



# Pension Plan application

Please complete all pages of this form in black ink using **BLOCK letters**. Mark appropriate boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

Please ensure this form is fully complete and all required documentation is provided to either your financial adviser or us, so we can process your application.

## 1. Member details

Are you an existing investor?

No

Yes  Client number

Title Mr  Mrs  Miss  Ms  Other

First name(s)

Last name

Occupation

Date of birth  /  /

Gender Male  Female

### Tax file number (TFN)

**Existing investors:** We will use the TFN you have previously advised unless you request us not to. If you do not wish the Trustee to use the TFN already quoted, please tick box at right.

**Do you want to claim the tax-free threshold from this pension?**  
 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

Yes

No  Answer **no** if you are a foreign resident.

If you are under age 60, you will also need to provide us with a completed 'Tax file number declaration' form (for each pension you apply for). You can complete the form which is available on our website or through the ATO online services through myGov.

### Residency status for tax purposes

Are you an Australian resident for tax purposes?

Yes

No  please specify country of residence below.

# 1. Member details (continued)

## Residential address (mandatory)

unit number	street number
<input type="text"/>	<input type="text"/>
street name	
<input type="text"/>	
suburb (if relevant) <b>OR</b> city	
<input type="text"/>	
state	postcode
<input type="text"/>	<input type="text"/>
country	
<input type="text"/>	
phone (business hours)	phone (after hours)
<input type="text"/>	<input type="text"/>
mobile	fax
<input type="text"/>	<input type="text"/>
email address	
<input type="text"/>	

By providing my email address, I agree to receive any information about my investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me when new information regarding my investment is available for viewing online, via hyperlink or via myPerpetual. I acknowledge you may still need to send me information by mail from time to time.

## Postal address (if different to residential address)

c/- (if applicable)	<input type="text"/>		
po box	unit number	street number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
street name			
<input type="text"/>			
suburb (if relevant) <b>OR</b> city			
<input type="text"/>			
state	postcode		
<input type="text"/>	<input type="text"/>		
country			
<input type="text"/>			

# 2. Employment status

Your application cannot be processed if this section has not been completed.

- I am retired after having reached my preservation age (or have met another condition of release that allows access to my superannuation benefits).
- I have reached my preservation age but have not retired and I would like to open a 'transition to retirement' (TTR) pension within the Pension Plan.

### 3. Contribution/rollover details

Please refer to the 'Your Pension Plan account' document for information about eligibility, including the transfer balance cap.

**Source of funds being invested (select most relevant option)**

retirement savings <input type="checkbox"/>	employment income <input type="checkbox"/>	business activities <input type="checkbox"/>	sale of assets <input type="checkbox"/>
inheritance/gift <input type="checkbox"/>	financial investments <input type="checkbox"/>	other <input type="text"/>	

**Transfer from Select Super Plan**

account number

Amount to be transferred

entire balance as a product transfer from Select Super Plan to the same investment options and allocation in Select Pension Plan

Holdings in the Conservative, Diversified, Balanced, Growth or Cash option will be transferred to the same investment option in the same amount as you are currently invested in Select Super Plan. Buy/sell spread will not apply to this transfer.

Holdings in any other option that you hold in Select Super Plan will be transferred to the investment option listed above that you have the largest holding in at the time of transfer. Buy/sell spread will apply to this transfer.

Do not complete the investment column in section 6 unless you have additional rollovers and or contributions.

or

partial amount \$  from  investment option

**Transfer from another super or pension fund**

Please provide the details below. You will also need to complete the 'Transfer authority' form for each rollover being requested. Please indicate below the amount of your rollover.

Previous institution	Policy/Account number	Approximate amount
		\$
		\$
		\$
		\$
		\$
	<b>Total</b>	\$

We will only commence your pension after we have received all the rollovers listed above.

### 3. Contribution/rollover details (continued)

#### Contributing ordinary (non-superannuation) money.

Please indicate below the amount of your contributions. These funds will be invested initially in the Cash investment option in Perpetual Select Super Plan and on the same day invested in the Pension Plan according to your investment instructions in the 'Investment allocation' section.

#### Contribution eligibility and limits

Please refer to the Select Super Plan 'Your Super Plan account' document for information about contribution eligibility and limits. You should speak to your financial adviser about the contribution limits when considering your situation. Contributions made in excess of the limits will attract additional tax.

Contribution type	Amount	Further details
personal contribution	\$	If you are eligible and intend to claim a tax deduction on these contributions you will also need to complete 'Are you claiming a tax deduction for any personal contributions?' below.
spouse contribution	\$	
downsizer contribution	\$	You will also need to complete a 'Downsizer contribution into superannuation' form (available from the ATO).
CGT contribution	\$	You will also need to include a completed 'Capital gains tax cap election' form (available from the ATO).
personal injury payment	\$	You will also need to include a completed 'Contributions for personal injury election' form (available from the ATO).
Covid-19 re-contribution	\$	You will also need to include a completed 'Notice of re-contribution of COVID-19 early release amounts' form (available from the ATO).
<b>Total</b>	\$	

#### Are you claiming a tax deduction for any personal contributions?

Please refer to the Select Super Plan 'Your Super Plan account' document for information about your eligibility to claim a tax deduction for your personal contributions.

