Open a Choice Income account



After reading the *Choice Income Product Disclosure Statement* (PDS), please complete in pen using CAPITAL letters. Print (X) to mark boxes. This form must be completed in full. Read the Privacy Collection Statement at **australiansuper.com/CollectionStatement** to see how AustralianSuper uses your personal information. If you're below age 60, complete the *Tax File Number declaration* form and return it with this form. You can also complete this form online at **australiansuper.com/join**



For super members with Member Direct:

If you already have an AustralianSuper super account and you want to transfer your Member Direct holdings to a Choice Income account, please download and complete the form called *Seamless Transfer of your Member Direct account* at **australiansuper.com/MemberDirect**



Your personal	and co	ontac	t de	etails	;																	
Last name																	Mr_	Mrs	М	S	Mis	s E
																			L			
First name/s																						
Date of birth			Male	F	ema	ale																
D D M M Y Y	YY																					
Street address																						
Suburb/Town																	State		7	Pos	tcod	de
Postal address (if difference	ent to stre	eet add	ress)																_			
Suburb/Town																	State		٦	Pos	tcod	de
Home telephone				Oth	her t	eleph T	one ((eg b	busin	ess	s) 			1	Mob T	ile		_	_			
																			<u> </u>			
Email																						
2 Have you fina	lisod ve	our to	v d	oduc	>tio	nc2																
										ماد			+	: h +		2						
Have you finalised any	tax deduc	1	ou in	tena t	O CI												.1	c :			- 6 . 1 .	
Not applicable (go to step 3)		Yes (go to	sten	3)								-					ed con ed bet					
(0)		(0)	,				5	supe	r to :	you	ır Ch	noic	e In	com	ne ac	ССО	unt. T	o ge	t a c	laim	n for	m or
							1	find (out r	nor	e, go	o to	aus	stral	lians	up	er.cor	n/Ta	xDe	duc	tion	
3 Do you qualify	v?																					
Are you eligible to oper		e Incom	ie acc	count?	? Ch	oose ((X) th	ne or	tion	tha	at ar	ilac	es to	o vo	u.							
I'm 65 or older							., ,					-		- , -								
l'm aged 60 or over	r and nern	nanentl	v roti	irad																		
			-		o v o .		مررما	v 0:0.	a a +.		~ ~ C											
I'm aged 60 to 64 a													:	L /.						مامن		
I'm eligible to get a		nefit ind	come	strea	m as	a de	pend	lant.	(ple	ase	inse	ert A	۱ust	ralia	anSu	ıpe	r men	nbers	ship	nun	ıber	
of deceased, if appl	icable)														
If vou need further assis	stance. ple	ease ca	130	0 300	27:	3.																

4 Are you opening your acc	count with funds fro	om your AustralianSup	er account?							
Do you want to transfer super from you a minimum of \$50,000 to open an acco	·	t(s) to open a Choice Income a	ccount? You'll need to transfer							
Yes (go to step 4a)	No (go to step 5)									
Please fill in details for each AustralianS	uper super account you w	vish to transfer								
a) Your existing AustralianSuper member number	b) Do you want to transfer your entire balance?	c) How much money do you want to leave in your AustralianSuper super account? ^{1,2}	d) Do you want to transfer a nominated amount to your Choice Income account? ^{1,2}							
Account 1:	Yes³ (go to step 5) No (go to either step 4c or 4d)	\$6,000 Other amount	\$							
Account 2:	Yes³ (go to step 5) No (go to either step 4c or 4d)	\$6,000 Other amount	\$							
Account 3:	Yes³ (go to step 5) No (go to either step 4c or 4d)	\$6,000 Other amount	\$							
 When transferring from an AustralianSuper sup your super account for it to remain open. If you want to keep your insurance cover you'll read our <i>Insurance in your super</i> guide for your This will close your existing AustralianSuper accounts 	need to have enough money in y division at australiansuper.com/	rour super account to pay for it. To und (InsuranceGuide								
If you have more than one fund to roll in (retirement account) form for each add tab at australiansuper.com/forms You' You can't add money to your account of We only invest all of your money togeth rollovers to set up your Choice Income	litional fund you wish to r Il need to transfer a minir nce you've opened it, so i er at the one time. This me	oll over. This form is available num of \$50,000 to open a Cho t's a good idea to combine first	online under the 'Retirement' pice Income account. t.							
a) Provide your fund's details										
FROM:										
Other super fund Fund name Fund phone number Australian Business Number (ABN) Amount to transfer (choose one or		uation Identifier (USI)								
	Try) Whole balance	, randaramount of ψ	, , , , , , , , , , , , , , , , , ,							
Self-managed super fund (SMSF) SMSF name Electronic Service Address (ESA)		Australi	an Business Number (ABN)							
Amount to transfer (choose one or	nly) Uhole balanc	e Partial amount of \$								
TO: Fund name	Fund phone num	ber Men	nber number (if known)							
AUSTRALIANSUPER	1 3 0 0 3									
	Australian Business Number (ABN) Unique Superannuation Identifier (USI) S T A O O O 2 A U									

