

# Pension Application Form

Acclaim Core Pension

Acclaim  
WEALTH



THIS FORM IS INTENDED FOR MEMBERS WITH A FINANCIAL ADVISER

Before signing this Member Application Form, please ensure that you have read the latest Acclaim Core Super & Pension Product Disclosure Statement (PDS) and the current Additional Information Booklet (AIB), available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au) or on request by phoning 1300 264 264. A reference to the 'member' in this form is a reference to the applicant for a pension from the Fund. Any application is subject to acceptance by the Trustee.

Note: A copy of member's ID (driver's license, passport or equivalent) is required to be submitted with this form.

## Section 1: Personal details (all fields are mandatory)

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given name(s):	<input type="text"/>		
Date of birth:	<input type="text"/>	Gender:	<input type="text"/>
Postal address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
Residential address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone (BH):	<input type="text"/>	(AH):	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
Email address:	<input type="text"/>		

Would you like your username and password for online access automatically emailed to this email? Yes  No

I would like to receive electronic correspondence from the Fund, where applicable, to the email address provided. Yes  No

Tax file number:  See the PDS and AIB for important information about the TFN declaration

Please note: If you are under the age of 60, you should also supply a standard TFN declaration form.

Citizenship details:  
(Please tick one of the following)  I am an Australian citizen  I am a permanent resident of Australia  
 I am a New Zealand citizen  I hold a Subclass 405 or Subclass 410 temporary visa

## Section 2: Type of pension

Please select the pension you are applying for: Account Based Pension (proceed to Section 3.1)  Transition to Retirement Pension (proceed to Section 3.2)

## Section 3: Eligibility

3.1 Account based pensions:  
(Please tick one of the following)  I am aged 65 or over  I have reached my preservation age and am permanently retired  
 I am aged 60 or over, am not permanently retired and have terminated an employment arrangement  I am permanently incapacitated

3.2 Transition to retirement pensions:  
(Please tick to confirm)  I have reached my preservation age, and am engaged in gainful part-time or full-time employment (i.e. employed at least 10 hours per week)

## Section 4: Funding your pension

How will you be funding your pension? Please tick **all** applicable sources.

I would like to use funds from my Acclaim Core Super accumulation account. Account number:

How much money do you want to transfer to your pension account?  Full balance

Partial balance, please specify:

**If you are applying for a Transition to Retirement Pension you will need to maintain a minimum balance of \$6,000 in your accumulation account.**

I would like to transfer funds from another superannuation provider.

**If you are transferring funds from another superannuation provider you must complete a *Request to Transfer* form which is available on our website [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).**

I would like to make an additional voluntary contribution.

Yes – Please complete a *Member Voluntary Contribution* form which is available on our website [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

**If you are aged between 65 and 74 you must complete a *Work Test or Work Test Exemption Declaration* form which is available on our website [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).**

If none of the above options apply to you, please call us on 1300 264 264.

## Section 5: Pension payment options

Please be advised that I wish for my pension payments to commence in the month of:

I nominate pension payments to be:  Monthly  Quarterly  Half-yearly  Yearly

I nominate pension payments to be:  Minimum amount\*  Maximum amount\*  Actual amount: \$   per annum  per month

\*A maximum amount can only be specified for a Transition to Retirement Pension. Pension payments must meet government standards. We reserve the right to adjust your nominated pension payment so that government standards are met. From time to time, the minimum amount prescribed by law may change. For up to date information about the minimum, contact the Administrator on 1300 264 264 or go to [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

## Section 6: Banking details (for pension payments)

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.

Please note that the account must be held in your name or jointly in your name.

Please also supply with your application form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.

BSB:  Account number:

Account name:

## Section 7: Beneficiaries

The Fund provides the following options for nominating how your benefit should be paid upon your death.

**Note:** For each account you have, you can only make one type of nomination. Your financial adviser cannot make a beneficiary nomination on your behalf. Refer to the AIB for more information about nominating beneficiaries.

1. **Non-binding nomination** – please complete the section below.

