

## Retirement income stream application

Complete this form if you would like to open an AvSuper Income Stream account, having read the **AvSuper Income Stream Product Disclosure Statement** - call AvSuper on 1300 128 751 for assistance. *Note that questions with an \* in the heading must be completed.*

Please send your completed form and **Tax file number declaration form** (not required for those aged 60 and over), to **AvSuper Admin, Locked Bag 20127, Melbourne VIC 3001.**

### Personal details\*

Surname		Mr/Mrs/Ms/Miss
<input type="text"/>		<input type="text"/>
Given names		
<input type="text"/>		
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Email	
<input type="text"/>	<input type="text"/>	
AvSuper member number (if an existing member)		Date of birth
<input type="text"/>		<input type="text"/>

### Eligibility\*

Please tick one of the following.

- I am aged 65 or over **OR**
- I have reached my preservation age and am permanently retired **OR**
- I am aged 60 or over, am not permanently retired and have terminated an employment arrangement **OR**
- I am permanently incapacitated.

### Citizenship details

Please tick one of the following.

- I am an Australian citizen **OR**
- I am a permanent resident of Australia **OR**
- I am a New Zealand citizen **OR**
- I hold a subclass 405 or subclass 410 temporary VISA.

### Transfer details\*

I wish to open an **income stream** and am eligible to do so under Australian law.

You can only start an income stream with existing superannuation money and a minimum balance of \$20,000.

Since 1 July 2017, there is a Government imposed maximum you can hold in retirement phase income streams (across all funds you participate in).

Once commenced, you cannot add money to your income stream. Therefore, if you are rolling money in from a number of super funds, we suggest consolidating them first.

I authorise AvSuper to transfer \$  OR entire balance\* from my AvSuper account **AND / OR**

I authorise AvSuper to transfer \$  OR entire balance from

(ABN  SPIN  ) where my member number was .

I have reviewed my old account for any member benefits I may lose by transferring out my money.

*\* If transferring your entire AvSuper accumulation account balance, any associated insurance cover will cease so you may wish to maintain an accumulation account.*

## Investment choice

You can choose from nine professionally managed investment options (as described in the **AvSuper Investment Guide**) for your retirement savings. Your draw downs will also be drawdown in the same proportions unless you specify otherwise (see next page).

If you do not make a choice your money will be invested in the Balanced Growth (77%) and Cash (23%) options and drawdown from the Cash option by default. Please complete the following table to make a choice:

Cash	<input type="text"/>	%
Conservative growth	<input type="text"/>	%
Stable growth	<input type="text"/>	%
Balanced growth	<input type="text"/>	%
Growth	<input type="text"/>	%
Diversified index	<input type="text"/>	%
High growth	<input type="text"/>	%
Australian shares	<input type="text"/>	%
International shares	<input type="text"/>	%
<b>TOTAL</b>	<b>100</b>	<b>%</b>

You can change your choice later via **AOL** or by sending us a completed **Nominate or switch income stream investment options** form.

## Tax file number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, AvSuper is authorised to collect, use and disclose your TFN. We may disclose your TFN to another super provider, when your benefits are being transferred, unless you request, in writing, that your TFN not be disclosed to any other super provider.

It is not an offence not to quote your TFN. However, if you don't provide your TFN:

- super you withdraw may be subject to the highest marginal tax rate plus the Medicare levy (immediately or as part of your tax return), and
- it may be difficult to find and consolidate other super accounts you may have.

My Tax File Number is:

I consent to my TFN being used to search the ATO database for other super accounts I may have.  Yes  No

## Income details\*

At least one annual payment must be made. Your income payments can be reviewed up to four times each financial year. Select your preferred payment details:

Minimum (as defined under super law – refer to PDS for details)

Other – must be above the minimum.

Please specify dollar amount \$  per payment (gross).

I wish to be paid:

fortnightly  monthly  annually.