5 Are you opening your account with super from another fund? (continued)

Important information



- 1. If you're transferring the whole balance of your other super accounts, this means you're asking us to close your other super accounts.
- 2. Remember to check if your old fund charges any fees and that you no longer need the insurance cover provided by your old fund (if any).

b) Provide us with your TFN

To protect your super, you need to prove your identity when you move money between super funds.

If you don't want to give us your TFN, you must complete a Combine your super into AustralianSuper (retirement account) form

and provide certified copies of your identity documents (ID) for each additional fund you wish to roll over. This form is available under the 'Retirement' tab at australiansuper.com/forms
If you don't provide the right ID correctly certified, it will delay the transfer. For help on providing proof of ID go to australiansuper.com/IDHelp
Use my Tax File Number (TFN) to identify me.
Provide your TFN here Your TFN is the easiest way to identify you. By giving us your TFN, you are authorising us to give this information to your other super fund. They will confirm your ID with the Australian Tax Office.
Providing your TFN We're authorised under super law to collect, use and disclose your Tax File Number (TFN). It's optional to provide your TFN, but if we have it, we'll be able to accept all types of contributions from you; you won't pay more tax than you need to and it'll be easier to find your super. If you transfer your super to another fund, we'll give them your TFN unless you tell us not to in writing. Visit australiansuper.com/RefTFN for more details.
6 Provide your bank account details Name of bank, building society or credit union BSB number
Account holder's name ¹ Account number
Account Holder's Hame
You may provide a copy of your bank statement so we can check your details to avoid any payment delays. ¹ This must be a personal account, held solely or jointly in your name.
7 Set up your account using Smart Default (optional)
If you choose to set up your account using Smart Default, this means your investment and payment options are pre-selected: • you're invested in 12% Cash option and 88% Balanced option • you get paid every two weeks, and • you initially receive at least 6% of your balance each year; as you get older this amount will change.
See the Setting up with Smart Default section of the Choice Income PDS for details.
Do you want to open your account using Smart Default?
No (go to step 8)
Yes (go to step 10)

8 Let us know how you want to be paid

Tell us how much and how often you want to receive payments. (If you've already chosen to set up your account using Smart Default in step 7, leave steps 8 and 9 blank and go to step 10.)

Your payments will start on the next available nominated pay date, once your application is fully processed. This can take up to four weeks, or longer in some circumstances. For details on payments see the *Payments* section of the *Choice Income PDS*. You can change your payment options at any time by logging into your account online.

