## **Membership of AMIST Pension**



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

IST Super Member Numb	oer		Date of	Date of birth (dd/mm/yyyy)						Sex		
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Member Investment Choice										
ou may nominate to invest your pension balance in one of seven investment options	Secure	%	Shares		%					
r in a combination of the investment options. Please read the section of the PDS		%	Property		%					
led "Member Investment Choice" on pagi prior to making a choice: would like the balance of my AMIST	e .		, ,							
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		Please note: if you do not wish to make a choice, your pension account will be investigation.								
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Pension Payment Frequency										
ease tick a box to indicate how often you	wish to receive a pens	sion payment. If	you do not make a	choice, yo	our pension will be paid monthly.					
Twice Monthly Monthly	Quarterly	Twice	Yearly Y	early						
or details of payment dates for each option	n, refer to Page 16 of	f the PDS.								
or Twice Yearly and Yearly payments, plea	se select a starting m	ionth (e.g. Janu	ary).							
ote: where you elect quarterly payments,	you will receive payme	ents in January	, April, July and Oc	tober.						
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lease read the section titled "Receiving you	ır pension payments" (	on page 3 of th	e product disclosure	e statemer	nt prior to completing this section					
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If you tick this box you will receive the amount that applies for each financia		Maximun	ns apply to Transitio	n to Retire	ement Pensions only.					
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Reversionary beneficiar	y nominati	on								
You can nominate your spouse (husl It is important to note this nominatio						nary ben	eficiary, re	efer to pa	ges 4-5 for	more informati
	ir applies orly to	your Aivi	IOT I GIISIC	ni accc	uiit.					
Reversionary Pensioner Name										
Date of Birth (dd/mm/yyyy)		Relations	ship (Wife,	Partne	r etc)					
Street Number / PO Box	Street Na	me								
Suburb							State		Postcoo	de
				Т						
Telephone			Mobile							
100phone			IVIODIIO	T						
Email										
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You can nominate one or more prefedeath.	erred beneficiarie	es that you	u wish to k	e cons	sidered t	for paym	ent of you	ur entitler	ments in the	event of your
It is important to note that this nominaccordance with the AMIST Trust De										
Name of Beneficiary										
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Relationship (Eg. Wife, Son)									Po	rtion of Benefit
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Name of Beneficiary										
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PLEASE NOTE: You must complete, sign and date the *Privacy and Applicant's Declaration* section overleaf.

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## **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 I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa

## **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 don't want AMIST Super to use your personal information to send you direct marketing information tick this box:

You can change your mind at any time.

## **Declaration:**

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. 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 <u>certified</u> proof of identity documents as outlined in the Proof of Identity Fact Sheet at <a href="http://www.amist.com.au/fact-sheets/">http://www.amist.com.au/fact-sheets/</a>". We are legally required to have those documents before you can receive any pension payment.

Australian Meat Industry Superannuation Pty Limited (Trustee) ABN: 25 002 981 919 RSE Licence: L0000895 AFSL: 238829 as Trustee for Australian Meat Industry Superannuation Trust (AMIST) ABN: 28 342 064 803 Registration No. R1001778.

**1800 255 521** 

www.amist.com.au service@amist.com.au Locked Bag 5390

Locked Bag 5390 Parramatta NSW 2124