I want my income stream paid from the

- Cash option (the default without an investment choice) **OR**  
 same proportions as my investment choice for my income stream account **OR**  
 following proportions (as %) or priorities:

Cash	<input type="text"/>	
Conservative growth	<input type="text"/>	
Stable growth	<input type="text"/>	
Balanced growth	<input type="text"/>	
Growth	<input type="text"/>	
Diversified index	<input type="text"/>	
High growth	<input type="text"/>	
Australian shares	<input type="text"/>	
International shares	<input type="text"/>	
<b>TOTAL (proportion only)</b>	<b>100</b>	<b>%</b>

## Payment details\*

Please provide a copy of a bank statement clearly showing the BSB, account number and account name for this account.

Name of Australian bank/building society/credit union

Account name (It must be in your name solely or jointly)

BSB number

Account number

## Nomination of beneficiaries (Nomination is optional)

You can nominate your dependant\* as a reversionary beneficiary who will continue to receive income stream payments if you die. A valid reversionary nomination is usually binding on the Trustee (subject to Government restrictions - see the PDS) but will not prevent your nominated reversionary beneficiary\* from commuting (changing) the income stream to a lump sum. You can use our **Income stream reversionary nomination** form available from [www.avsuper.com.au/member-forms/](http://www.avsuper.com.au/member-forms/) to make or change your nomination later.

Name of reversionary beneficiary	Relationship	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		

Alternatively, you can make a non-binding nomination to help the Trustee decide who gets your money as a lump sum if you die. If you do not have any dependants (as defined in legislation and on our website)\*, it will be paid to your legal personal representative. You can update your non-binding nomination at any time by completing a **Nomination of beneficiaries** form.

Name	Address	Relationship	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To make a legally binding nomination of beneficiaries, send us a witnessed, complete **Nomination of beneficiaries** form (available from our website). **TOTAL 100%**

\* Dependants include your legal or defacto spouse, children (including stepchildren, ex-nuptial children and adopted children) and any other person with whom the Trustee considers you had an interdependency relationship at the time of your death.

## Identification verification

We cannot open an income stream account or make superannuation payments (including income stream drawdowns) without confirming your identity. AvSuper uses electronic identification verification for withdrawals to ensure money is only paid to our members in an appropriate manner. Failure to provide the documentation will delay opening of your account and/or payments from your account.

I confirm that I am authorised to provide these personal details and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of electronically confirming my identity.

Please provide details on at least two of the following documents to enable us to verify your identity electronically. If you are unable to provide sufficient information for electronic verification, you may be required to supply certified identification documents - see our [fact sheet](#) or call us for assistance.

<b>Drivers licence</b>	Licence number	Card number	State of issue	Expiry date
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Medicare card</b>	Card number	Reference number	Expiry date	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Passport</b>	Passport number	Date of issue	Place of birth	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Country of birth (not shown on passport)			
	<input type="text"/>			

Note that if your name differs between documents and/or your AvSuper membership, you will need to provide a linking document (see our website) to prove the link between the names.

## Political exposure declaration\*

I am **OR**  I am **not** a domestic **Politically Exposed Person** (someone who holds a prominent public position or function as explained on our website.) Processing may be delayed if you do not complete this section - please call if unsure of your status.

## Declaration\*

- I am applying to open an AvSuper Income Stream account and understand I am bound by the Trust Deed and rules of the Fund. I have received and read the privacy notice and **Income Stream Product Disclosure Statement**. I received professional financial advice before completing this form, or chose not to although I could have done so.
- I understand that unless I have made an investment choice, my money will be invested in the Balanced Growth and Cash investment options (with my income stream payments paid from the Cash option) but I can change this at any time.
- I am an Australian resident or citizen and otherwise eligible under Superannuation Industry Supervision Regulations.
- I have considered whether any authorised transfer (above) from another super fund (old account) will result in the loss of member benefits (including insurance cover) in my old account or fees and costs (eg sell spreads being charged by my old account provider).
- I declare that the information I have provided in this form is true and correct.

Member's signature (If submitting this form via email, please type your name below.)

Date