a)	When I'd like to receive my payments: Please choose (\mathbf{X}) one applicable.	option only, and fill in mon	th and choose a	start date where
	Fortnightly (next available payment date)			
	■ Monthly. Choose one (x) start date: □ 15th	n 28th soon as poss	ible (next schedu	led payment date)
	Quarterly from MM Choose one (X) start date: 15tl	n 28th soon as poss	ible (next schedu	led payment date)
	Half-yearly from MM Choose one (X) start date: 15tl	n 28th soon as poss	ible (next schedu	led payment date)
	Yearly from M M Choose one (X) start date: 15tl	n 28th soon as poss	ible (next schedu	led payment date)
b)	I'd like my payment amount to be: Please choose (X) one optio	n onlv.		
	Option 1 (Default): the minimum amount allowed!			
	Option 2: a specific amount ² for each payment \$			
	For this specific amount, how much do you want this paym Choose one (*) below	nent amount to increase by	each year?³	
	□ 0% (Default) □ 1% □ 2% □ 3% □ 4% □ 5%	6 Consumer Price Ind	ex (CPI)	
is se pr	y law, you must withdraw a minimum income amount from your account balanc determined by the actual amount rolled into your account, and is recalculated excion of the PDS. You'll be paid this minimum amount as the default option if no ro-rata (proportionate) by default in the first financial year. This means that in you nount spread over the rest of that first financial year.	every year based on your balance o relevant boxes are selected. The	on 1 July. For details minimum payment a	see the <i>Payments</i> imount will also be
	you choose an amount that is smaller than the minimum amount per financial ye	· ·		
3 If I	no relevant box is selected for an annual increase in payment amount, the defau	ılt option is 0%.		
9	Choose your investments and where to draw	payments from		
	you've already chosen to set up your account using Smart Defalect one (X) of the three options below:	ult in step 7, leave steps 8 a	and 9 blank and g	go to step 10.)
	I would like my current superannuation investment strategy to be transferred to my Choice Income account ⁴ (go to step 10).	Investment option	Column A: % to invest in	Column B:
	I would like to set up the default investment strategy - Balanced option.		70 to invest in	Payment order
	Balanced option.		70 to invest in	
	•	PreMixed options	% to livest iii	Payment order
	I would like to set up a new investment strategy for this account.	PreMixed options High Growth	% to invest in	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I	·		Payment order
	I would like to set up a new investment strategy for this account.	High Growth		Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in	High Growth Balanced	% ————————————————————————————————————	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below:	High Growth Balanced Socially Aware		Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in Column A of the table provided. If no options are selected, the default investment option will be the Balanced option. b) Next, choose where you want your payments and fees taken	High Growth Balanced Socially Aware Indexed Diversified	% ————————————————————————————————————	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in Column A of the table provided. If no options are selected, the default investment option will be the Balanced option.	High Growth Balanced Socially Aware Indexed Diversified Conservative Balanced	% % % % % % % % % % % % % % % % % % %	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in Column A of the table provided. If no options are selected, the default investment option will be the Balanced option. b) Next, choose where you want your payments and fees taken from – select one option only. If you don't make a choice, your	High Growth Balanced Socially Aware Indexed Diversified Conservative Balanced Stable	% % % % % % % % % % % % % % % % % % %	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in Column A of the table provided. If no options are selected, the default investment option will be the Balanced option. b) Next, choose where you want your payments and fees taken from - select one option only. If you don't make a choice, your payments will be drawn from the Highest balance option. Option 1: Highest balance (default) - take payments from the investment option with the highest balance. Option 2: Pro-rata - take payments from each	High Growth Balanced Socially Aware Indexed Diversified Conservative Balanced Stable DIY Mix options	% % % % %	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in Column A of the table provided. If no options are selected, the default investment option will be the Balanced option. b) Next, choose where you want your payments and fees taken from - select one option only. If you don't make a choice, your payments will be drawn from the Highest balance option. Option 1: Highest balance (default) - take payments from the investment option with the highest balance.	High Growth Balanced Socially Aware Indexed Diversified Conservative Balanced Stable DIY Mix options Australian Shares	% % % % % % % % % % % % % % % % % % %	Payment order
	I would like to set up a new investment strategy for this account. This means choosing my investment options and where I would like my income payments and fees to be drawn from. Follow the steps below: a) Fill in the percentage you want to invest in each option, in Column A of the table provided. If no options are selected, the default investment option will be the Balanced option. b) Next, choose where you want your payments and fees taken from - select one option only. If you don't make a choice, your payments will be drawn from the Highest balance option. Option 1: Highest balance (default) - take payments from the investment option with the highest balance. Option 2: Pro-rata - take payments from each investment option in proportion to the balance in each	High Growth Balanced Socially Aware Indexed Diversified Conservative Balanced Stable DIY Mix options Australian Shares International Shares	% % % % % % % % % % % % % % % % % % %	Payment order

⁴ If you already have an AustralianSuper super account and you want to transfer your Member Direct holdings to a Choice Income account, this is not the right form for you. Please download and complete the form called Seamless Transfer of your Member Direct account at australiansuper.com/MemberDirect This option is not available to reversionary or death claim beneficiaries.

10 Nominate beneficiaries

You can choose only (X) one of three options when deciding what happens to your money when you die:

- Reversionary nomination You nominate a person who will receive your account balance as a regular income. Conditions apply for who you can nominate. For details see the *Nominating beneficiaries* section of the *Choice Income PDS*.
- Binding nomination You provide formal written direction to AustralianSuper to tell us who you want your account balance paid to. If valid, your nomination is legally binding.
- Non-binding nomination You nominate who you'd prefer your account to be paid to. This nomination is not legally binding. For details on nominating beneficiaries, see the Nominating beneficiaries section of the Choice Income PDS. Please choose (X) one option only.

