

Complete this form in BLACK ink with a ballpoint pen using BLOCK letters | Any request will be invalid if not signed and dated
Please mail this form to: AMIST Super, Locked Bag 5390, Parramatta NSW 2124 | AMIST Pension Hotline: 1800 255 521

Personal details

AMIST Super Member Number	Date of birth (dd/mm/yyyy)	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Mobile	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		

Your Pension

Please tick the box that describes your circumstances.

- I am over early retirement age (see Page 4) and under age 60 and certify that I have permanently retired from the workforce
- I am over age 60 and under age 65 and have ceased employment with the employer who was making payments to AMIST Super on my behalf
- I am over age 65
- I do not meet the criteria in 1, 2 or 3. In this case your pension will be considered a Transition to Retirement Pension (refer to page 3 of the PDS)

Amount to be transferred to the AMIST Pension

Do you want to invest your whole AMIST Super account balance or part of your account balance in the AMIST Pension?

- Whole amount
- An amount of \$, , (minimum \$20,000)
- Keep my AMIST Super accumulation account open with the minimum balance

Please note – if you have money from another superannuation fund that you want to include in your AMIST Pension, that amount must be transferred to AMIST Super prior to commencing your pension. If you close your AMIST Super accumulation account, any associated insurances will cease.

Member Investment Choice

You may nominate to invest your pension balance in one of five investment options, or in a combination of the investment options. Please read the section of the PDS titled "Member Investment Choice" on page 9 prior to making a choice:

I would like the balance of my AMIST Pension account to be invested in the following investment options:

Secure	Capital Stable	Balanced	Growth	High Growth	TOTAL
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
					must equal 100%

Please note: if you do not wish to make a choice, your pension account will be invested in the Balanced Option, which is the default option.

How much pension do you wish to receive?

Please read the section titled "Pension Payment" – minimum and maximum allowable payments on page 20 of the product disclosure statement prior to completing this section.

PERIODIC PENSION AMOUNT This is the monthly amount of pension (before tax if applicable) that will be payable.

<input type="checkbox"/> MINIMUM AMOUNT (please tick the box or specify amount below)	<input type="checkbox"/> MAXIMUM AMOUNT (please tick the box or specify amount below) Maximums apply to Transition to Retirement Pensions only.
\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per Payment	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per Payment

PLEASE NOTE THAT WHERE YOU NOMINATE THE MINIMUM OR MAXIMUM PENSION PART WAY THROUGH A YEAR THE PENSION PAYMENTS WILL BE PRO RATED (eg. Pension commencing 1 January, if 10% of balance is \$30,000, then pension will be six payments of \$2,500 per month (\$15,000 ÷ 6).

Pension Draw Down from Selected Investments

If you elect to invest your pension account in more than one investment option you may choose how you want your pension to be drawn down (see page 16 for details). If you leave this blank, your pension will be paid in the same proportion as your investment selection. If the total percentages do not add up to 100% we will not be able to process your selection.

Secure	Capital Stable	Balanced	Growth	High Growth	TOTAL
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
					must equal 100%.

Pension Payment Frequency

Please tick a box to indicate how often you wish to receive a pension payment. If you do not make a choice, your pension will be paid monthly.

<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice Yearly	<input type="checkbox"/> Yearly
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For details of payment dates for each option, refer to Page 15 of the PDS.

For Twice Yearly and Yearly payments, please select a starting month (e.g. January).

Note: where you elect quarterly payments, you will receive payments in January, April, July and October.

Payment Instructions

Please provide the details of the bank, building society or credit union - account that you wish your pension to be paid to.

Account Name

Bank / Building Society / Credit Union Name

BSB Number

Account Number

Nomination of Reversionary Pensioner

You may nominate a dependant as your Reversionary Pensioner. In the event of your death, this person will be entitled to receive the balance of your payments. Please note that if you wish to nominate a Reversionary Pensioner you must do so before your pension commences. Refer to page 25 of this product disclosure statement for more details.