Please note that a non-binding nomination of beneficiary guides but does not bind the Trustee. You may revoke or change your nomination at any time by completing a *Change of Member Details* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

In the event of my death please pay my remaining balance to:  my estate  or the following nominated dependants

Full name of non-binding nominated beneficiary	Date of birth	Relationship	% of benefit
			100%

2. **Binding beneficiary nomination** – you must complete the *Binding Nomination of Beneficiary* form available from [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

3. **Reversionary beneficiary nomination**

You can nominate your spouse (including a de facto spouse of the same or opposite sex) as a reversionary beneficiary, that is, a beneficiary who can continue to receive your pension in the event your death. The person you nominate must qualify as your 'spouse' at the date of your death.

**Note:** Where you nominate a reversionary beneficiary to continue to receive your pension, you are unable to make another type of binding nomination linked to your pension account. To revoke or change a reversionary beneficiary nomination (including a change from a reversionary beneficiary nomination to a binding nomination) you must restart your pension. Refer to the AIB for more information about reversionary benefits.

Surname:  Given name:  Relationship:  Date of birth:

Address:  Postcode:

## Section 8: Investment choice

Please direct us as to the proportion of your initial investment and rollover that you would like invested in each investment option. These proportions will also apply to any further contributions or rollovers received for you.

**Please note:**

- Please refer to the AIB for further information regarding the available Investment Options.
- If no allocation has been nominated, AMG Cash option (the pension product's default option) will apply.

AMG Investment Options	Allocation %
<b>AMG Index Diversified Options</b>	
AMG Index Conservative	
AMG Index Balanced	
AMG Index Growth	
AMG Index High Growth	
<b>AMG Index Sector Options</b>	
AMG Index Fixed Interest	
AMG Index Listed Property	
AMG Index Australian Equities	
AMG Index International Equities	
<b>Other Options</b>	
AMG Cash	
	TOTAL 100%

## Section 9: Adviser details

Please Note: You can only nominate an adviser that is a representative of a dealer group that is authorised to provide financial services in relation to the Fund.

Adviser name:	<input type="text"/>		
Dealer group:	<input type="text"/>	Phone number:	<input type="text"/>
Practice name:	<input type="text"/>	Email address:	<input type="text"/>
AFSL number:	<input type="text"/>	Corporate authorised representative number:	<input type="text"/>

## Section 10: Transaction authority

I authorise my adviser as nominated in Section 9 to give or carry out instructions regarding the operation of my account (including investments) as set out below. I understand that in giving or carrying out instructions, my adviser may access my account details and transact on my account. I also understand that the Trustee or its service providers can accept and act on such instructions given by my adviser without requiring my signature, additional proof, instructions or further confirmation from me. The instructions or transactions for which this authority applies are:

1. Investment of the initial contribution, rollover amount, or the amount transferred into my account to commence a pension in the Fund
2. Switching between investment strategies / underlying investment holdings including purchasing and selling investments
3. Changing a regular contribution amount
4. Starting, changing, or stopping a regular withdrawal amount (where permissible under relevant law)
5. Changing the weightings of securities held in respect of your account
6. Requesting a cash withdrawal to my nominated bank account (full or partial)

Note: The Trustee cannot accept your application to the Fund without this authority in certain circumstances. Refer to the current PDS and AIB for further information.

Member signature:	<input type="text"/>	Date:	<input type="text"/>
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## Section 11: Consent to deduct one-off advice fee

The Fund must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or the Fund in writing.

If you sign this form you will pay the following one-off advice fee from your account(s).

One-off advice fee \$  Inclusive of GST

As part of the advice, the dealer group will provide you with a Statement of Advice (SOA), which outlines what this fee includes. Refer to your SOA for detailed information about what services are associated with this fee.

Your consent expires once the amount is deducted from your super account. This means the dealer group will have to ask for your consent again if the Fund wants to deduct fees from your super account for further advice from the dealer group in future.

You can withdraw your consent to the deduction of fees from your account by contacting the Fund. However, your withdrawal must be received before the Fund deducts the one-off fee from your account.

## Section 12: Consent to deduct ongoing advice fees

The Fund must obtain your written consent before fees can be deducted from your account. If you do not agree with the amount described below, you do not have to sign this consent. You may vary or withdraw your consent at any time by notifying your adviser or the Fund in writing.

