

# Application for membership (Retirement Section)

### About this form

We need you to fill out this form to let us know:

- · your personal details
- · how much you'd like to invest
- which investment options you'd like your money invested in
- the preservation status of your super
- · your pension amount
- · your payment method
- who you'd prefer to receive your super if you die while you're a member of ANZ Staff Super

If you're unsure of your decisions, we recommend that you see a licensed or appropriately authorised financial adviser.

Once you've completed the form, don't forget to sign it and return it to: ANZ Staff Super GPO Box 2139 Melbourne VIC 3001

### If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to **anzstaffsuper.com**.

Step 1 - Complete your personal details	Please print in black or blue pen, in uppercase, one character per box.	A 🗸
Title Mr Mrs Ms Miss Other Date of birt	th / / / / / / / / / / / / / / / / / / /	
Given names		
Surname		
Residential address (must be provided)		
Suburb	State Postcode	e
Postal address (if different to above)		
Suburb	State Postcode	e
Daytime Telephone Mobile		
E-mail - see note below		
Member number		
Providing your email address  In the future the Trustee anticipates providing information such as annual reports, members, member	er statements, exit statements and notice	es of
any material changes or occurrence of significant events electronically, rather than in write becomes available and you'd like to receive this information electronically please advise y	tten form as we do at the moment. If this	
Jacob davido y		

Continued over

Step 2 – Transition to Retirement pension	
Do you wish to transition to retirement by continuing your current membership with the ANZ your accumulated superannuation balance to establish this pension account? See the Prod details on the Transition to Retirement pension and an explanation of restrictions which may Yes  No	luct Disclosure Statement for
Step 3 - Preservation status of your super (not applicable for	Transition to Retirement pensions)
I declare that I am: (Select one option only) ✓  No longer in paid employment due to total and permanent disablement (the Trustee will as to your medical condition of permanent incapacity).  Over my preservation age (age 55 for those born before 1 July 1960 − refer to page 6 of Statement) and I am no longer gainfully employed. I am not intending to rejoin the work at any time in the future.  At least 60 years of age and I have ceased gainful employment since turning 60	the Product Disclosure
Step 4 – Make your initial investment (a minimum of \$	25,000 is required)
Please note that you must leave a minimum of \$7,500 in your existing ANZ Staff Super account.  I would like to retain my existing ANZ Staff Super account.  If the amount you've requested to transfer from your ANZ Staff Super account doesn't allow	·
\$7,500 to be retained, we will process your transfer so as to retain \$7,500 in your existing ac	
\$7,500 to be retained, we will process your transfer so as to retain \$7,500 in your existing act I wish to invest the following amount(s):  1. Transfer from my ANZ Staff Super account	Amount to be invested
\$7,500 to be retained, we will process your transfer so as to retain \$7,500 in your existing ac I wish to invest the following amount(s):	Amount to be invested
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## Step 5 - Choose your investment options (continued)

### Investment option(s) for your pension payments (optional)

You can choose to have your pension payments made from one or more of the investment options you have chosen above for your account balance. For example, if your account is invested 80% Aggressive Growth and 20% Cautious, you could choose to have your payments made from the Cautious option only.

Once there's no longer enough money in your chosen option(s), payments will automatically be deducted from the account balance invested in your other option(s). You'll be notified at the time, and can adjust your investment choice if desired.

Aggressive Growth

Balanced Growth

Cautious

Cash

TOTAL 1 0 0 %

## Step 6 - Decide on your pension amount

1. Select your payment frequency
How often do you wish to receive pension payments?
Fortnightly Monthly Quarterly Half yearly Annually
First pension payment date / / / / / / / / / / / / / / / / / / /
2. Select your payment amount
I wish to receive (before-tax) pension payments as follows: (Select one option only) 🗸
Minimum amount permitted
Nominated amount* of \$, per period as indicated above
Maximum amount permitted (Transition to Retirement pension only)
*This amount must be at least the minimum amount permitted and will be gross of tax where applicable.  Please note:
<ul> <li>If you have not ticked an option above, payments will be made at the minimum amount permitted.</li> <li>If you do not nominate a first pension payment date your first pension payment will be paid on the first available pay period after your account has been established.</li> </ul>