Reversionary Pensioner Name

Date of Birth (dd/mm/yyyy) - see page 32 of this Booklet for Proof of Age requirements

Street Number / PO Box

Street Name

Suburb

State

Postcode

Telephone

Mobile

Email

Nominated Beneficiary

You can nominate beneficiaries that you wish to be considered for payment of your entitlements in the event of your death.

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Name of Beneficiary

Relationship (Eg. Wife, Son)

Portion of Benefit

 %

Must be whole numbers and add to: 100 %

PLEASE NOTE: You must complete, sign and date the *Privacy and Applicant's Declaration* section overleaf.

Privacy and Applicant's Declaration

I hereby declare that: **(please tick the box that applies to you)**

1. I am an Australian citizen, New Zealand citizen or permanent resident of Australia;

or

2. I am a temporary resident and one of the following applies:

- I have left Australia and I am not an Australian citizen, New Zealand citizen or permanent resident of Australia; or
- I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa; or
- A temporary resident is someone who holds a temporary visa as described in the Superannuation Industry (Supervision) Regulations 1994 or in the Migration Act 1958.

Personal Information Collection Notification Statement:

AMIST Super advises that personal information it holds about you (including your name, address, date of birth and details of the financial assets) is collected to administer your superannuation account. Some or all of your personal information may be disclosed to contracted third parties in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.amist.com.au for a copy of our Privacy Policy, or contact us by 8am–8pm (Sydney time), Monday to Friday (excluding public holidays) to request a copy of our complete Privacy Policy.

Direct Marketing: From time to time the AMIST Super Trustees may send members communication material, also known as direct marketing material, about specific offers and promotions which are available to AMIST Pension members only.

If you are happy for AMIST Pension to use your information to send you direct marketing information Yes tick the 'YES' box.

If you don't want AMIST Pension to use your personal information to send you direct marketing information No tick the 'NO' box.

I hereby apply for an AMIST Pension. I confirm that I have personally received (including an electronic version issued or a print out of it, accompanied by or attached to this application form) and read and understood the AMIST Pension PDS. I acknowledge that this application is subject to the terms and conditions of the PDS.

- The information provided on this application form is true and correct.
- I understand that the AMIST Pension will operate in accordance with the rules contained in the AMIST Superannuation Trust Deed dated 27 February 1987, as amended from time to time, and the relevant Commonwealth Government Laws pertaining to superannuation and taxation. I agree to be bound by the provisions of the AMIST Superannuation Trust Deed.
- I understand that AMIST Pension may deduct taxation from regular pension payments and any lump sum payments in accordance with Commonwealth Government taxation laws, and based on the information that I have provided.
- I understand that pension payments will be paid into my nominated bank account by the 27th day of each month (or 13th and 27th if "twice-monthly"), prior to 31 December and 30 June if twice yearly, prior to 31 January, 30 April, 31 July and 31 October if quarterly or prior to 30 June if yearly.
- I understand that I have 14 days from the date that you confirm my membership to withdraw my application (Cooling Off period).
- In any case, I may withdraw my entire balance from the AMIST Pension at any time, and there will be no charge to me from AMIST Super, to receive this payment. I agree to be notified of changes of details relating to AMIST Pension through the AMIST Super website and AMIST Super member communications.
- I agree that neither I nor any other person claiming through me has any claim against AMIST Pty Limited in relation to a payment made or action taken by AMIST Pty Limited if the payment or instruction is made in accordance with the relevant conditions and includes instructions that are later shown to have been made by me.
- I acknowledge and agree that AMIST Pty Limited has not expressed any opinion as to the appropriateness of any particular investment in the circumstances of any particular member.

Signature

Date (dd/mm/yyyy)



SIGN HERE

Please ensure that you provide **certified** proof of identity documents as outlined on pages 32-33 of this booklet. We are legally required to have those documents before you can receive any pension payment.

AMIST Pension Hotline
1800 255 521

www.amist.com.au
service@amist.com.au

Locked Bag 5390
Parramatta NSW 2124

AMISTSUPER 
Your industry fund