If you sign this form, you will pay the following ongoing advice fee from your account from the start date indicated below.

Ongoing advice fee type	Fee estimate <sup>^</sup>	Start date*	Anniversary date*
\$ Based fee \$ <input type="text"/> Inclusive of GST p.a.		<input type="text"/>	<input type="text"/>
% Based fee <input type="text"/> % Up to 2.2%, inclusive of GST p.a.	\$ <input type="text"/> Estimated p.a.	<input type="text"/>	<input type="text"/>
% Based insurance fee <input type="text"/> % Inclusive of GST p.a.	\$ <input type="text"/> Estimated p.a.	<input type="text"/>	<input type="text"/>

Cease date – Your consent expires 150 days after the anniversary date of the ongoing advice fee. After this date, the dealer group will have to ask for your consent again if it wants to continue deducting ongoing advice fees from your account in return for ongoing services.

You can vary or withdraw your consent at any time by contacting your adviser or the Fund directly.

<sup>^</sup> This amount is a fee estimate only based on your current balance or insurance premiums and an agreed percentage fee stated above which is to be applied at the time the deduction is processed.

\* You must provide a start date and anniversary date for the fee to be applied. The anniversary date must be a maximum of 12 months from the start date.

## Section 13: Identity verification

To make payments to you from your pension account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification. The Australian government's document verification service (DVS) has made the 'card number' a mandatory field to verify Australian drivers' licences. The card number is a unique number attributed to a driver's licence in Australia. If you are supplying a driver's licence as your form of identification, **please provide both the front and back of your licence** to ensure we can verify your identity.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1300 264 264.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the DVS. The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy policy is available from their website: <http://www.dvs.gov.au>.

**If you would like to proceed with electronic verification please tick each of the consent boxes below:**

- You consent to us electronically verifying your identity; AND
- You are authorised to provide the identification documents to us; AND
- You understand that the details of the identification documents will be checked against the Australian government's document verification service.

**Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.**

We are unable to electronically verify identity documents issued from overseas. If you only have foreign identity documents please send us a certified original copy of your documents, accompanied by a translation document from an accredited translator if necessary, via post. For more information around this please contact us on 1300 264 264.

## Section 14: Member declaration

I make the following declarations and acknowledgements:

### General

- I understand that I am bound by the provisions of the Trust Deed for the Fund dated 12 May 2000 as amended from time to time.
- I have been provided a copy and have read and understood the relevant PDS and have obtained, read and understood the current AIB (including any terms, conditions or limitations relating to the role of my nominated adviser, any investments in the Fund (including the Fund's investment options)).
- I acknowledge that I have read and understood the information about contributions contained in the AIB and that I have satisfied myself that any contributions made by myself are consistent with the contribution rules prescribed by superannuation legislation.
- I consent to the Trustee accepting and acting on directions, instructions, requests and other communications (including faxes and emails) in relation to investment management and administration in connection with the Fund, from my adviser as nominated in Section 9 and any duly authorised signatory appointed by my nominated adviser or the Dealer Group, acting on my nominated adviser's behalf. I authorise the Trustee to continue to accept, rely upon and act on these communications until I notify the Trustee in writing otherwise.
- I understand that the adviser or Dealer Group nominated in Section 9 is not an employee, partner, joint venturer or agent of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given or transactions made by my adviser as nominated in Section 9 or a duly authorised signatory appointed by my nominated adviser or the Dealer Group acting on my nominated adviser's behalf.
- The information I have provided in this form is true and correct.

### Pension

- 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 if I commute my pension after joining (e.g. within a few years after joining) the value of my benefit may be less than I paid in.
- 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 (and continuing to be paid) under transition to retirement rules, I understand that additional restrictions apply to such pensions and that the tax treatment of such pensions has significantly changed from 1 July 2017.

### Personal information

- I acknowledge that I have read and understood the Privacy Policy described in the AIB.
- I acknowledge that I have read and understood the information about quotation of tax file numbers contained in the PDS and AIB.