## Step 7 - Complete your payment details

My bank account details are as follows:		
Name of institution		
Branch name		
BSB Account number		
Account name:		

Note: Payments can only be made to your account or joint account to which you are party. Please provide a copy of a bank statement as proof of your bank account details. Payments to your account cannot commence until this proof is received. ANZ Staff Superannuation (Australia) Pty Ltd, the Trustee of ANZ Staff Super, relies on the bank account details you provide and will not accept responsibility if payments are paid to the wrong account because you provided incorrect bank account details. When your payments have been paid to your nominated account in accordance with your instructions, the Trustee is discharged from any further liability in relation to the payments.

## Step 8 - Nominate your beneficiaries

### Who'll get your super if you die while you're in ANZ Staff Super?

If you die while there is money in your account based pension or Transition to Retirement pension account in ANZ Staff Super, this money will be paid out to your spouse, dependants or estate. You have the option of:

- (1) nominating your spouse to receive your reversionary pension; OR
- (2) making a death benefit nomination; OR
- (3) making a binding death benefit nomination

If you do not make a binding death benefit nomination, the Trustee of ANZ Staff Super ('the Trustee') will determine to which of your dependants and/or your estate the benefit will be paid. However, your nomination of beneficiaries will be taken into account when the Trustee makes its determination.

Please read the information in the Product Disclosure Statement before completing this section of the Application for membership which allows you to nominate how you would prefer your benefit to be paid in the event of your death.

### 1. Spouse reversionary nomination

You can choose for your spouse to receive 100% of the balance of your account based pension or Transition to Retirement pension and on your death your spouse can decide whether to continue to receive your pension or receive the balance of your account as a single lump sum payment. Your nomination is a legally binding nomination which is irrevocable and the Trustee is required to follow unless the Trustee is legally restrained or prohibited from paying your super to this person.

Trustee is required to follow unless the Trustee is legal	<b>.</b>	ying your super to this person.
Name of spouse		
Suburb		State Postcode
Date of birth / / /		
Signature	Date	
X		
2 Non-hinding nomination		
2. Non-binding nomination  Please list the dependants (as defined at the end of St	ren 8) vou wish to nominate helow	and indicate the percentage of your
benefit you wish to allocate to each person listed (pleabeneficiaries).		
Please ensure that the percentages add up to 100%. T	ick the box to indicate if you'd like	your benefit paid to your estate.
Name of first nominee		
Relationship to you** (Select one option only)		
	Personal Representative Inte	rdependency Relationship
Address*		
Date of birth / / / / / / / / / / / / / / / / / / /		Proportion of payout %
Name of second nominee		
Relationship to you" (Select one option only)		
	Personal Representative Inte	rdependency Relationship
Address*	in orderial Representative	radportaction to transfer to the
Date of birth / / / /		Proportion of payout %

## Step 8 - Nominate your beneficiaries (continued)

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Relationship to you*	" (Select or	ne ontio	only)															
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## Step 8 - Nominate your beneficiaries (continued)

Name of second nom	ninee			
Relationship to you** (	Select one option only)			
Spouse Child	Financial Dependant	Legal Personal Representative	Interdependency Relationship	
Address*				
Date of birth	/		Proportion of payout	%
Name of third nomine	ee			
Relationship to you** (	Select one option only)			
Spouse Child	Financial Dependant	Legal Personal Representative	Interdependency Relationship	
Address*	i ilialiciai Depelidant	Legai Fersonai Representative	Interdependency Relationship	
Date of birth	/ / /		Proportion of payout	%
Name of fourth nomir	nee			
Relationship to you** (	Select one option only)			
Spouse Child	Financial Dependant	Legal Personal Representative	Interdependency Relationship	
Address*				
Data of birth			Dun stien of near t	0/
Date of birth			Proportion of payout TOTAL 1 0 0	%
OR			TOTAL	%

- I would like all (100%) of my benefit paid to my estate
- \* Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.
- \* The persons you nominate must be your 'Dependant' or legal personal representative (that is, the executor or administrator of your estate).