If no selection is made we will assume you will not be claiming a tax deduction for this amount.

yes, please specify dollar amount of deduction. This is your notice to us of the amount you intend to claim as a tax deduction in relation to section 290–170 of the Income Tax Assessment Act 1997. We will deduct 15% contributions tax from the amount indicated in the next column. We will send you an acknowledgement of the amount you are claiming which you will need to keep for tax purposes.

\$

(If no amount is indicated, we will assume you are claiming the full amount as a deduction).

no

By completing this section you confirm that you have read, understood and agree to be bound by the terms and conditions of the PDS, including relevant incorporated information in the Select Super Plan 'Your Super Plan account' document.

## 4. Consumer Attributes for non-advised members

### To be completed only by members that have not received personal advice in relation to this application

Please complete the following questions by ticking one box for each question. We are seeking this information in relation to our Design and Distribution Obligations (DDO) under the *Corporations Act 2001* (Cth).

We do not use the information you provide us in this application form to consider your individual objectives, financial situation or needs, however your responses to the questions below will assist us in determining whether you are likely to be in the target market for this product. If you are not in the target market for the product, your application may be rejected.

#### What is your primary investment objective?

Capital Growth (seeks to invest in a product designed to generate capital returns)

Capital Growth or Preservation (seeks to invest in a product designed to generate either capital growth or capital preservation)

Capital Preservation (seeks to invest in a product designed to reduce volatility and minimise loss)

#### What is the intended use of this product (% of investable assets)?

(Investable assets are those assets that the investor has available for investment, excluding the residential home.)

Solution / Standalone (up to 100%)

Major allocation (up to 75%)

Core component (up to 50%)

Minor allocation (up to 25%)

Satellite allocation (up to 10%)

#### What is your intended investment timeframe?

Short term (two years or less)

Medium term (more than 2 years but less than 5 years)

Medium to Long term (equal to 5 years or less than 7 years)

Long term (more than 7 years)

#### What is your risk and return profile?

(for this product only)

Low (seeks to minimise potential losses and comfortable with a low target return)

Medium (seeks to minimise potential losses and comfortable with a moderate target return)

High (can accept higher volatility and potential losses in order to target a higher target return)

Very high (can accept very high volatility and higher potential losses and seeks to maximise returns)

Extremely high (can accept significant volatility and losses to seek accelerated returns)

## 5. Features

Indicate which optional features you would like applied to your account.

<b>Auto-rebalancing</b>		yes <input type="checkbox"/>	quarterly (default) <input type="checkbox"/>
			half-yearly <input type="checkbox"/>
			yearly <input type="checkbox"/>
<b>Nomination of beneficiary</b> If you would like to nominate a beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form.		yes <input type="checkbox"/>	no <input type="checkbox"/>
<b>Nomination of reversionary beneficiary</b> If you would like to nominate a reversionary beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form.		yes <input type="checkbox"/>	no <input type="checkbox"/>
<b>Investor myPerpetual online access</b>		view & transact (default) <input type="checkbox"/>	view only <input type="checkbox"/>
<b>Adviser myPerpetual online access</b> Note: your financial adviser can access information about your account online (and may extend to their authorised delegates the same level of online access you have determined for your adviser)		view & transact (default) <input type="checkbox"/>	view only <input type="checkbox"/>
<b>Investment information to be sent in the mail</b> Note: most of your investment information is also available online through myPerpetual		online only (default) <input type="checkbox"/>	online and mail <input type="checkbox"/>
<b>Annual report to be sent in the mail</b> Note: the annual report is also available at on our website		no (default) <input type="checkbox"/>	yes <input type="checkbox"/>
<b>Marketing material</b> If you would like to receive investment education material and be informed about the Promoter's products, services and offers		yes (default) <input type="checkbox"/>	no <input type="checkbox"/>

- For each optional feature you have elected, please ensure you have read and understood the relevant section in the 'Your Pension Plan account' document for that feature.
- If you have nominated an optional feature above, please ensure you fill out the relevant columns in the table in the following section.

## 6. Investment allocation

Please nominate the dollar amount or the portion (%) of money you would like to invest in your selected investment options.