### Investment

- I understand that my account balance can rise and fall, and that neither the Trustee, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, guarantee the performance of the Fund or its investment options.
- I acknowledge that the Trustee will invest my account in accordance with the selections made by myself in this form and (where applicable) in any Investment Choice Form (as varied by myself or my nominated adviser in accordance with my transaction authority, from time to time) but that the Trustee reserves the right not to do so where necessary or appropriate without liability to the Trustee.
- I hereby direct the Trustee to invest my account balance as indicated above, based on the declarations and acknowledgements made in this form.
- Where I have selected (or select) an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to facilitate redemption or switching requests due to the illiquid nature of the investment.

### Advice fees

- I confirm my adviser has provided me with professional advice including the formulation of an investment strategy that has taken into consideration my personal objectives, financial situation and needs.
- I understand the Initial One-off Fee and On-going Fee are negotiable between my nominated adviser and myself and that any fees agreed to by me are in addition to the other fees stipulated in the PDS.
- Unless I have stipulated otherwise in this form, I agree to the advice fees detailed in Section 12 being deducted monthly in arrears from my account balance in the Fund as at the last day of the month and authorise the Trustee to pay advice fees to the Dealer Group and for the Dealer Group to pass on such amount (if any) it determines to my adviser as nominated in Section 9.
- If I have more than one account in the Fund, I agree to authorised advice fees being deducted in the manner set out in the AIB.

Member signature:

Date:

## Section 15: Adviser declaration (adviser to complete)

I make the following declarations, undertakings and acknowledgements personally and on behalf of the dealer group shown in Section 9:

- I accept the terms of the adviser transaction authority in Section 10 and agree to act in accordance with this authority and any written instructions I receive from the member. I agree to provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- I declare that all directions, instructions, requests and other communications I give to the Trustee, or transactions I make on the member's account will only be made after prior consent of the member and will include (where applicable) accurate and full information and disclose any facts or circumstances relevant to the communication or transaction.
- I confirm I am authorised through a holder of a current AFSL.
- I confirm that my authorisation enables me to provide financial services in relation to the Fund, including the Fund's financial products and investment and insurance options.
- I have provided the member with a Statement of Advice in relation to the member's investment in the Fund, and/or investment options, and/or insurance options as required by government legislation.
- I have provided the member with access to the current PDS or other disclosure documents for each of the selected investments available for investment through the Fund.
- I have fully disclosed to the member all fees and costs associated with investing in the Fund in accordance with government legislation.
- I confirm that any advice fees payable to me as agreed by the member are/ will be for financial services relating only to the Fund or its investments.
- I confirm that any changes to the amount, frequency, method or manner of payment of advice fees will be signed off in writing by the member prior to making such changes and that I will immediately notify the Trustee of such changes.
- I confirm that all emails and other electronic communications containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information and that I will ensure the security, confidentiality and privacy of information (including personal information) about the member that I access from the Fund in accordance with all relevant government legislation.
- Where I have submitted an electronic copy of this form, I confirm that I will retain the original copy of the form for a minimum period of 7 years and supply the original to the Trustee as requested by or on behalf of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given, or transactions made, by me or my duly authorised signatory.
- I agree to promptly refund, on request by or on behalf of the Trustee, any advice fees paid out of the Fund's assets that are not in accordance with the declarations and acknowledgements in this form.
- I agree to provide the Trustee with any information requested by or on behalf of the Trustee in relation to the adviser details and advice fees shown in this form.
- If contacted by or on behalf of the Trustee from time to time to confirm my ongoing adherence to this Adviser Declaration, I will cooperate.
- I agree to immediately notify the Trustee if I breach or am likely to breach any relevant law, the terms of this Adviser Declaration or cease to be authorised to provide financial services relating to the Fund.
- I agree to immediately notify the Trustee if any of the information provided by myself in this form ceases to be true and correct or changes in any way.
- I declare that I am duly authorised to provide the above declarations, undertakings and acknowledgements on behalf of the Dealer Group named in Section 9 of this form.
- I declare that all information provided by myself in this Application Form is true and correct.

Adviser signature:

Date:

**Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to [info@acclaimwealth.com.au](mailto:info@acclaimwealth.com.au).**

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.acclaimwealth.com.au](http://www.acclaimwealth.com.au).

The Trustee's privacy policy can be found at [www.eqf.com.au/global/privacystatement](http://www.eqf.com.au/global/privacystatement).