### 'Dependant' is defined as:

- your spouse whether by marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners);
- your children including step-children, adopted children and your spouse's children;
- any other person who the Trustee considers is wholly or partially dependent on you at the time of death; or
- any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
  - 1. they have a close personal relationship;
  - 2. they live together; and
  - 3. one or each of them provides the other with financial support; and
  - 4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

Any amounts paid to your legal personal representative would be distributed according to your Will, or if you don't have a Will, according to the laws of the State in which you resided at the date of your death

## Step 8 - Nominate your beneficiaries (continued)

- My nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- My nomination in this form will be invalid if:
  - it has not been completed correctly
  - the persons nominated as my Dependants and/or legal personal representative are no longer alive at the time of my death
  - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form
- My nomination in this form will expire and cease to have effect:
  - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
  - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
  - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- The information provided within this form will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or legal personal representative at the time of my death. The information may be disclosed to the administrator, my employer and other parties as required and I consent to the handling of my personal information in this way.

disclosed to the administrator, my employer and ot information in this way.	
Signature	Date
X	
Witness One (insert full name)	
I confirm that I am at least 18 years of age, am not a pabove has signed this form in my presence.	person nominated in Step 8 of this form and that the member named
Signature	Date
X	
Witness Two (insert full name)  I confirm that I am at least 18 years of age, am not a p	person nominated in Step 8 of this form and that the member named
above has signed this form in my presence.	
Signature	Date , The state of the state o
X	
0. 0. 4	
Step 9 - Attach proof of identit	y 🗸

## Step 10 - Complete Tax file number declaration (if you are below age 60)

I have completed and attached the Tax File Number Declaration Form from the Australian Tax Office.

### Step 11 - Sign the form

Your application will not be accepted unless you have signed this declaration. By signing this form I:

- apply to become a member of the Retirement Section (Account Based Pension Section) of the ANZ Staff Super
- confirm that I have attached a completed Tax File Number declaration form from the Australian Tax Office (if applicable)
- acknowledge that I have read and understood the Product Disclosure Statement available at anzstaffsuper.com/pds and agree to be bound by it
- · acknowledge that I have received all information I require in order to exercise the choices I have made
- · accept that I will be bound by the provisions of the Trust Deed and Rules which govern the operation of ANZ Staff Super
- acknowledge that if I've provided my email address details in this application form, the Trustee may, at its discretion, use
  that email address to send information to me, including any annual reports, member and exit statements and notices of any
  material changes or the occurrence of significant events, by electronic means

• understand and consent to my information being c	ollected, disclosed and used in the manner set out in this form.
Signature	Date
X	
Please return your completed form together with y ANZ Staff Super GPO Box 2139 Melbourne VIC 3001	our proof of identity and Tax File Number Declaration form to:

### Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian
Administration Services Pty Limited
collects (on behalf of the Trustee)
personal information directly from
members and their employers. Sometimes
information about you may be collected
from other third parties such as a previous
superannuation fund, your financial adviser
or publicly available sources. We collect,
use and disclose personal information
about you to provide and manage your
account and give you information about
your super, or as required by super and
tax laws

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas (in particular, its related entity Link Administration Private Limited (India)) as part of the day-to-day provision of administration or ancillary services. The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super

Mail: GPO Box 2139

Melbourne VIC 3001

Phone: 1800 000 086 Fax: (02) 9287 0320

Email: enquiry@anzstaffsuper.com
The Trustee's Privacy Policy Statement is
available on ANZ Staff Super's website
anzstaffsuper.com or by calling us on
1800 000 086. You can also access
the administrator's privacy policy on our
website.



