



Account-Based Pension Plan

Application for Payment

Please complete in capital letters and in BLACK INK only

This form is to be completed by members wishing to withdraw or rollover all or part of their account in the FuturePlus Super Account-Based Pension Plan. Before completing this form members should read the 'Important Notes' and refer to the Product Disclosure Statement available from Member Services or the Plan's website.

1. Your details

Member No	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Contact Details (postal address, telephone, email)							
No./Street/PO Box	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						

Residential Address

Same as Postal Address above

Different from Postal Address above – you MUST complete below

No./Street	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		

2. Cash payment details

I wish to receive a cash payment of the amount specified below:

Amount \$

Please complete **ONE OR MORE** of the following options below.

I wish the payment to be made as follows:

<input type="checkbox"/>	as a spouse contribution	\$	<input type="text"/>	into the FuturePlus Super
<input type="checkbox"/>	by direct credit	\$	<input type="text"/>	into my bank, building society or credit union account, as indicated below
<input type="checkbox"/>	as a cheque	\$	<input type="text"/>	to me at the address I have advised in section 1 Your details

Bank/Building Society or Credit Union details:

Name of institution	<input type="text"/>						
Name in which the account is held	<input type="text"/>						
Account number	<input type="text"/>			Branch (BSB) number	<input type="text"/>	-	<input type="text"/>

Note: if you wish your payment to be made to more than one destination please provide the additional information on a covering letter, ensuring that all the required information, as requested above, has been included. You may only request direct payment to accounts held in your name.



3. Rollover instructions

I wish to rollover the amount specified below:

Amount \$

I wish to rollover my benefit to the:

FuturePlus Super

FuturePlus Super Account-Based Pension Plan

Fund as indicated below:

Name of rollover fund			
Account no./ Member no.		OR SPIN*	
ABN*		SFN*	

* It is essential that you provide either your account/member number with the destination rollover fund OR that fund's SPIN (Superannuation Product Identification Number). It is also mandatory for you to provide the ABN (Australian Business Number) of the fund. Please also provide that fund's SFN (Superannuation Fund Number) if known. SPIN, ABN and SFN can be obtained directly from your chosen rollover fund. ABN and SFN may also be obtained from Australian Prudential Regulation Authority (APRA) website (www.apra.gov.au)

Street/PO Box no.

Suburb/Town/City

State/Territory Postcode

If you wish to rollover to more than one super fund or rollover institution, please provide the additional information in a covering letter, ensuring that all the required information, as requested above, has been included.

4. Preservation declaration

ONLY complete this section if you intend to receive a cash payment which includes a preserved amount. Please tick **ONE** (1) of the following options:

- I am at least 55 and retired, and do not intend to seek gainful employment of more than 10 hours per week in the future.
- I am at least 60 and have ceased a period of employment since turning that age.
- I am 65 or older.
- I am permanently incapacitated and have previously provided 2 incapacity certificates to that effect.

Please read 'Important Notes' for further detail.

5. Proof of identity and date of birth (see 'What is Required for Proof of Identity and Date of Birth')

I have attached a **certified** copy of proof of identity and date of birth documentation (eg my unexpired driver's licence, my passport which has not expired more than 2 years ago) as per 'What is Required for Proof of Identity and Date of Birth'.

For information on the acceptable documents to prove your identity and your date of birth, who can certify such documents (eg Justice of the Peace, solicitor), where you have changed your name and/or are signing on behalf of another person, see information sheet titled 'What is Required for Proof of Identity and Date of Birth' on our website (see address below) or call Member Services on the telephone number below.

6. Applicant declaration

I declare that:

- I understand that Chifley Financial Services Limited (ABN 75 053 704 706) (the "Trustee") can provide me with information but cannot give me investment advice and the Product Disclosure Statement is a general guide and does not constitute investment advice.
- I have fully read this form and the information completed is true and correct.

Signed Date (dd/mm/yyyy) / /



IMPORTANT NOTES

You should read the Product Disclosure Statement (PDS) before completing this form. The PDS is available from Member Services and the Fund's website.

PAYMENTS

You can elect to be paid any amount, subject to the Commonwealth preservation rules and the \$2,000 rule as set out in these notes.

Commutations (withdrawals) from the Account-Based Pension Plan made during the year do not affect the minimum and maximum limits on the pension payments that you can draw from your account during that year because those limits are determined on your account balance at the start of the year. They may affect your minimum and maximum pension payments in future years due to the reduced account balance.

