

QUADRANT SUPER PENSION APPLICATION FORM

This application form was issued with *Member Guide* dated 1 July 2010

Personal details

Title: Mr Mrs Ms Miss Dr Other: Sex: Male Female

Given names:

Surname:

Residential address:

Suburb:

State: Postcode:

Postal address:

Suburb:

State: Postcode:

Date of birth: Phone (home): ()

Phone (work): () Phone (mobile):

Email address:

Pension commencement details

1. What date would you like to commence your Quadrant Super Pension? Date:

This date may be different from your pension payment date.

2. Have you permanently retired? Date:

If yes, please provide date of retirement and tick the appropriate box below:

I am 55 years of age or more and have been gainfully employed and have ceased employment, and I intend never to return to gainful employment

I am 60 years of age or more and have been gainfully employed and have ceased employment since attaining the age of 60.

If no, do you intend to permanently retire within the next month? Yes Date: No

3. For Quadrant Super Pensions commencing between 1 June and 30 June, would you like to defer your first pension payment until the next financial year? Yes No

4. If you do not have an existing Quadrant superannuation account what is the total amount you would like to commence your Quadrant Super Pension with? \$

5. If you do you have an existing Quadrant account, what is your member number?

6. How much would you like to use from this Quadrant account to commence your Quadrant Super Pension with?

Total balance (please complete question 7 below) or Specific amount \$

7. Will you be making future contributions/rollovers to a Quadrant superannuation account? Yes No

8. Do you intend to make a personal lump sum contribution to your Quadrant superannuation account prior to commencement of your Quadrant Super Pension? Yes No

9. Do you intend to claim a tax deduction for any personal contributions made to Quadrant? Yes No

10. Will you be using money from funds other than Quadrant to commence your Quadrant Super Pension? Yes No

Please note that there can be only one rollover from external funds. If you need to rollover money from more than one external fund you will need to open or have an existing Quadrant superannuation account prior to commencement of your Quadrant Super Pension. You will need to complete the *rollover form* provided in this *Member Guide*. Your Quadrant Super Pension will not commence until this money has been received. Please refer to the *Member Guide* for more information.

Name of Fund: \$

Pension payment details

1. How often would you like to receive your pension payments?

Payments can be made fortnightly, monthly, quarterly, half-yearly or annually. Please refer to page 10 of the *Member Guide* for more information about payment options. Please select one option only.

Fortnightly Monthly

For quarterly, half-yearly or annual payments, what month would you like to receive your first Quadrant Super Pension payment? (Please ensure you provide details in the relevant box below)

Quarterly Half-yearly Annually

First payment in First payment in First payment in

2. How much would you like to receive?

If you do not select an amount, you will automatically receive the minimum amount. Please refer to page 10 of the *Member Guide* for more information about pension payment amounts. Please select one option only and ensure specified amounts are gross of tax.

Minimum amount **or** Specified gross amount per payment \$ **or** *Maximum amount

**Applies to 'Transition to Retirement' pensions only. If selected, the maximum annual amount of 10% will be paid within the year regardless of commencement date. If you require less than the maximum amount within the year, please specify the gross amount you do require in the box above.*

3. Bank account details

You can only nominate a bank account that is held in your name. Please refer to page 11 of the *Member Guide* for more information about providing your bank account details.

Name of Australian financial institution:

Branch name:

Branch number (BSB): Account number:

Account name:

Investment options

Initial investment instruction

The minimum percentage that you can allocate to each option you choose is 10% of your total account balance and the total must add up to 100%. Please refer to page 14 of the *Member Guide* for more information about investing.

Investment option	Percentage to be invested
High Growth	<input type="text"/> %
Growth	<input type="text"/> %
Balanced	<input type="text"/> %
Sustainable Future	<input type="text"/> %
Moderate	<input type="text"/> %
Stable	<input type="text"/> %
Cash	<input type="text"/> %
Total 100%	

Ongoing redemption instruction

This instruction will apply for all redemptions from your account (i.e. pension payments and lump sum withdrawals). If you do not select an ongoing redemption instruction, your initial investment instructions will apply to all redemptions.

Investment option	Percentage to be invested
High Growth	<input type="text"/> %
Growth	<input type="text"/> %
Balanced	<input type="text"/> %
Sustainable Future	<input type="text"/> %
Moderate	<input type="text"/> %
Stable	<input type="text"/> %
Cash	<input type="text"/> %
Total 100%	

Beneficiaries

You can nominate who you would like to receive the remaining balance of your Quadrant Super Pension in the event of your death. Please refer to page 12 of the *Member Guide* for more information about nominating beneficiaries. Please select one option only.

Reversionary pensioner

Title: Mr Mrs Ms Miss Dr Other: Sex: Male Female

Given names:

Surname:

Postal address:

Suburb:

State: Postcode:

Date of birth: Phone (home): ()

Phone (work): () Phone (mobile):

Preferred beneficiaries

If you wish to nominate additional beneficiaries please provide the details on a separate sheet, which must be signed and dated by you.

	Full Name	Relationship	Date of birth	% of benefit
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total 100%

Binding Death Benefit nomination

If you would like to make a Binding Death Benefit nomination please complete the *Binding Death Benefit nomination form* provided in this *Member Guide*.

Tax File Number notification

Tax File Number:

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but if you don't you may pay more tax than you need to. Please refer to page 26 of the *Member Guide* for more information about providing your Tax File Number.

Proof of identity

You will need to provide proof of identification to commence your Quadrant Super Pension. Please refer to page 31 of the *Member Guide* for more information about providing proof of identity.

I have attached a certified copy of my drivers license or passport

OR I have attached certified copies of **both**

Birth/Citizenship certificate or Centrelink pension card **AND**

Centrelink payment letter or Government notice (less than one year old) with my name and address

Member declaration

Attached is a completed *Tax File Number declaration form* (applicable to all members under the age of 60)

I understand that if I do not submit this form to the Quadrant Trustee prior to commencement of my Quadrant Super Pension, the Quadrant Trustee will be obligated under current tax rules to deduct Pay As You Go (PAYG) Tax at the highest marginal tax rate plus Medicare Levy from my pension payments.

I apply for membership of the Quadrant Super Pension fund and I acknowledge that:

- I will be bound by the governing rules of the fund, the policies and procedures of the Quadrant Trustee and the relevant law.
- I accept Quadrant Online as a standing facility to confirm my transactions.
- I acknowledge that I have provided my email and other contact information in this *application form* and understand that Quadrant, may at its discretion, use that information to send me material about my superannuation, including benefit statements, Annual Reports, letters, newsletters and appropriate financial product and member services information.
- I consent to the use of my personal information as outlined in Quadrant's privacy policy which is available on the Quadrant website at www.quadrantsuper.com.au. I have received a copy of the *Combined Product Disclosure Statement and Financial Services Guide* dated 1 July 2010 and agree to accept the terms and conditions contained in it.
- I declare that I have disclosed all material information and that the above information is true and correct.
- I confirm that I have read the information provided to me.
- I understand that the information in this *Combined Product Disclosure Statement and Financial Services Guide* dated 1 July 2010 should be read in conjunction with all reference material.

Please sign below and return to Quadrant.

Your Signature:

Date:

Have you completed all sections? Please ensure that all sections are fully completed otherwise we cannot commence your Quadrant Super Pension payments. Please refer to the forms checklist prior to sending in your application form.