

Instructions

You should not complete this form unless you have received, read and understood the current Bank First Pension Product Disclosure Statement (PDS).

- Black or blue pen please.
- Please use BLOCK letters.
- Please place an X in boxes where required.

Please send your completed form to the address below:

Bank First Superannuation,
GPO Box 4559,
Melbourne VIC 3001

Step 1 – Member Details

Account Number

Title

First Name

Last Name

Email address*

Date of Birth

Phone number (mobile)

*Your email address allows us to provide communications relating to the Fund to you or to notify you that communications are available from a website. Fund communications may include periodic statements and other statements relating to your account, and other documents that the Fund must provide to you.

Step 2 – Eligibility conditions

In order to be eligible to transfer your Transition to Retirement income stream to an Account Based Pension, you must meet one of the below conditions of release:

I am age 55 or over and have ceased gainful employment, and do not intend ever again to become gainfully employed for 10 hours a week or more.

I am aged 60 – 64 and have ceased gainful employment with an employer.

Step 3 – Pension payment details

Frequency*

Monthly

Quarterly

Half yearly

Annually

Month to receive payment (if annually)

* Payments will be paid on the 15th day of the month. If the 15th day falls on a weekend or public holiday, your income payment will be processed earlier so that it is accessible by the 15th. Quarterly payments will be made in March, June, September and December. Half yearly payments will be made in June and December.

Step 4 – Pension payment amount

Complete this section if you wish to change the amount or frequency of your pension payment, subject to the minimum annual payment required

I would like to receive the:

Minimum pension

Specified pension of \$ per annum*

Specified payment of \$ per payment*

*Must be at least minimum annual amount.

Refer to the current PDS for information about the applicable minimum, depending on age.

Step 5 – Payment account

Name of Bank, Credit Union, Building Society etc

Branch Address

Account Name

Branch Number (BSB)

Account Number

Step 6 – Proof of Identity

The law required the Trustee to verify the identity of members to safeguard member benefits before processing certain requests including requests to commence a superannuation pension. If your name or residential address have changed since you provided copies of your proof of identity (POI) documents, you will need to submit updated POI document(s). Any documents you provide must be certified as true copies by a person authorised to certify documents. If you are not able to provide documents or obtain certifications as outlined below, contact us on 03 9654 1399 for further alternatives.

Please indicate below what proof of identity documents you are providing:

A certified copy of one of the following documents ONLY:

One of the following documents only:

- Driver's licence issued under State or Territory law
- Australian Passport
- Card issued under a State or Territory law, for the purpose of proving a person's age, containing a photo
- Foreign passport that contains a photo and the signature of the member (and translated by an accredited translator if in a foreign language)

..... OR

A certified copy of one of the following documents:

One of the following documents only:

- Birth certificate issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Pension card or health card issued by Centerlink that entitles the person to financial benefits

AND

A certified copy of one of the following documents:

- A Social Security notice issued by the Commonwealth, State or Territory in the past 12 months containing your name and residential address which records financial benefits provided to you
- Notice issued by the Australian Tax Office within the past twelve months that contains your name and residential address and records debt payable by you.
- A Rates or Utilities notice issued in the last 3 months containing your name and residential address and recording the provision of services to you/your address.

Make sure your documents are correctly certified:

All copied pages of ORIGINAL supporting documents or proof of identity documents need to be certified as true copies by an individual approved to do so. They must:

- Sight the original and the copy and make sure both documents are identical, then
- Make sure all pages have been certified as true copies by writing or stamping 'certified true copy', then
- Sign and print their name, qualification (eg, Justice of the Peace etc) and date.

People commonly used to certify proof of identity documents:

- Pharmacist
- Justice of the Peace
- Notary Public Officer
- Medical Practitioner or Nurse
- Police Officer
- Accountant (CA/CPA)
- Legal Practitioner
- Full-time teacher (school or tertiary)
- Bank/Credit Union/Building Society Officer with at least two years continuous service
- Permanent employee of a Commonwealth, State/Territory or local government with at least two years continuous service
- An officer with, or authorised representative of, a holder of an Australian Credit Licence or Australian Financial Services Licence having at least 2 continuous years of service with one or more licensees.

For information about other people that certify proof of identity documents, call (03) 9654 1399.

Step 7 - Authority

By signing this request form I am making the following statements:

- I hereby request that my transition to retirement income stream is transferred to an account based pension and, if accepted, I understand I am bound by the Trust Deed applicable to CUBS Superannuation Fund.
- I have received, read and understood the current Bank First Pension Product Disclosure Statement including information about the differences between transition to retirement and account based pensions and the impact of my requested transfer.
- I understand that the Trustee may be required, and I permit the Trustee, to adjust my pension payments to ensure legislated pension standards are adhered to.
- I understand that the investment selection that applies to my transition to retirement income account will apply to my account based pension account, unless I make a new investment selection for my pension account.
- I understand that investments may rise or fall and I acknowledge that the Trustee and any of its associated or related entities do not guarantee the return of capital or the performance of the Bank First Pension or its investment options.
- I understand that neither the Trustee nor any underlying manager is responsible for the investment selection made by me and I accept the investment risks, fees and costs, and rewards of the investment options I choose.
- I understand it is my responsibility to obtain taxation or financial advice relating to the transfer of my retirement income stream to an account based pension account, taking into account my personal situation including my total superannuation savings which may affect the tax I pay or have other taxation consequences.
- I declare that, to the best of my knowledge, the information I have provided on this form and in any other documents I provide for the purposes of this form is true and correct.
- I authorise CUBS Superannuation Fund to process the transfer as instructed on this form.
- I agree to receive Fund communications from a website where I am notified by email that a communication is available from a website. I understand that it is my responsibility to view, download and print a communication from the website after being notified that it is available.

* Note: If you would like to make new investment selections, contact us on 1300 654 193 for the relevant form.

*Signature

*Date

* Denotes mandatory field. If you do not complete all mandatory fields there may be a delay in processing your request.