Option 1: Reversionar Conditions apply for	who you can non			benefic	iary. F	or deta	ils on t	heir el	igibili	ty see t	he	
Nominating beneficial	ries section of th	e Choice incol	me PDS.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1r M	1rs 1	Ms M	1iss	Dr
First name/s												
Deletie e eleie te view								\	la i sabla			
Relationship to you It's important to note Contact the Departme		_		-		-	pact y		M N entreli			ents.
Option 2: Binding nor Please complete the Leave the rest of this	Binding death be						S and	attach	it to	this ap	plicat	ion.
Option 3: Non-binding Please use the two dec		es provided fo	r the bene	fit perce	ntages	s (% of k	oenefit) section	on to	add up	to 100).00%.
Full name	Relationship ¹				R	esident	ial add	dress	% (of bene	fit	
	Spouse Child Interdependan		lependant onal represei radministrato		ate)].	%
	Spouse Child Interdependan	t (executor o	onal represei radministrato		ate)].	<u></u> %
	Spouse Child Interdependan		lependant onal represei radministrato		ate)].	%
	Spouse Child Interdependan		lependant onal represei radministrato		ate)							%
	Spouse Child Interdependan	ш. ° :	lependant onal represei radministrato		ate)							%
Mark (X) this box if you there wasn't enough s		separate shee	t because	è		TOTAL MU 00.00%	JST ADD	UP TO].	%
¹ Each relationship is defined by St	uperannuation Law.											
11 Give your financi	ial adviser a	cess to w	our acc	ount o	letai	ls						
If you have a financial advis If you have previously gran remove access for the prev	er, you can give t ted a financial ac	hem and their	staff acc	ess to yo	ur Cho	oice Inc						
Full name of financial advis	er ²											
Name of business												
name of business												
Adviser email address ²												
Talanhana		Lieenser ASS	1		1		oiol or d	\		ont=/:		ha:-2
Telephone		Licensee AFS	number	ſ	ASIC	Finan	ciai ad	viser r	epres	entative 	e num	iber*

² Mandatory fields

12	Provide prod	of of	fyc	ur	ide	ent	ity																						
Pleas	se complete (X) c	ne of	f the	opt	tion	s be	low																						
	Option 1: Electror																							_					
r	By giving you my name, residential my identity.																												
- 1	understand this i	ncluc	des a	ın in	nforr	nati	on r	nat	ch r	equ	est	with	n cre	edit	rep	orti	ng a	ager	псу,	Illic	n, v	vho	will	cor	nfirn	n wit	th		
	AustralianSuper w																											a thic	
	inderstand that tl nformation doesr	-				-								-					ustr	alla	nSu	per,	anc	i th	at a	cces	sing	gtnis	
	out any TWO of th							J -																					
1.	Full name as ap				Med	icar	e ca	ard																					
		1		T		lean																							
	My Medicare nu	mber	is			1			Val	id to	0		V	_	1	<u> </u>									num	ber	l		
					1.	J L				1-1											on	this	car	a 15					
2.	Full name as app	pears	on	my (er lic	cend	ce T																					
	Licence number								Car	l d n	L umk									\						/1511	<u>. </u>	<u> </u>	
				T]		Cai	I	T]							/IDHe driver	-		
	State of issue]		Exp	irv	dat	 е																	
									D	D	М	М	Y	Y	Υ	Υ													
3.	My Australian pa	asspo	ort ni	umk	per i	S			Pla	ce c	of bi	rth	as s	shov	vn c	n v	u Our	pas	spo	rt)									
																				ľ									
	Country of birth	(not	sho	wn	on y	our	pas	spo	ort)																				
	Family name at	birth	(not	sho	own	on :	you	r pa	assp	ort)																			
	documents must certified and who also consent to and I've provided	can (using	do th elec	nis, p ctroi	plea nic v	se g /erif	io to	o a u	i stra if m	lian y p	sup ape	er.c r do	om, cun	/IDF	lelp tatio	n h	ias k	oeer	n inc									-	
13	Sign this for	n																											
	aking this applica																												
	eclare that I have ave read the Priv																												pd
	ave read the Phv IstralianSuper's P	-																											ne
	st of my knowled																												
	onfirm I am eithe ubclass 405 or 41		Aust	ralia	an ci	tize	n/p	ern	nane	nt r	esic	dent	, a N	New	Zea	alan	id C	itize	n or	'Ih	old	an e	eligik	ole i	retir	eme	ent v	/ISa	
	providing my en									ber	, I a	ckn	owle	edg	e an	d a	gre	e tha	at, v	vhei	re p	ossi	ble,	Au	stra	lians	Supe	er will	
	ovide the followir important legal c	_					_	-	_	tam	ant	e ci	anif	icar	nt av	/ant	t no	tica	c an	d tr	anc	acti	on c	conf	irm	atio	ne)		
-	other information	n abo	ut A	ustr	ralia	nSu	per'	s p	rodu	ıcts	and	d sei	vice	es, a	nd				3 411	u ti	uns	acti	011 0	,0111		atioi	13)		
	marketing comm important legal d																		200		F 147	obci	+	r+h	ο Λ	uctr	aliar	Supa	_
	obile App, I agree																												
	y communication																											ion	
	eferences section nderstand that th																					Sup	er iv	1001	ne A	App.			
Ιc	an read the full d	etails	on	the	colle	ectio	on a	nd	use	of p	ers	ona	linf	orm	atio	n a	t au	stra	lian	sup	er.c		/priv	vac	У				
• la	cknowledge that	my a	CCO	unt	will	be s	et ı	up k	oase	d oı	n th	e ch	oice	es l'	ve n	nad	le in	this	ар	plic	atio	n.							
Sign	here																												
1																						Di	ate		.				
	<u> </u>																							1 0	M	М		Y	Υ
Print	full name			\top		Т																							
	Please ret	urn t	his o	con	nple	ted	fo	rm	to A	lus	tral	ians	Sup	er,	Loc	ke	d B	ag 6	5, C	AR	LTC	NC:	sol	JTH	l VI	C 3	053	3	

