

Retirement Income application



About this form

This form is to open an Equip Super Retirement Income account – if you wish to open an Equip Super Transition to Retirement Income account, please refer to the Equip Super *Transition to Retirement Income Product Disclosure Statement (PDS)* for the correct form.

1 – Your personal details

Please complete in pen using CAPITAL letters

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="text"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyyy) <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>	
Residential address (must be provided) <input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Postal address (if different from above) <input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>
Email <input type="text"/>		

2 – Do you qualify?

To open an account you need to have met one of the following relevant conditions:

- I'm 65 or older
- I'm 60 or older and have changed jobs or retired since turning 60
- I have reached my preservation age (*see table*) and have permanently retired from the workforce
- I am younger than my preservation age (*see table*) and am permanently incapacitated (*including being totally and permanently disabled*) – Equip Super may require supporting evidence
- I am electing to transfer the proceeds of a death benefit to open an account

Date of birth	Preservation age
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

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3 – Claiming a tax deduction?

If you are intending to claim a tax deduction on any personal super contributions you made to your super fund/s, you must do this prior to using those funds to open an Equip Super Retirement Income account. Please note that if you are between the age of 67 and 74, you need to meet the work test to be eligible to claim your personal contribution as a tax deduction. You can download the Equip Super *Deduction for personal super contributions* form from our website.

Do you wish to claim a tax deduction for contributions made into your existing Equip Super account?

No Yes, and the claim form is attached Yes, and the claim form was lodged on:

4 – Total estimated starting balance

Please note that the Government has a transfer balance cap that may limit the amount you can transfer to open your account. For more information please see the accompanying PDS. The minimum starting balance is \$25,000.

What is the estimated amount you are opening your account with: \$, , .

5 – Source of funds

Please indicate all the sources of funds that make up your starting balance. Please note that if we are awaiting rollovers from other funds, we will not be able to open your account until all amounts have been received as your Retirement Income account can only be established with a single transfer of funds.

If you are intending to make a personal super contribution to include in your starting balance, you need to add those funds to one of your existing super accounts nominated below before submitting this application.

Source 1 – My current Equip Super account/s

If you are leaving an existing Equip Super account open, you must leave a minimum of \$6,000 in it. If you are leaving a super account open for insurance cover, you should consider the amount you need to cover those costs for the relevant period of time.

Account number	Account type	Transfer amount
<input type="text"/>	<input type="checkbox"/> Super	<input type="checkbox"/> Full balance
	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> Transfer \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> to my new account
		<input type="checkbox"/> Transfer all but \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> to my new account
<input type="text"/>	<input type="checkbox"/> Super	<input type="checkbox"/> Full balance
	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> Transfer \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> to my new account
		<input type="checkbox"/> Transfer all but \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> to my new account

Source 2 – Rollover super and income streams from other funds

Please note that you will need to complete and return a *Roll your super into Equip Super* form for each fund you wish to transfer.

Account number	Name of fund	Transfer amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

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Work test declaration

Please note that you do not need to make a work test declaration in respect of personal contributions received into your Equip Super account on or after 1 July 2022 unless you want to claim any personal contribution as an income tax deduction.

If you are aged between 67 and 74 and have yet to make a *work test* or *work test exemption* declaration for any personal super contributions received into your Equip Super account on or before 30 June 2022 and that are being transferred in part or in full to this new account, you can do so below.

Work test - You were gainfully employed for at least 40 hours in 30 consecutive days in the financial year in which the contributions were made.

Work test exemption - You were gainfully employed for at least 40 hours in 30 consecutive days in the financial year that preceded the financial year in which the contributions were made and at the end of the previous financial year you had a total balance of less than \$300,000 and you had not previously claimed a work test exemption (note that you can only use the work test exemption once).

For personal contributions made in the financial year ending 30/06/ (year), I met the

Work test **OR** Work test exemption

6 – Your investment choice

If you do not complete this section or if you complete it incorrectly, your starting balance will be invested in the Equip Super MyPension investment strategy.

I would like to invest my account in the **MyPension investment strategy** (proceed to step 8)

I would like to invest my account in the following investment option(s):

Diversified options

Growth Plus	<input type="text"/>	%
Growth	<input type="text"/>	%
Balanced Growth	<input type="text"/>	%
Balanced	<input type="text"/>	%
Capital Stable	<input type="text"/>	%
Future Focus	<input type="text"/>	%
Index Diversified	<input type="text"/>	%

Sector Specific options

Australian Shares	<input type="text"/>	%
Overseas Shares	<input type="text"/>	%
Diversified Fixed Interest	<input type="text"/>	%
Cash	<input type="text"/>	%

Must total 100%

7 – Your income payment options

Only complete this section if you have nominated your own investment mix above and you have chosen 2 or more investment options. If you do not make a choice below or if your choices below do not equal 100%, we will pay your income payments using the proportional method.

Proportional – Income Payments are drawn in proportion to the balance in each option at the time of withdrawal, which may change over time.

Nominated option/s – You can specify the percentage to be withdrawn from each investment option below.
(When there's no longer enough money in your chosen options, income payments will be deducted using the proportional method.)

Diversified options

Growth Plus	<input type="text"/>	%
Growth	<input type="text"/>	%
Balanced Growth	<input type="text"/>	%
Balanced	<input type="text"/>	%
Capital Stable	<input type="text"/>	%
Future Focus	<input type="text"/>	%
Index Diversified	<input type="text"/>	%

Sector Specific options

Australian Shares	<input type="text"/>	%
Overseas Shares	<input type="text"/>	%
Diversified Fixed Interest	<input type="text"/>	%
Cash	<input type="text"/>	%

Must total 100%

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8 – Your income payments

(a) How often do you want to receive payments?

