## Pension Restart Application Acclaim



Please complete this form to restart your pension.

Section 1: Yo	ur details					
Existing pension acc	count number:					
Surname:			Salutation:			
Given name(s):	Date of birth:					
Postal address:						
Suburb:		State:	Postcode:			
Email:						
Section 2: Ac	ccount and transfer	details				
			ate funds to restart your pension?			
Yes. Existing ac	ecount number:					
No						
Are you adding any	additional funds (select app	licable box)?				
I am making a	ın additional contribution. Am	ount: \$				
I am rolling over	er money from another superc	annuation fund. Please submit a	Request to Transfer form with this form.			
Do you wish to do a	full pension restart or a speci-	fied amount?				
Full pension re	start (Note: your accumulation	n account will be closed.)				
Specified amo	Note: your accumulation account will remain open with the remaining balance.  Minimum remaining balance is \$1,000 plus 1 year's insurance premiums (if applicable).					
	ction under section 290-170 o	ution during this financial year to	your existing accumulation account, and you intend t 1997 for all or part of this contribution, then please			
Yes, I would like to cl	aim: \$	as tax deduction				
Section 2: De	ancian googlant type					
	ension account type					
	for the following pension acc	ouni:				
iransilion to re	tirement pension					
Account base	d pension					

Section 4: Po	ension pay	men	nt details	5							
I nominate pension	n payments to be	ə:	Monthly	Qu	uarterly		Half yearly		Yearly		
I nominate pension	payments* to b	e:	Minimum A	mount	Мс	aximum	amount	Δ	ctual amount:	\$	рс
First pension paym	ent month:										
I wish my pension p	ayments to be in	dexed (	each year a	\$		(No	ote: any inde	exation	n is subject to g	overnment	payment limit
*Pension payment: government standa amount prescribed go to <u>www.acclaim</u>	ards are met. A r d by law may ch	naximu ange. F	ım can only	be spec	ified for d	a Transi	tion to Retir	ement	Pension. From	time to time	e, the minimu
Section 5: B	anking det	ails									
Please select one o	of the following:										
I would like to	I would like to use the same bank account recorded against my existing pension account.										
I would like to	nominate a nev	w bank	account (N	lote: the	membe	r must s	sign this for	m if no	ominating new	account):	
BSB:					Accoun	t numb	er:				
Account name:											
Section 6: B	eneficiarie	e									
				. Godowica							
Nomination of Binding/Non-binding (Preferred) beneficiaries  If you have an existing nomination of beneficiary/beneficiaries, your nomination will be replicated from your existing account/s.  If you would like to change your nomination of binding beneficiaries, please complete a <i>Binding Nomination of Beneficiary</i> form.  If you would like to change your nomination of non-binding (preferred) beneficiaries, please complete a <i>Change of Member Details</i> form.  Nomination of Reversionary Pension											
Please specify the	name of your sp	ouse w	rho you wish	to nomi	nate to b	pecome	e a reversio	nary p	ensioner on the	e event of y	our death.
Surname:						Given	name(s):				
Relationship:									Date of birth:		
Address:											
Suburb:						Stat	re:		Post	code:	

Note: A nomination of reversionary pension is subject to government standards which prescribe who can continue to receive your pension in the event of your death. Restrictions apply to the payment of pensions to children aged 18 or more. See the Product Disclosure Statement (PDS) for more information.

## Section 7: Authorisation

Either the adviser or member can sign this form.

If adviser is signing this form, the following declarations and acknowledgements apply:

- I declare that all transaction and directions given to the Trustee will only be made after prior consent of the member.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- · I confirm that my license or authorisation enables me to deal in and advise on the Fund.
- I confirm the member has provided authorisation, via their existing *Pension Application* form or *Adviser Nomination* form, for me to provide instruction in relation to their account.
- I declare that all information provided by myself in this form is true and correct.
- I indemnify the Trustee against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.
- · I confirm the member has agreed to have the adviser fee arrangements (if any) replicated from their existing account/s.

Adviser signature:		Date:				
Full name:						
If member is signing this form, the following declarations and acknowledgements apply:  I understand that I am bound by the provisions of the Fund's Trust Deed.  I have read and agree to the terms of the AMG Super Personal Super & Pension PDS and Additional Information Booklet (AIB).  The information I have provided in this form is true and correct.  I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.  I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.  In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.  I acknowledge that I have read and understood the Privacy Policy described in the AIB.  I agree to have my adviser fee arrangements (if any) replicated from my existing account/s.						
Member signature:		Date:				
Full name:						