For Pensions commencing on or after 1 October 2003, a pro rate minimum pension payment must be made before your pension can be fully commuted.

For more information contact your Financial Planner or see the Product Disclosure Statement.

Note: Payments / Rollovers are limited to two (2) per financial year.

THE \$2,000 RULE

Payments to members: must be at least \$2,000 or the total 'cashable' amount in the member's accounts, whichever is less.

Rollovers: unless the total amount is rolled over, rollovers must be in amounts of \$2,000 or more.

The remaining account balances after a payment and/or rollover must not be less than \$2,000.

PRESERVATION RULES

Commonwealth provisions generally require part of members' superannuation benefit to be preserved (retained in the superannuation system) until they:

- cease a period of employment from age 60, OR
- retire permanently from the workforce on or after their preservation age (between 55 and 60); OR
- reach age 65.

The preserved component is also payable immediately in the case of permanent incapacity or death.

Benefits paid from the Account-Based Pension Plan will consist of only unrestricted non-preserved amounts (ie the benefit may be paid in cash at any time under the Commonwealth Preservation rules).

NOTIFICATION OF TAX FILE NUMBER

If you have not already given us your Tax File Number (TFN) you should consider doing so now. **To give us your TFN, complete a "Notification of Tax File Number" Form and send it to us with this form.**

TAX

Withdrawal and/or commutations of your benefit may be subject to tax. Details of the tax that would be payable on your benefit can be obtained from Member Services.

PROTECTING YOUR PRIVACY

Some of the personal information you are requested to provide is required to establish and maintain your membership in FuturePlus Super while other information is required under Australia's Anti-Money Laundering and Counter-Terrorism Financing laws.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or the website at www.futureplussuper.com.au.

TRUSTEE INFORMATION

Please note that the information contained in this document is of a general nature only and does not constitute personal advice as it does not take into account your personal objectives, financial situation or needs. Any advice in this document is provided by Chifley Financial Services Limited (ABN 75 053 704 706), as an Australian Financial Services Licensee (AFSL 231148). Chifley Financial Services Limited is an APRA Registrable Superannuation Entity Licensee and the trustee of FuturePlus Super (ABN 76 829 356 693). Chifley Financial Services Limited is co-owned by Energy Industries Superannuation Scheme Pty Limited (ABN 72 077 947 285), Unions NSW, Australian Workers Union (ABN 28 853 022 982 trading as the Australian Workers Union National Office) and the Australian Workers Union (ABN 70 662 384 762 trading as The Australian Workers Union Greater New South Wales Branch).

You should not rely solely on this information and you should consider your own personal objectives, financial situation and needs before acting on this information. Prior to making any investment decision you should obtain and consider the relevant Product Disclosure Statement (PDS) or other offer document and seek professional investment advice.

Where to send this form/enquiries

FuturePlus Super
PO Box N835
Grosvenor Place NSW 1220
website: www.futureplussuper.com.au

Phone: 1800 067 059
(8.30 am – 5.00 pm Mon – Fri)

enquiries: info@futureplussuper.com.au

DO NOT FAX OR EMAIL THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED





Account-Based Pension Plan

SMSF Declaration

Please complete in capital letters and in BLACK INK only

1. Your details

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Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						
Residential Address							
<input type="checkbox"/>	Same as Postal Address above						
<input type="checkbox"/>	Different from Postal Address above – you MUST complete below						
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2. Member declaration

Self Managed Super Fund Name	<input type="text"/>								
I declare that:									
<ul style="list-style-type: none"> I am aware that the current insurance coverage offered by FuturePlus Super may change once the rollover is completed. I am aware that early access or release of preserved benefits is permitted only in the cases of severe financial hardship or on tightly restricted compassionate grounds. I am aware that significant penalties apply to both the fund and the recipient of the early release if a benefit is unlawfully released. I have sought the advice of a licensed advisor or recognised accountant. 									
Signed	<input type="text"/>			Date (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

Where to send this form/enquiries

FuturePlus Super PO Box N835 Grosvenor Place NSW 1220 website: www.futureplussuper.com.au	Phone: 1800 067 059 (8.30 am – 5.00 pm Mon – Fri) enquiries: info@futureplussuper.com.au
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