Questions? Call 1300 300 273 or visit australian super.com/retirement

Making, changing or cancelling a binding death benefit nomination



Follow these instructions to make, change or cancel a binding death benefit nomination.

What's a binding nomination?

A binding nomination instructs AustralianSuper how to pay your death benefit if you die.

As long as it's still valid when it's assessed upon notification of your death, your nomination is legally binding and we must follow it¹. This is why it's important to consider updating your binding nomination if your circumstances change (marriage, divorce, birth of a child, or death of a nominee), so that your benefit will be paid in line with your current wishes.

Who can I nominate?

For a binding nomination to be valid, the people you list at step 5 of this form must be your dependants (at the date of your death) and/or legal personal representative:

- your spouse (including de facto and same sex)
- your children (including step, adopted or ex-nuptial of any age)
- financially dependent² on you
- an interdependant (see More about interdependants), or
- your legal personal representative, which means the executor or administrator of your estate.

For every beneficiary you nominate, you can only specify one type of relationship (eg. spouse, child, interdependent or financial dependent).

How long does it last?

AustralianSuper offers two types of binding nominations:

Option 1: Lapsing binding nomination

This nomination will expire 3 years from the date you sign the form. The expiry date will be shown on your annual statement and in your account online, and you'll be sent reminders prior to the expiry date.

Option 2: Non-lapsing binding nomination

This nomination does not have an expiration date and will only be changed or cancelled if you complete a new nomination form.

You can make or change your binding nomination anytime. You'll need to complete a valid *Binding death benefit nomination* form available at

australiansuper.com/beneficiaries

In order for AustralianSuper to accept your binding nomination, you must select either lapsing or non-lapsing in step 4 of this form.

If you fail to select one of the options, the form is invalid and you will need to submit a completely new *Binding death benefit nomination* form.

How do I cancel my binding nomination?

You can cancel your binding nomination at any time. If you wish to cancel your current nomination without making a new nomination please complete steps 1, 2 and 6 of this form and return it to us. Any death benefits will then be paid at the discretion of the Trustee of AustralianSuper to your dependants or legal personal representative.

How do I confirm or renew a lapsing binding nomination after the three year term has expired?

You will need to make a new nomination by completing and submitting a new valid *Binding death benefit nomination* form. If you make a new lapsing binding nomination, please note that the 3 year term will start again from the date you sign the form. If you make a new non-lapsing binding nomination, this does not have an expiration date.

How do I change my binding nomination?

You can change your binding nomination at any time. To change your current lapsing or non-lapsing binding nomination you'll need to complete and submit a new valid *Binding death benefit nomination* form.

Your existing nomination will be cancelled and replaced by your new nomination.

Does it cost anything?

No. There are no fees for you to make, change or cancel a binding nomination.

What if my nomination is invalid?

If your nomination is invalid when it is assessed upon notification of your death, the Trustee of AustralianSuper will consider your wishes but will use its discretion when paying out your death benefit.

Examples of an invalid binding nomination include:

- your nomination being made more than three years ago (if you submitted a lapsing binding nomination), or
- the individuals nominated no longer qualify as your dependants at the date of your death.

¹ There may be limited circumstances where AustralianSuper cannot comply with a binding death benefit nomination. This can occur where either you or the Trustee of AustralianSuper are subject to a court order restraining or prohibiting payment in accordance with the binding nomination.

