



Application for Membership Account Based Pension

The Victorian Independent Schools Superannuation Fund

(ABN 37 024 873 660, RSE Registration Number R1000436, MySuper Authorisation 37024873660599)

Trustee: VIS Nominees Pty Ltd (ABN 11 006 586 367, AFS Licence Number 235097, RSE Licence Number L0000321)

GPO Box 4974, Melbourne VIC 3001 | Telephone: 1300 660 027

Email: super@vissf.com.au Website: www.vissf.com.au

The information in this Application for Membership forms part of the Product Disclosure Statement (PDS) Pension Section issued 31 January 2019, which should accompany this document. You should read and consider the important information about The Victorian Independent Schools Superannuation Fund (VISSF) before making a decision. Go to the PDS that can be accessed at www.vissf.com.au/pds-documents. The material relating to VISSF may change between the time you read the PDS and when you acquire the product.

Surname: _____ Title: Mr Mrs Ms Miss

Given name(s): _____ Date of birth: / /

Street address: _____

Suburb: _____ Postcode: _____

Postal address: _____

Suburb: _____ Postcode: _____

Email address: _____ Telephone: _____

Existing member number: _____

AMOUNT TO BE INVESTED

Is the **whole** of your existing benefit in VISSF to be transferred to your Account Based Pension account?

YES NO

If you answered NO, what amount of your benefit is to be transferred to your Account Based Pension account?

The following amount \$.....

OR

my entire existing benefit, other than \$1,000

If you are not transferring all of your existing benefit to an Account Based Pension account, what do you want done with any non-preserved benefit you may have?

Transferred to a separate Account Based Pension account; or

Remain as part of existing benefit

Prior to commencing your Account Based Pension, do you wish to add to your existing account by transferring a benefit from another superannuation fund or make a non-concessional contribution?

YES NO

If you answered YES, please advise the amount and give details of how you wish to supplement your existing benefit:

\$.....

.....

.....

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INVESTMENT CHOICE

You can choose how the amount transferred to your Account Based Pension account is invested and how your pension payments and fees will be deducted from your account.

The percentages must be in whole numbers and add to 100%. If you do not make a selection, your selection is unclear or it does not add to 100%, your account will be invested in the Balanced Option.

Investment option	
All Growth	%
Balanced	%
Conservative	%
Cash	%
TOTAL	100%

PENSION DEDUCTIONS

You have indicated how your account is to be invested. Now you should indicate how you want your pension payments and Administration fee deducted from your account.

Please deduct my pension payments and monthly Administration fee from the following investment option:

Note: You can select one option only

All Growth Balanced Conservative Cash

OR

I elect to have my pension payments and monthly Administration fee taken from each investment option in proportion to the balance in each option at the start of the month.

If you do not make a selection, your selection is unclear or is not valid, your pension payments and Administration fee will be deducted from each investment option in proportion to the balance in each option at the start of the month.

PAYMENT INSTRUCTIONS

Your Account Based Pension payments will be paid directly to your bank, building society or credit union account on or around the 15th of each month. Please provide details of the account to which you wish your payments to be made:

Account name:

Branch/BSB number: Account number:

Name of Institution:

Address of Institution:

PENSION PAYMENTS

What amount of pension payment do you wish to receive?

A specified gross amount of: \$..... per annum - **OR** - % per annum of my account balance

Note: Payments must be at least the minimum amount prescribed by the Government, or no more than 10% of your account balance if you are in a Transition to Retirement Pension.

What month would you like to receive your first payment*? Month:

*Please note, you may only defer your initial pension payment to the month following that in which your pension account commenced.

Do you want this amount indexed by CPI as at 31 March each year? YES NO

If you make your initial investment between 1 June and 30 June, you may defer your first pension payment until July of the next financial year. Do you wish to defer your first payment until the next financial year? YES NO

NOMINATION OF REVERSIONARY BENEFICIARY

In the event of my death, I want my Account Based Pension to revert to:

Title: Mr Mrs Ms Miss Surname:

Given name(s): Male Female

Relationship to the member**: Date of birth: / /

Postal address:

Email: Telephone:

** The Product Disclosure Statement provided with this application describes who you can nominate as a Reversionary Beneficiary. You can choose only one Reversionary Beneficiary and you cannot change your decision once your Account Based Pension has commenced.

TREATMENT OF YOUR ACCOUNT BASED PENSION UPON DEATH

If you have nominated a Reversionary Beneficiary (see above) who is alive at the time of your death and satisfies the definition of Reversionary Beneficiary, your Account Based Pension will be paid to that person. If your Reversionary Beneficiary has predeceased you, the person you have nominated no longer satisfies the definition of Reversionary Beneficiary or if you have not named a Reversionary Beneficiary, then there are two options. You can direct the Trustee to pay your benefit to one or more persons by completing a Binding Death Benefit Nomination form (see next page and read the instructions carefully). Alternatively, if you do not make a Binding Death Benefit Nomination, the Trustee will pay the benefit to your estate.

Application

- I hereby apply to become an Account Based Pension Member of The Victorian Independent Schools Superannuation Fund.
- I acknowledge that I have read and understand the Account Based Pension Product Disclosure Statement dated 31 January 2019 and agree to be bound by it.
- To the extent needed, I have obtained independent financial advice before completing this form.
- All statements in this form are complete and accurate.
- I confirm that I have reached my preservation age.
- **I confirm that I have / have not permanently retired from the workforce (delete whichever not applicable).**

Signature:

Date:/...../.....

