

## About this form

To open an Equip Super Transition to Retirement Income account, you need to be aged between your preservation age (see table) and age 65 and not be retired.

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

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

## 1 – Your personal details

Please complete in pen using CAPITAL letters

Title  
 Mr  Mrs  Ms  Miss  Other

Sex  
 Male  Female

Date of birth (ddmmyyyy)

First name

Last name

Residential address (must be provided)

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

Business hours phone

After hours phone

Mobile

Email

## 2 – 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 Transition to 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 Deductions 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:

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### 3 – Total estimated starting balance

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

### 4 – 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 Transition to 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"/> Transition to Retirement Income	<input type="checkbox"/> Full balance <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"/> Transition to Retirement Income	<input type="checkbox"/> Full balance <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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## 5 – Your investment choice

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

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

Diversified options		Sector Specific options	
Growth Plus	<input type="text"/> %	Australian Shares	<input type="text"/> %
Growth	<input type="text"/> %	Overseas Shares	<input type="text"/> %
Balanced Growth	<input type="text"/> %	Diversified Fixed Interest	<input type="text"/> %
Balanced	<input type="text"/> %	Cash	<input type="text"/> %
Capital Stable	<input type="text"/> %		
Future Focus	<input type="text"/> %		
Index Diversified	<input type="text"/> %		

**Must total 100%**

## 6 – 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		Sector Specific options	
Growth Plus	<input type="text"/> %	Australian Shares	<input type="text"/> %
Growth	<input type="text"/> %	Overseas Shares	<input type="text"/> %
Balanced Growth	<input type="text"/> %	Diversified Fixed Interest	<input type="text"/> %
Balanced	<input type="text"/> %	Cash	<input type="text"/> %
Capital Stable	<input type="text"/> %		
Future Focus	<input type="text"/> %		
Index Diversified	<input type="text"/> %		

**Must total 100%**

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Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383  
as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000

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## 7 – 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, we will pay you the minimum amount. If your nominated amount is outside of the allowable limits, we will adjust it.

Minimum amount permitted

Your nominated amount of \$  ,  per payment

Maximum amount permitted (10%)

**(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

I have provided a copy of my bank statement that shows the account name, BSB and account number. If required, Equip Super may seek further evidence prior to payments commencing.

## 8 – 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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## 8 – 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%**

## 9 – 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 Transition to 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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## 10 – 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 [equipsuper.com.au/identity](http://equipsuper.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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Equip Super, GPO Box 4303, Melbourne VIC 3001



## 11 – 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](https://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](https://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.

## 12 – 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

X

Date (ddmmyyyy)

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

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