If you do not complete this section, your income payments will be paid monthly and the first payment will be made on the next available pay cycle.

Fortnightly Monthly (15th of each month)

Income payments will start from the next available payment date after we have set up your account.

Quarterly Half-yearly Yearly

Please nominate the first month in which your payment cycle is to commence (mmyyyy):

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(b) How much do you want to receive?

If you do not complete this section or if your nominated amount is less than the minimum, we will pay you the minimum amount permitted.

Minimum amount permitted Your nominated amount of \$, per payment

(c) Where would you like your payments to go?

to the same bank account as my existing Equip Super account

OR

Name of Australian bank, building society or credit union

BSB

Your account name (must be a personal account held solely or jointly in your name)

Account Number

Please provide a copy of your bank statement that shows the account name, BSB and account number. If required, Equip Super may seek further evidence prior to payments commencing.

9 – Your beneficiary nominations

Please refer to the accompanying PDS for more information about your beneficiary options. Please select one option only and complete the relevant details.

(a) Reversionary nomination

Title
Mr Mrs Ms Miss Other

Sex
Male Female

Date of birth (ddmmyyy)

First name

Last name

Relationship to you Spouse Dependant child Interdependant Financial dependant

(b) Binding nomination

Please complete and attach the form for *Making a death benefit nomination - Retirement Income and Transition to Retirement Income* to this application.

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9 – Your beneficiary nominations continued

- (c) **Non-binding nomination**
If you're nominating your 'Legal personal representative', you do not need to complete the 'Full Name' section, but you must complete the '% of benefit' section.

Full Name	Beneficiary type		% of benefit
<input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependent	<input type="checkbox"/> Financial dependant <input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	<input type="text"/> <input type="text"/> <input type="text"/> %

Must total 100%

10 – Tax file number (TFN) declaration

Please select from the options below:

- I am under 60 years of age and have completed the attached ATO *Tax file number declaration* form.
- I am under 60 years of age and have not attached a completed ATO *Tax file number declaration* form and understand that the fund may be obliged to deduct PAYG tax from my Retirement Income account at the highest marginal tax rate (where applicable).
- I am aged 60 years or over and I am **not** required to complete an ATO *Tax file number declaration* form

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11 – Proof of identity information

Please find below a list of documents that you can use to prove your identity. Any documents you provide **must** be certified as true copies by a person authorised to certify documents. Read on for further information or see our full proof of identity information online at equisuper.com.au/identity. Equip Super reserves the right to request further identification documents.

A certified copy of **ONE** of the following documents **ONLY**:

- Current driver's licence issued under State/Territory law
- Passport

OR

A certified copy of **ONE** of the following documents:

- Birth certificate or extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

AND

A certified copy of **ONE** of the following documents:

- Letter from Centrelink regarding a Government assistance payment
- Notice issued by a Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example, an ATO Notice of Assessment or a Rates Notice from your local council

Change of name

If you have changed your name, you must provide a certified copy of the relevant name change document, for example, a marriage certificate, deed poll, decree nisi/divorce order or change of name certificate issued by the Births, Deaths and Marriages Registration office.

Make sure your documents are correctly certified

All copied pages of ORIGINAL supporting documents or proof of identity documents need to be certified as true copies by an individual approved to do so.



Certified true copy
J. Sample
Mr John Sample
Justice of the Peace
Registration No.123456789
Date: 01/01/2020

The authorised person must:

- Sight the original and the copy and make sure both documents are identical, then
- Make sure all pages have been certified as true copies by writing or stamping 'certified true copy', then
- Sign, print their name, qualification (eg Justice of the Peace, Australia Post employee etc) and registration number (if applicable), then
- Date their certification (must be within 12 months of receipt)

Common people used to certify proof of identity documents:

- Pharmacist
- Justice of the Peace
- Notary Public
- Medical practitioner or nurse
- Police officer
- Accountant (CA/CPA)
- Legal practitioner
- Financial planner (Officer with or Authorised Representative of an Australian Financial Services Licensee) (with two years' experience)
- Full time teacher (school or tertiary)
- Bank/credit union/building society officer (with two years' experience)
- Permanent employee of a Commonwealth, State/Territory or local government (with two years' service)

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12 – Additional information

Please use this space to provide any additional information to Equip Super regarding your new account application.

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustee's Privacy Statement, which you can view online at equipsuper.com.au/privacy or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.com.au/privacy

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

13 – Sign this form

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- acknowledge that I have read and understood the Product Disclosure Statement accompanying this application and agree to be bound by the terms and conditions outlined in it, and the trust deed and rules which govern the operation of Equip Super.
- acknowledge that if I have requested a transfer of funds from an Equip Super account to my new Equip Super account:
 - I authorise my benefit to be paid by Equip Super as instructed on this form.
 - I understand when my full benefit is paid, Equip Super shall be released from all claims, liabilities and obligations.
 - I understand any insurance arrangements with Equip Super will cease from the date that the full benefit is paid.

Signature



Date (ddmmyyyy)

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Please return your completed form to Equip Super, GPO Box 4303, Melbourne Vic 3001.

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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)?

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 primary e-mail address?

E-mail address boxes

6 What is your date of birth?

Date of birth boxes

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

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

8 Are you: (select only one)

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

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.

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?

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 and Date boxes

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?

ABN/withholding payer number boxes

2 If you don't have an ABN or withholding payer number, have you applied for one?

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

Legal name boxes

4 What is your business address?

Address line 1

Address line 2

Suburb/town/locality

State/territory Postcode

5 What is your primary e-mail address?

E-mail address boxes

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 and Date boxes

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.



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