the details of the identification documents will be checked against the Australian government's document verification service.

Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1800 806 013.

Section 8: Member declaration

I make the following declarations and acknowledgements:

General

- I understand that I am bound by the provisions of the Trust Deed for Freedom of Choice dated 12 May 2000 as amended from time to time.
- I have been provided a copy and have read and understood the relevant Freedom of Choice PDS and have obtained, read and understood the current Reference Guide including any terms and conditions, and any investments in the Fund (including the Fund's investment options).
- The information I have provided in this form is true and correct.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

Pension

- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that if I commute my pension after joining (e.g. within a few years after joining, the value of my benefit may be less than I paid in).
- In relation to my term allocated pension, I understand that once my term allocated pension has commenced, I cannot change the term of my pension, or amounts paid.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.

Personal information

- I acknowledge that I have read and understood the Privacy Policy described in the Reference Guide.
- I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS and Reference Guide.
- I understand that my account balance can rise and fall, and that neither the Trustee, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, nor any of the fund managers or financial product issuers utilised by the Fund or accessible to you via the Fund guarantee the performance of the Fund or its investment options.
- I acknowledge that the Trustee will invest my account in accordance with the selections made by myself in this form and (where applicable) in any Investment Switch Form (as varied by me, from time to time) but that the Trustee reserves the right not to do so where necessary or appropriate without liability to the Trustee.
- I hereby direct the Trustee to invest my account balance as indicated above, based on the declarations and acknowledgements made in this form.
- Where I have selected (or select) an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to facilitate redemption or switching requests due to the illiquid nature of the investment.
- Where I have selected an instalment warrant, I acknowledge that I have received advice and the warrant issuer's disclosure document from my adviser and I understand the risks associated with such investments.
- Where I have selected (or select) a managed fund or term deposit, I have been provided a copy and have read and understood the relevant PDS for the investment(s) I have selected to invest in. I agree to obtain (and have or will obtain) the relevant PDS or disclosure document for the option from www.freedomofchoice.com.au before making any selection of a managed fund or term deposit option.

Member signature:

Date:

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au.

The Trustee's privacy policy can be found at www.eqt.com.au/global/privacystatement.