BINDING DEATH BENEFIT NOMINATION

Payment of a death benefit can give rise to complex financial planning issues. We recommend that you seek professional financial advice when considering your binding death benefit nomination.

You may nominate in writing a dependant or dependants and/or legal personal representative to whom you wish your benefit be paid in the event of your death. To be valid, the written nomination must be in a particular form. Forms can be obtained from the VISSF website www.vissf.com.au/forms-you-need

Who you can nominate

A Dependant is one of the following as at the date of your death:

- your Spouse, where Spouse of a person includes:
 - a) another person (whether of the same sex or a different sex) with whom the person is in a relationship that is registered under a law of a State or Territory prescribed for the purposes of section 2E of the Acts Interpretation Act 1901 as a kind of relationship prescribed for the purposes of that section; and
 - b) another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.
- your Child/ren of any age, where a Child in relation to a person includes:
 - a) an adopted child, a stepchild or an ex-nuptial child of the person;
 - b) a child of the person's Spouse; and
 - c) someone who is a child of a person within the meaning of the Family Law Act 1975.
- someone with whom you have an interdependency relationship. Legislation provides that two persons have an interdependency relationship if they satisfy all of the following: have a close personal relationship; live together; one or each of them provides the other with financial support; and one or each of them provides the other with domestic and personal care. However, if a close personal relationship exists but the other requirements for interdependency are not satisfied because of a physical, intellectual or psychiatric disability, then there is also an interdependency relationship; or
- any other person who is wholly or partially dependent on you for financial support.

Investment of pending death benefits

In the event of your death, your benefit in VISSF will remain invested in the same manner as it was just prior to your death. It will continue to receive the investment earnings (which may be positive or negative) of the relevant option until the day the benefit is paid from VISSF.

Witnessing

For a Nomination to be valid, you must ensure that the instructions on the Nomination form are followed, including the requirement to ensure that two people aged 18 or over who are not named in the Nomination sign and date the form as witnesses to your signature.

What to do if you have no dependants

If you do not have anyone that falls within the definition of Dependant, you can nominate your benefit to be paid to your legal personal representative and make provision for the distribution of the benefit in your Will.

Invalid Nomination

If you do not make a valid Nomination, or if your Nomination lapses, the Trustee will pay the whole of your benefit to the legal personal representative of your estate. If one or more of the persons you nominate are not dependants at the time of your death, the Trustee will pay the amount of your benefit that would have been payable to such person or persons to your legal personal representative.

Any payment by the Trustee to a legal personal representative is subject to the provision of a grant of probate or letters of administration. If this is not provided, the benefit will be paid at the discretion of the Trustee.

Confirmation of Nomination

Your Nomination will cease to have effect unless you provide the Trustee with confirmation every three years. Details of your current Nomination and expiry date will be shown on your Benefit Statement each year.

You can revoke your Nomination or lodge a new Nomination at any time.

It is recommended that you keep your Nomination up to date. If your circumstances change, such as upon marriage, divorce or the birth of children, your Nomination form may become out of date. If you would like to change your Nomination, please complete a new Nomination form in accordance with the instructions on the form.

Binding Death Benefit Nomination

This form allows you to make a new, or change an existing, binding death benefit nomination to your member account with VISSF. You should read and consider the important information about VISSF and binding death benefit nominations before making a decision. Go to the Product Disclosure Statement (**PDS**) that can be accessed at www.vissf.com.au/pds-documents. The material relating to VISSF may change between the time you read the PDS and when you acquire the product.

MEMBER DETAILS

Surname:	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
Given name(s):	Date of birth: / /

DEPENDANT DETAILS

You can nominate one or more of your Dependants and/or your Legal Personal Representative of your Estate. The percentages must be in whole numbers and add to 100%.

Full Name	Address	Relationship	% of Benefit
Legal Personal Representative			
			100%

Member Signature:	Date:/...../.....
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Independent witnesses

Each witness **must** be aged 18 years or over and **must not** be nominated on this form.

I declare that I satisfy these requirements. **I also declare that the above nomination was signed and dated by the member in my presence.**

WITNESS A	Signature:	Date:/...../.....
	Name: (please print)	

WITNESS B	Signature:	Date:/...../.....
	Name: (please print)	

Warning: Witnesses must witness at the same time and on the same date as this form is signed. If these dates are not the same or are not provided, the nomination will not be valid.

Please return completed form to:

VISSF, GPO Box 4974, Melbourne VIC 3001 or scan and email to super@vissf.com.au



Australian Government
Australian Taxation Office

Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
Print X in the appropriate boxes.
Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Address line 1

Address line 2

Suburb/town/locality

State/territory Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Previous family name

5 What is your date of birth? Day Month Year

6 On what basis are you paid? (select only one)

Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

8 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

(b) Do you have a Financial Supplement debt?

Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

You MUST SIGN here

Date Day Month Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

3 7 0 2 4 8 7 3 6 6 0 Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

THE VICTORIAN INDEPENDENT SCHOOLS SUPERANNUATION FUND

4 What is your business address?

GPO BOX 4974

Suburb/town/locality

MELBOURNE

State/territory Postcode VIC 3001

5 What is your primary e-mail address?

E-mail address

6 Who is your contact person?

Contact person name

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

Signature area

Date Day Month Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740

IMPORTANT See next page for: payer obligations lodging online.

(when completed)



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