

### Instructions

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

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

**Please send us your completed form to the address below:**

Qudos Super  
PO Box 541, Chatswood NSW 2057

### Step 1 – Member details

Account number

Title

First name

Last name

Email address (mandatory requirement)\*

Date of birth

Phone number (mobile)

\* It is a requirement that you must provide a valid email address. Your email address must be kept up to date at all times. You cannot become a member of this product unless you provide your email address to us so that we can 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 to access superannuation benefits

In order to be eligible to transfer your superannuation to pension, you must be an Australian Resident, New Zealand citizen or Australian citizen and meet one of the below conditions of release:

- I am age 55 or over, have not ceased gainful employment and am applying for a Transition to Retirement Pension.
- 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.
- I am age 65 or over.

**Note:** If you are the holder of a temporary resident visa, contact us on 1300 721 720.

### Step 3 – Reversionary pension

Do you wish to have a reversionary pension payable after your death?  Yes  No

If **yes**, please provide the details of the nominated dependant (must be an eligible dependant as defined under superannuation legislation).

Title

First name

Last name

Date of Birth

Gender

Residential address

Suburb

State/Territory

Postcode

Please note that a payment of a reversionary pension is subject to restrictions under superannuation legislation.

If you do not wish to nominate a reversionary pensioner, you can make a nomination of beneficiaries (binding or non-binding) using our Death Benefit Nomination – Lump Sum Benefits form available online.

## Step 4 – Transfer options

I am transferring my superannuation account balance to a pension.

**OR**

I am leaving my super account open and request that \$  be transferred to a pension.

Note: In accordance with Commonwealth Government legislation, for partial transfers, we will transfer your money proportionately from the two tax components held in your super account. If you have preserved and non-preserved amounts, we will transfer the non-preserved amount first. If you are transferring your full balance, you do not need to complete this section.

### 4.1 Would you like to specify which of your investment options this withdrawal is taken from?

No – go to the next step

**OR**

Yes – please complete the table below

If you do not select an option, your investments will be sold down in order of liquidity. Refer to the current PDS for more information.

| Investment option     | Amount                  |    | Percentage           |
|-----------------------|-------------------------|----|----------------------|
| Cash Plus             | \$ <input type="text"/> | or | <input type="text"/> |
| Conservative          | \$ <input type="text"/> | or | <input type="text"/> |
| Balanced              | \$ <input type="text"/> | or | <input type="text"/> |
| Growth                | \$ <input type="text"/> | or | <input type="text"/> |
| High Growth           | \$ <input type="text"/> | or | <input type="text"/> |
| Personal Term Deposit | \$ <input type="text"/> | or | <input type="text"/> |

**Must total 100%**

## Step 5 – Pension payment details

Date of first pension payment

Frequency\*:  Monthly  Quarterly  Half yearly  Annually  Month to receive payment (if annually)

Note: Payments will not commence until all relevant information has been received.

\* 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 6 – Pension payment amount

I would like to receive the:

Minimum pension

Specified pension of \$  per annum\*

Specified payment of \$  per payment\*

Maximum pension (only applicable to Transition to Retirement Pensions)

\*Must be within minimum and maximum range if applicable.

Refer to the current PDS for information about minimum and maximum limits.

## Step 7 – Payment account

Name of bank, credit union, building society etc

Branch address

Branch number (BSB)

Account number

Account name

## Step 8 – Tax deduction notice

In relation to personal contributions made to my superannuation account:

- I am not eligible to claim a tax deduction/I am eligible but am not claiming a tax deduction.
- I am eligible and elect to claim a tax deduction. (Please complete a 'Notice of Intention to Claim a Tax Deduction' form available from the Qudos Mutual Limited trading as Qudos Bank website or on request by contacting 1300 721 720.

**Note:** If you do not submit a Notice of Intention to Claim a Tax Deduction or the Trustee does not/cannot accept the notice prior to your transfer to a pension, any personal contribution that forms part of the transfer will be treated as non-concessional, and you cannot claim a tax deduction in respect of the contribution.

## Step 9 – Proof of Identity

The law requires the Trustee to verify the identity of members to safeguard member benefits before processing certain requests including requests to commence a superannuation pension. 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 1300 721 720 for further alternatives.

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

**A certified copy of 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:**

- 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 licenses.

For information about other people that certify proof of identity documents, call 1300 721 720.

## Step 10 – Authority

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

- I hereby apply for a Qudos 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 Qudos Pension Product Disclosure Statement.
- I have received, read and understood information in the current PDS (and incorporated information) for my superannuation account relating to the redemption of investments where a transfer to a pension is requested.
- 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 superannuation account will apply to my 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 Qudos 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 that the value of any transfer to a pension account will be calculated in accordance with the governing rules applicable to the CUBS Superannuation Fund after all relevant information is received by Qudos Pension.
- 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 application is true and correct.
- I authorise CUBS Superannuation Fund to transfer and/or pay a benefit 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.

Signature

Date