



Pension

application form



The industry fund for the people who care

Use this form to apply for a Health Super Pension. You must be an existing Health Super member. If you're under 60, please complete a Tax File Number Declaration form and return it to us with this application.

A Health Super Pension account will only be established on receipt of this completed application form, issued with our current *Pension Guide*. You must have read the current Guide before applying. We also recommend that you obtain appropriate financial and/or taxation advice. Please call us on 1800 331 719 if you have any enquiries.

Please print in BLOCK LETTERS when completing the form. Mark appropriate answer with a cross.

Tip: when supplying us with details, please ensure you provide the following:

- certified copies of documents confirming your identity
- your full name with no initials, including given name(s) and surname
- your full residential address. (PO Boxes will only be accepted as a postal address, you must provide your full residential address)
- your date of birth.

If any of this information is not included we may need to verify your identity before accepting your request. You should refer to the *Proof of ID* page on our website healthsuper.com.au for details of certified ID requirements.

Important information: *Indicates mandatory fields. To avoid your application being delayed or not processed, please ensure these fields are completed properly.

Part A: Member details

Your 7 or 8 digit Health Super member number*

Tax File Number

Mr Ms Mrs Miss Dr Other (please specify)

*Date of birth

*Given name(s)

*Surname

*Full residential address (PO Box not acceptable)

Suburb/Town

Country

State

Postcode

Postal address if different from residential address

Suburb/Town

Country

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address

By providing your email address, you agree that we may use this address to provide you with information about your account (such as reports and other material).

Please also complete a Tax file Number Declaration Form if you are under 60 years of age to claim concessions that may be available in respect of pension payments.

continued overleaf...



Pension amount

How much would you like to invest (minimum \$20,000)?

\$

Part B: Choose your Member Investment Option

Please select the investment option in which you wish to invest (cross one box only).

Investment option	Standard	SRI	
Long-Term Growth	<input type="checkbox"/>	<input type="checkbox"/>	Refer to page 16 for information about Standard & SRI options.
Medium-Term Growth	<input type="checkbox"/>	<input type="checkbox"/>	
Balanced	<input type="checkbox"/>	<input type="checkbox"/>	
Short-Term Conservative	<input type="checkbox"/>	<input type="checkbox"/>	
Stopover ¹	<input type="checkbox"/>		

¹SRI option is not available for Stopover.

Bank account details

You can only nominate a bank, credit union or building society account that is held in your name or is a joint account including your name. By providing your bank account details in this section you authorise Health Super to use these details for all future transaction requests that you nominate. This nominated bank account will be credited with your pension payments and any withdrawals.

Name of Australian financial institution

Branch number (BSB)

Branch name

Account number

Account Name

Pension payment details

How often would you like to receive your pension payment?

Fortnightly Monthly Quarterly Half-yearly Annually

How much would you like to receive at each pension payment? If you do not specify an amount the minimum will be paid.

Minimum level (automatically recalculated each year to remain within your minimum level)

OR Specific amount \$ gross amount

NB: Amount must be over the prescribed minimum for Health Super Pension.

If you invest between 1 June and 30 June, by crossing this box you can defer your payments until next financial year. Please indicate above your preferred payment option for the following financial year.

Nomination of Beneficiary details

Complete this section only if you wish to nominate a beneficiary to receive your benefits if you die.
What type of beneficiary do you wish to nominate? (see page 12 for details) Please cross one.

- Reversionary Beneficiary: (person to whom the pension will continue to be paid after your death).
Please complete their details below.
- Discretionary Beneficiary(ies): See below to provide details.

Reversionary Beneficiary details:

*Given name(s)	*Surname	*Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Full residential address (PO Box not acceptable)				
<input type="text"/>				
Suburb/Town	Country	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number (BH)	Telephone number (AH)	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email address				
<input type="text"/>				

On the death of the nominated Reversionary Beneficiary, the Health Super Pension account balance may be paid as determined by the Trustee, subject to any legislative and Trust Deed requirements.

Nomination of a Reversionary Beneficiary is subject to requirements in the Trust Deed and superannuation legislation.

Nominated Discretionary Beneficiary details:

Fill in the boxes below to nominate your beneficiaries and what share of your benefit you would like them to have.
Beneficiary nominations are used as a guide only and are not binding on the Trustee.

Full name of beneficiary	Relationship to you (please tick)			Share of benefit (must total 100%)
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other*	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other*	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other*	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other*	<input type="text"/>

Legal personal representative

*Other dependants may include interdependants and financial dependants.

continued overleaf...

Part C: Sign & return

I declare and agree that:

- I have read the current Pension Guide carefully which is attached to this application and have received and accepted the offer in it in Australia;
- My application is true and correct;
- I am bound by any terms and conditions contained in the Pension Guide and the provisions of the Health Super Fund Trust Deed as amended from time to time and have legal power to invest;
- If I have received this Pension Guide from the internet or other electronic means that I received it personally or a printout of it, accompanied by or attached to this application form;
- I am eligible to invest in a Health Super Pension as I meet the eligibility criteria set out in the current Pension Guide.

I acknowledge that:

- Investments in a Health Super Pension are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested;
- The information in the Pension Guide is general advice only and does not constitute personal financial advice. Health Super has recommended that I seek financial advice should I require it before making an investment choice that is right for my needs and circumstances;
- Health Super does not guarantee the repayment of capital or the performance or rate of return of any particular investment option;
- The Trustee has absolute discretion to change underlying managers and asset allocations utilised in each of Health Super's investment options.

By signing this form I certify that:

- I understand my nomination of Discretionary Beneficiaries is not binding on the Trustee;
- I understand that superannuation legislation and/or the Trust Deed may not permit my superannuation benefits to be paid to my nominated Reversionary or Discretionary Beneficiary/ies and in these circumstances the Trustee may distribute my benefits at its discretion;
- I have read the Privacy Statement contained in the Pension Guide and/or Annual Report and authorise the Trustee to collect, use and disclose my personal information in accordance with its Privacy Policy;
- I have read and understood the TFN information in the Pension Guide (See page 32 for more information about the consequences if Health Super does not hold your TFN).

Your signature

Print name



The original form and certified identification must be sent to:
Health Super Pty Ltd, Locked Bag 2900,
Collins Street West VIC 8007

Date

D	D	M	M	Y	Y	Y	Y
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If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it).

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675).