## Completing proof of identity

### Primary photographic identification

You will need to provide a copy of one of the following primary identification documents:

- · Current Australian or foreign driver's licence (including the back of the driver's licence if your address has changed)
- · Australian passport
- · Current foreign passport<sup>1</sup>, or similar document issued for the purpose of international travel<sup>1</sup>
- · Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification1

Identification documents must not be expired (excepting an Australian passport which may be expired within 2 years).

### Alternative identification

If you are unable to provide any primary photographic identification, you will need to provide **two** identification documents, one from each of the following lists:

- Birth certificate or birth extract<sup>1</sup>
- Citizenship certificate issued by the Commonwealth
- Pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits
- Medicare card
- Foreign drivers' licence<sup>1</sup>

**AND** 

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Tax Office Notice of Assessment issued in the last 12 months<sup>1</sup>

### Name change

If you have changed your name, you must provide a certified copy of the relevant name change document, for example, a Marriage Certificate issued by the Registry of Births Deaths & Marriages, Decree Nisi or Deed Poll (in addition to the above identification).

If your legal name or date of birth does not match exactly to our records (excluding aforementioned name changes), please contact us for further instructions.

<sup>1</sup> Translation: If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.

## Signing on behalf of another person

If you are signing on behalf of the applicant you will need to provide the following:

- · A certified copy of the Guardianship papers or Power of Attorney; and
- · A certified copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney.

Note: Certified ID is also required for the member.

Continued over

### How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:

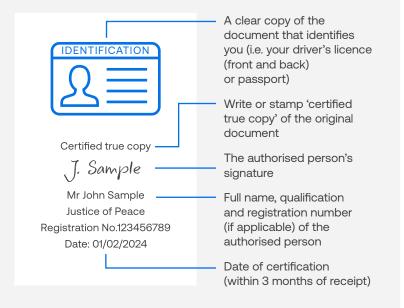
- · Written or stamped 'certified true copy'
- · Signature and printed full name
- Qualification (such as Justice of the Peace, Australia Post employee, etc)
- Date (the date of certification must be within the 3 months prior to our receipt)

#### Verification

A verification of the certifying party may be performed. If a discrepancy arises, you may be requested to re-certify documentation.

### Important note

The information in this document is a guide only and we may request additional documentation prior to any payment.



### Who can certify documents in Australia

- Permanent employee of the Australian Postal Corporation with two or more years
  of continuous service who is employed in an office supplying postal services to the
  public.
- Agent of the Australian Postal Commission who is in charge of an office supplying postal services to the public.
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bank officer, building society officer or credit union officer (with two or more continuous years of service)
- Commissioner for Affidavits or Declarations
- Registrar or Deputy Registrar of a Court, Judge, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Finance Company Officer (with two or more continuous years of service with one or more finance companies)
- Financial adviser or financial planner
- Justice of the Peace
- Legal practitioner (i.e. a person who is enrolled on the roll of the Supreme Court
  of a State or Territory or the High Court of Australia as a legal practitioner [however
  described])
- Member of the Institute of Chartered Accountants in Australia and New Zealand, the Australian Society of Certified Practising Accountants or Member of the Institute of Public Accountants
- Notary Public
- Officer with, or Authorised Representative of an Australian Financial Services
   Licensee (who has had at least two years of continuous service with one or more
   licensees)
- Pharmacist
- · Police Officer, Sheriff or Sheriff's Officer

# Who can certify documents outside of Australia

- an authorised staff member of an Australian Embassy, High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- a Notary Public
- an officer with 2 or more continuous years' service with one or more Australian financial institutions or overseas financial institutions with which ANZ has an existing correspondent banking relationship
- a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents

Important notice: In preparing this document the Trustee has not taken into account the investment objectives, financial situation and particular needs ("financial circumstances") of any person. Accordingly, before acting on the advice contained in this document, you should assess whether the advice is appropriate in light of your own financial circumstances and consider contacting your financial adviser. This document and interests in ANZ Staff Super are issued by ANZ Staff Superannuation (Australia) Pty Limited. You should consider the relevant PDS before making a decision in relation to a financial product.