

# Pension Restart Application



FREEDOM  
OF CHOICE

Please complete this form to restart your pension.

## Section 1: PERSONAL DETAILS (All fields are mandatory)

Existing Pension Account Number:

Surname:

Salutation:

Given Name(s):

Date of Birth:

/  /

Postal Address:

Suburb:

State:

Postcode:

Email:

## Section 2: ACCOUNT AND TRANSFER DETAILS

Do you have an existing Freedom of Choice accumulation account you would like to use to consolidate funds to restart your pension?

Yes. Existing account number:

No

Are you adding any additional funds (select applicable box)?

I am making an additional contribution. Amount: \$

I am rolling over money from another superannuation fund. Please submit a Request to Transfer Form with this form.

Do you wish to do a full pension restart or a specified amount?

Full pension restart (Note: your accumulation account will be closed.)

Specified amount: \$  Note: your accumulation account will remain open with the remaining balance. Minimum remaining balance is \$1,000 plus 1 year's insurance premiums (if applicable).

If you have made any member voluntary contribution during this financial year to your existing Freedom of Choice accumulation account, and you intend to claim a tax deduction under section 290-170(3) of the Income Tax Assessment Act 1997 for all or part of this contribution, then please enter the amount below.

Yes, I would like to claim: \$  as tax deduction

## Section 3: PENSION ACCOUNT TYPE

I would like to apply for the following pension account:

Transition to retirement pension

Account based pension

## Section 4: PENSION PAYMENT DETAILS

I nominate pension payments to be:  Monthly  Quarterly  Half Yearly  Yearly

I nominate pension payments\* to be:  Minimum Amount  Maximum Amount  Actual Amount: \$  pa

First pension payment month:

I wish my pension payments to be indexed each year at \$  (Note: any indexation is subject to government payment limits)

\* Pension payments must meet government standards. We reserve the right to adjust your nominated pension payment so that government standards are met. A maximum can only be specified for a Transition to Retirement Pension. From time to time, the minimum amount prescribed by law may change. For up to date information about the minimum, contact the Administrator on 1300 264 264 or go to [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au).

**FoC, a division of AMG Super**

ABN 300 993 205 83  
PO Box 3528, Tingalpa DC Qld 4173  
Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au)

Issued by the trustee:  
**Equity Trustees Superannuation Limited**

ABN 50 055 641 757  
AFS Licence No. 229757  
RSE Licence No. L0001458

## Section 5: BANKING DETAILS

Please select one of the following:

I would like to use the same bank account recorded against my existing pension account.

I would like to nominate a new bank account

**(Note: you must provide us with proof of identity if submitting new bank details; refer to section 7.)**

**Please note that the account must be held in your name or jointly in your name. If this is the first payment we are making to this bank account please also submit with your 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:

Bank/Branch:

## Section 6: BENEFICIARIES

### Nomination of Binding/Non-binding (Preferred) beneficiaries

If you have an existing nomination of beneficiary/beneficiaries, your nomination will be replicated from your existing Freedom of Choice account/s.

If you would like to change your nomination of binding beneficiaries, please complete a *Binding Nomination of Beneficiary Form*.

If you would like to change your nomination of non-binding (preferred) beneficiaries, please complete a *Change of Member Details Form*.

### Nomination of Reversionary Pension

Please specify the name of your spouse who you wish to nominate to become a reversionary pensioner on the event of your death.

Surname:

Given Name(s):

Relationship:

Date of Birth:

Address:

Suburb:

State:

Postcode:

Note: A nomination of reversionary pension is subject to government standards which prescribe who can continue to receive your pension in the event of your death. Restrictions apply to the payment of pensions to children aged 18 or more. See the Product Disclosure Statement (PDS) for more information.

## Section 7: IDENTITY VERIFICATION

**You only need to refer to this section if you have submitted new bank details with this form.**

To make a payment to new bank details 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.

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 Australian government's Document Verification Service (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 to your new bank details 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: AUTHORISATION

Either the adviser or member can sign this form.

**If adviser is signing this form, the following declarations and acknowledgements apply:**

- I declare that all transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on the Fund.
- I confirm the member has provided authorisation, via their existing Pension Application Form or Adviser Nomination Form, for me to provide instruction in relation to their Freedom of Choice account.
- I declare that all information provided by myself 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.
- I confirm the member has agreed to have the adviser fee arrangements (if any) replicated from the existing Freedom of Choice account/s.

**If member is signing this form, the following declarations and acknowledgements apply:**

- I understand that I am bound by the provisions of the Freedom of Choice Trust Deed.
- I have read and agree to the terms of the relevant Freedom of Choice Product Disclosure Statement (PDS) and Reference Guide.
- The information I have provided in this form is true and correct.
- 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 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.
- I acknowledge that I have read and understood the Privacy Policy described in the Reference Guide.
- I agree to have my adviser fee arrangements (if any) replicated from my existing Freedom of Choice account/s.

Signature:

Date:

Name:

**Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au)**

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: [www.freedomofchoice.com.au](http://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 at [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au).