Investment options	Short code	Investment			Investment strategy for auto-rebalancing <sup>1</sup>	Savings plan (if applicable and only where different to your investment strategy)
Conservative	SSCOSN	\$	or	%	%	%
Diversified	SSOVSN	\$	or	%	%	%
Balanced	SSBASN	\$	or	%	%	%
Growth	SSGRSN	\$	or	%	%	%
Cash	SSCASN	\$	or	%	%	%
<b>Total</b>		\$	or	<b>100%</b>	<b>100%</b>	<b>100%</b>

<sup>1</sup> You only need to complete this column if percentages differ from your investment allocation between your selected investment options.

## 7. Pension payment details (must be completed)

I would like to receive my pension payments:

monthly
  quarterly
  half yearly
  yearly

I would like my pension payment amount to be:

minimum
  maximum (only applicable to TTR pensions) or  
 specify an amount (before tax) of: \$  pa or \$  per payment

I would like to receive my first pension payment on the:

25th of  (month)  (year)  
 (subject to all documents being received seven business days in advance)

## 8. Payment bank account details

Please provide your bank account into which all payments are deposited. The account can be in your name or a joint account of which you are one of the account holders.

### Bank account

financial institution	
<input type="text"/>	
branch	
<input type="text"/>	
BSB	account number
<input type="text"/> - <input type="text"/>	<input type="text"/>
account name	
<input type="text"/>	
<input type="text"/>	

## 9. Authorised representative

Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the 'Your Pension Plan account' document.

no	<input type="checkbox"/>	please go to section 9								
yes	<input type="checkbox"/>	please complete the details below.								
myPerpetual online access for my authorised representative										
view and transact (default)	<input type="checkbox"/>	or	view only	<input type="checkbox"/>						
<b>authorised representative details:</b>										
first name(s)	<input type="text"/>									
last name	<input type="text"/>									
po box	unit number	street number								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
street name										
<input type="text"/>										
suburb (if relevant) <b>OR</b> city										
<input type="text"/>										
state	postcode	country								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
signature of authorised representative	<input type="text"/>			date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>




## 10. Special instructions


## 11. Financial adviser use only

### Financial adviser details

financial adviser name																	
phone																	
mobile											fax						
postal address																	
email																	
AFSL licensee name																	
AFSL number																	
adviser number																	
or dealer group																	
dealer branch																	
financial adviser signature											date		/		/		
IL GN				/				/									(Group)
IL AN				/				/									(Adviser)
IL CN				/				/									(Client)



## 12. Declaration and signature (must be completed)

I declare and agree that:

- I have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for Select Pension Plan and confirm I accept this offer in Australia
- all of the information provided in my application is true and correct
- I have read, understood and agree to be bound by, any additional restrictions in the PDS and any incorporated material and I agree to be bound by the provisions of the Trust Deed (as amended from time to time)
- I have read and understood the privacy disclosure as detailed in the 'Your Pension Plan account' document. I consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I consent to the Trustee disclosing this information to my financial adviser (named in this form) in relation to the investments described in this form. Where the financial adviser named in this form no longer acts on my behalf, I will notify the Trustee of the change
- if I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by or attached to this application form
- If applicable, in the case of contributions, that I have:
  - read and understood the contribution eligibility rules in the Select Super Plan 'Your Super Plan account' document and that I am eligible to make or have contributions made for my benefit
  - met a condition of release
  - not yet lodged my income tax return for the current year of income and not yet commenced a superannuation income stream based in whole, or part, on the contributions for which I am claiming a personal tax deduction
- I have provided my financial adviser with acceptable identification documentation as described in the following section OR I am not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation as described in the following section.

I acknowledge and agree that:

- the information contained in the PDS is not investment advice or a recommendation that the Pension Plan and/or any investment option is suitable having regard to my investment objectives, financial situation or particular needs
- the Trustee is required to provide information, including my TFN, to the Australian Taxation Office (ATO) and will obtain information from the ATO in relation to my superannuation account
- the Trustee may be required to pass on my personal information or information about my investment to the relevant regulatory authorities, including for compliance with income tax law and the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries
- the Trustee may contact me where required by using the email address provided on the application form. I will notify the Trustee of any change to my email address. I understand that failure to advise such a change may result in me not receiving correspondence relating to my investment
- neither the Trustee, PTCO, nor any of their related entities guarantees the repayment of capital or the performance of the Pension Plan or any investment option.

Before you sign this application form, the Trustee or financial adviser is obliged to give you a PDS (which is a summary of important information relating to the Pension Plan). The PDS will help you to understand the product and decide if it is appropriate to your needs.

signature of member	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
print name	<input type="text"/>											

### Important notes:

- If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to us, if not previously provided.
- The Trustee has the absolute discretion to accept or reject any application.
- Members should retain a copy of the PDS and relevant incorporated material.
- A business day is a working day in Sydney.

### Final checklist

Have you

Completed all sections of your application form?

Signed your application form?

If required, completed a tax file number declaration form?

Provided your financial adviser with your customer identification documents requested in this application form?