² As defined by Superannuation law.

Can I have a binding death nomination and a reversionary beneficiary for the same retirement income account at the same time?

No. If you currently have a reversionary beneficiary nomination and would like to make a binding death benefit nomination, AustralianSuper requires that you cancel your reversionary beneficiary nomination by completing all the steps on this form, except step 2.

More about interdependants

An interdependent relationship generally exists if:

- two people have a close personal relationship which involves a demonstrated and ongoing commitment to a shared life and each other's emotional support and wellbeing, and
- they live together, or are temporarily living apart, and

- one or each of them provides the other with financial support, and
- one or each of them provides the other with domestic support and personal care of a level normally provided in a close personal relationship, rather than by a mere friend or flatmate.

OR

 if they don't live together or provide each other with financial support, domestic support and personal care, it's because one or both of them suffer from a disability.

Two people don't have an interdependent relationship if one of them provides domestic support and personal care to the other and is paid for this or works on behalf of another person or organisation such as a government agency, a body corporate or a benevolent or charitable organisation.

Whether your nominated beneficiaries qualify as your interdependants will be assessed when a claim is made.

AustralianSuper will pay your death benefit in accordance with your valid binding nomination if it:



- is made to us in writing on the form over the page
- · nominates one or more of your dependants (at the date of your death) or legal personal representative
- shows the percentage allocated to your nominated beneficiaries adding up to 100%
- is signed and dated by two people who have witnessed you sign and date the form, are aged 18 years or over and are not nominated as beneficiaries on the form
- is received by us before your death, and
- has not expired before your death (if you make a lapsing binding nomination).

To make or change an existing nomination, please complete the form below.

To cancel an existing binding nomination, complete steps 1, 2 and 6 of this form including having your signature witnessed

To make, renew or change an existing binding nomination or to replace an existing reversionary nomination with a binding nomination, complete steps 1, 3, 4, 5 and 6 of this form.

If all relevant steps on the form are not completed, including having your signature witnessed, your binding nomination will be invalid, and you will need to complete a new form.

Privacy Collection Statement

AustralianSuper Pty Ltd (ABN 94 006 457 987) of Locked Bag 6, Carlton South, Victoria 3053, collects your personal information (PI) and the PI of your nominated beneficiaries, to make, change or cancel your binding nomination, administer your super account and keep you informed. If we can't collect this PI we may not be able to provide these services. As you are providing us with the personal information of your nominated beneficiaries, it is your responsibility to: (a) tell these individuals that you have provided their details to AustralianSuper and (b) provide them with a copy of AustralianSuper's Privacy Collection Statement and Privacy Policy. We will only share your PI where necessary to perform our activities with our administrator (Australian Administration Services Pty Ltd, being a part of MUFG Pension & Market Services Holdings Ltd), our insurer (TAL Life Limited, ABN 70 050 109 450, AFSL 237848), our contact centre provider (Concentrix Services Pty Ltd), service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers and, where applicable to your circumstances, by third party service providers of your financial adviser. Our Privacy Policy details how to access and change your PI, as well as our privacy complaints process. For complete details go to australiansuper.com/privacy or call us on 1300 300 273.

Binding death benefit nomination



Use this form to make, change or cancel a binding nomination or to replace an existing reversionary nomination with a binding nomination.

Please complete in pen using CAPITAL letters and print (X) to mark boxes. Form must be completed in full. Read the Privacy Collection Statement on this form to see how AustralianSuper uses your personal information.

1	Pro	ovi	de	y	our	pe	ers	on	al d	det	ails	5																								
Last	nar	ne ¹																						_				7	Mr		Mrs		Ms	Mi	SS	Dr
Firs	t nar	me/	S ¹																		1		1	_				1	Da	ate o	of bi	rth ¹			1	
) M		1 Y	Y	Y	Y
Stre	et a	ddr T	ess ¹													_	_			1	_	_	_	_			1	1	_	1		_		_	1	
Sub	urb/	Ένος Τ	vn¹													_	_							_				7	St	ate ¹	_		Po	stcc	ode ¹	
Tele	epho T	ne (bu:	sine	ss h	nour	s)					Mei	mbe T	er nu	ıml	ber	1			T			٦				Acc	cou T	nt r	num	ber ²	· T	_	T	_	
² You	se fie u mus nefit fo	t coi orm	nple for s	ete a supe	sepa rann	arate uatic	forr n.	n for	eacl	n acc	ount	you	holo								have	e a sı	ıper	anı	nuat	ion	acco	ount	, ple	ase (omp	lete	a <i>Bir</i>	ding	deat	h ——
Note	Can or le	icel ega canc	my I pe el y	cui rso our	rren nal reve	t bir repr	ndin rese	g no enta	omii tive	natio . Pro	on a	nd (pay o st	ер 6	o to	siç	gn	you	ur c	decl	ara	tion	an	d ł	nav	е у	our	sig	nat	ure	witr	nes:	sed.	·		ants enefit
Plea	non opti	ke a nina ion t	nev itioi to a	v bi n w ckn	ndir ith a owle	ng d a bii edge	eatl ndir e th	h no ng n at it	mir om will	atic inati be o	on or ion. canc	rer No elle	new te : I d an	or c f yo nd re	cha ou h epla	nge nav	e m e a d b	ny c an e by y	urr exis our	ent ting nev	nor g bi v no	mina ndir omir	atio ng c natio	n, or on	incl reve	udi ersi	ng i	rep iry r	nom	ninat	ion,	you	ı mı	st se	elect	nary this orm.
Plea If you non To u	Lap ase nou far ninat under tion	osing note il to tion ersta	: In se for	orc lect m. the	ler f	or A e of fere	No ust the	n-la ralia op	ipsii inSu tion	ng iper s, th	to a	acce	ept y is ir	youi nval	r bi id a	ndi and	ng I yo	de ou v	ath will	nor	min ed t	atio o su	ıbm	nit	ас	om	ple	tely	ne	w B	indi	ng	deat	h be	enef	
Rea If you nam If you poin	No d Wa ou're ne/s' ou ha nt sp tion	tho and and ave	can min d 'Ro mo es p	I no atir esic re t	o <i>mii</i> ng y lent han ride	nate our ial a i five d fo	2? or 'Leg ddr e no	n pa gal ess' omir ne b	age pers for nees ene	1 be sona that , ple fit p	fore al rep par ease perc	e fill pres t of att	ing sent f you ach	in thativar no the	nis 'e', om m	sec you ina to t	tic u c tio	on. do n n. H s fo	ot low rm	nee /eve	ed to er, y a so	o cc ou r	nus ate	st d	com hee	nple t o	ete 1 f pa	the per	'Pe '. P l	rcer eas	ntag e us	e oi e t l	ber e tv	efit' vo c	sec l eci i	tion.
Ben	efici	iary	1																																	
	name																														Pei	rcer	ntage	e of k	oene	efit
																																	T		\top	%
Give	en na	ame	:/s		•		1		-		-	-	-	-					-							-						-	-	_ • _		
\Box					-			1 -1		-	-		1							_	1 -			. 1												
=	Spo					Ш	Ch							terd								inar	ıcıa	al C	epe	enc	ant	-								
	_					pres	ent	ativ	e (e	xec	utor	or	adn	ninis	stra	ator	of	t yo	ur	esta	ate))														
Res	iden [.]	tial T	adc	ires	S	Τ		_	_	Т	Т	Т	_	_	\top	\neg			Т		\top		\top			Т	\top	\top	\neg							
Ш																										_	_									
Sub	urb					1		_	_	1	Т	1	_	_	_	_			7	St	ate T		\neg		Po:	stc T	ode T		\neg							
Tele	epho T	ne /	/ m	obil	e ni	umb	er																													

5 Nominate who you want to receive your death benefit (continued) Beneficiary 2	
Surname	Percentage of benefit
	%
Given name/s	•
Spouse Child Interdependant Financial dependant	
Legal personal representative (executor or administrator of your estate)	
Residential address	
Suburb State Postcode	
Telephone / mobile number	
Beneficiary 3	
Surname	Percentage of benefit
Given name/s	
Spouse Child Interdependant Financial dependant	
Legal personal representative (executor or administrator of your estate)	
Residential address	
Suburb State Postcode	
Telephone / mobile number	
Beneficiary 4	
Surname	Percentage of benefit
	%
Given name/s	
☐ Spouse ☐ Child ☐ Interdependant ☐ Financial dependant	
Legal personal representative (executor or administrator of your estate) Residential address	
Nesidel filal dudiess	
Suburb State Postcode	
Telephone / mobile number	
Beneficiary 5	Dorooptage of beast't
Surname	Percentage of benefit
Given name/s	%
Spouse Child Interdependant Financial dependant	
Legal personal representative (executor or administrator of your estate)	
Residential address	
Suburb State Postcode	
State Postcode	
Telephone / mobile number	
TOTAL MUST ADD UP TO 100.00%	1 0 0 0 0 %

6 Sign this form in the presence of two witnesses

Member declaration

I understand that:

- The people listed at step 5 must be my spouse, child, financial dependant, interdependant or a legal personal representative of my estate when I die and I can only select one relationship per beneficiary nomination.
- I must sign and date this form in front of two witnesses, both of whom are aged 18 years or over and are not nominated as a beneficiary in my form.
- I can change or cancel this nomination at any time by completing a new Binding death benefit nomination form.
- If I have an existing lapsing, non-lapsing binding or reversionary nomination in place when I make a new binding nomination via this form, I agree and acknowledge as per step 3 that I am cancelling (i.e. revoking) my existing nomination from the date the Trustee of AustralianSuper receives this form (subject to my new binding nomination being complete and legally valid).
- If this nomination is invalid or has not been received by AustralianSuper when I die, my death benefit will be paid at the discretion of the Trustee of AustralianSuper.
- This binding nomination is only effective when received and accepted by AustralianSuper.
- If this is a lapsing nomination it will expire three years from the date of my signature below.
- I have read the information in this form and I understand the terms on which this nomination is made. I have also read the Privacy Collection Statement and I understand how AustralianSuper will use my personal information.

Member signature	
	Date
<u></u>	D D M M Y Y Y
Print name	
You must sign and date this form in front of two witnesses aged 18 or over. The date next to the v be the same as the date when you sign your nomination above. Witnesses can't be nominated as	•

Witness declaration

As a witness to the member's nomination, I declare that:

• I am aged 18 years or over

(in step 5).

- I am not nominated as a beneficiary on this form, and
- the member signed and dated this form in my presence.

Witness 1 signature

Full name of witness 1		D [M	М	YY	Y	Υ
Witness 2 signature	-		'				
vittless 2 signature	[Date	D M	М	YY	Y	Y
Full name of witness 2							







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.

_	<u> </u>	including the privacy statement before you complete this declaration.
S	ection A: To be completed by the PAYEE	5 What is your primary e-mail address?
1	What is your tax file number (TFN)?	
	OR I have made a separate application/enquiry to the ATO for a new or existing TFN.	
	question 1 on page 2 OR I am claiming an exemption because I am under	Day Month Year
	of the instructions. 18 years of age and do not earn enough to pay tax. OR I am claiming an exemption because I am in	6 What is your date of birth?
_	receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one) Full-time Part-time Labour Superannuation Casual
2	What is your name? Title: Mr Mrs Miss Miss Ms	Full-time Part-time Labour Superannuation Casual employment hire income stream
		8 Are you: (select only one) An Australian resident
	First given name	for tax purposes for tax purposes OR holiday maker
	Other given names	9 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.
_	What is your home address in Australia?	Answer no here if you are a foreign resident or working holiday Maker, except if you are a foreign resident in receipt of an
J	miat is your notice address in Australia?	Australian Government pension or allowance.
		10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
	Suburb/town/locality	Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
	State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct.
		Signature Date
4	If you have changed your name since you last dealt with the ATO, provide your previous family name.	You MUST SIGN here
		There are penalties for deliberately making a false or misleading statement.
	Once section A is completed and signed, give it to your payer to com	lete section B.
	ection B: To be completed by the PAYER (if you are	
1	What is your Australian business number (ABN) or Branch number withholding payer number? Branch number (if applicable)	5 What is your primary e-mail address?
	65 714 394 898	
2	If you don't have an ABN or withholding payer number, have you applied for one?	
_	What is your legal name or registered business name	6 Who is your contact person?
3	(or your individual name if not in business)?	
	AUSTRALIANSUPER	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
4	What is your business address?	Date
		Day Month Year
	130 LONSDALE STREET Suburb/town/locality	There are penalties for deliberately making a false or misleading statement.
	MELBOURNE	Return the completed original ATO copy to:
	State/territory Postcode 3000	AustralianSuper Locked Bag 6, CARLTON SOUTH VIC 3053 See next page for: payer obligations lodging online.

Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.



Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Home Affairs website at homeaffairs.gov.au

Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see ato.gov.au/whmreg

For the tax table "working holiday maker" visit our website at ato.gov.au/taxtables

Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables. After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.



For a full list of tax tables, visit our website at ato.gov.au/taxtables

Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). You need to retain a copy of the form for your records. For information about storage and disposal, see below.

You may lodge the information:

- online lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- by paper complete section B and send the original to us within 14 days.



For more information about lodging your TFN declaration report online, visit our website at ato.gov.au/lodgetfndeclaration

Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new TFN declaration (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.



Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.