OR if you don't have a financial adviser have you enclosed your certified customer identification documents?

Please send your completed application form to:

**Reply Paid 4171**  
**Perpetual Select Pension Plan**  
**GPO Box 4171**  
**Sydney NSW 2001**

### 13. Identification verification

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your application without this information.**

#### Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are applying directly with us** - You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** - You may provide a certified copy with your application OR have your financial adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

#### PART I – Primary ID documents

**Provide ONE of the following:**

- current Australian State/Territory driver's licence containing your photograph
- Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- current foreign passport or similar travel document containing your photograph and signature

OR

#### PART II – should only be completed if you do not own a document from Part I

**Provide ONE of the following:**

- Australian birth certificate
- Australian citizenship certificate
- concession card such as a pension, health care or seniors health card issued by Services Australia (excludes Medicare cards)

**AND provide ONE valid document from the following:**

- a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

#### PART III – should only be completed if you do not own document(s) from Part I OR Part II

**BOTH documents from this section must be provided**

- foreign driver's licence that contains a photograph of you and your date of birth
- national ID card issued by a foreign government containing your photograph and your signature

*Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

## How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018 (Cth).

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

### IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents **OR**
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

## Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1		Document 2	
verified from	<input type="checkbox"/> original	<input type="checkbox"/> certified copy	<input type="checkbox"/> original	<input type="checkbox"/> certified copy
document name/type	<input type="text"/>		<input type="text"/>	
document issuer	<input type="text"/>		<input type="text"/>	
issue date	<input type="text"/>		<input type="text"/>	
expiry date	<input type="text"/>		<input type="text"/>	
document number	<input type="text"/>		<input type="text"/>	
accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>



# Nomination of beneficiary

You are able to nominate a beneficiary to receive your superannuation benefit in the event of your death. By completing this form, you are instructing or recommending to the Trustee who should receive your benefit if you die whilst still a member of Perpetual Select Pension Plan.

You are able to choose to make a reversionary beneficiary, non-binding or binding nomination. Please ensure you read 'Important notice for beneficiary nominations' on page 3 of this form. If you are making a binding nomination, ensure you also read 'Binding nomination rules' on page 3.

Please send your completed form to: **Perpetual Select Pension Plan, GPO Box 4171, Sydney, NSW 2001**

## 1. Member details

client number	<input type="text"/>	account number	<input type="text"/> A <input type="text"/> C <input type="text"/>
first name(s)	<input type="text"/>		
last name	<input type="text"/>		
phone (business hours)	<input type="text"/>	phone (after hours)	<input type="text"/>

## 2. Beneficiary details

Please read the 'Important notice for beneficiary nominations' on page 3 before you complete this section.

**Nomination type** (only choose one):  reversionary beneficiary  binding (witness signatures required)  non-binding

**IMPORTANT** – before you complete the table below:

- If this is a **reversionary beneficiary nomination**, you are able to nominate **ONE reversionary beneficiary only**.
- If this is a **binding nomination** please post this form as we need an **original form – please do not send via email**.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D below (Share of death benefit)** must total **100%**.
- You can nominate your legal representative and/or one or more of your dependants as defined under Superannuation Law.

If you have insufficient room to list all beneficiaries, please complete an additional Nomination of Beneficiary form and attach to this form.

A) Nominated beneficiary (full name)	B) Relationship to you	C) Date of birth	D) Share of death benefit
<b>Legal Personal Representative (your estate)</b> If you have nominated 100% of the benefit allocation to your Legal Personal Representative do not complete any further nominations.	N/A	N/A	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> financial dependant	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> financial dependant	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> interdependant	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> financial dependant	<input type="text"/>	<input type="text"/> %

### 3. Declaration by member (must be completed)

By making the nomination in this form:

- I understand that I must send this form to the Trustee, and this nomination form supersedes and revokes any previous nomination of beneficiary.
- Where I have made a **Binding** nomination: I direct the Trustee to distribute the benefit payable in the event of my death in accordance with this form and binding nomination rules. I understand this nomination will be binding on the Trustee only if validly completed.
- Where I have made a **Non-binding** nomination: I recommend the Trustee exercise discretion to distribute the benefit payable in the event of my death by considering the beneficiaries named in this form. I understand this nomination is not binding on the Trustee.

Member signature	
<input type="text"/>	
full name	declaration date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 4. Declaration by witnesses (Binding nomination only)

**NOTE:** A binding nomination will be **INVALID** if the member and witnesses sign on different dates.

I declare that:

- I am 18 years or older
- this form was signed and dated by the person detailed in section 1 in my presence on the date indicated above as the declaration date.

#### Witness 1

first name(s)	<input type="text"/>
last name	<input type="text"/>
postal address	<input type="text"/>
suburb	<input type="text"/>
state	<input type="text"/>
postcode	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>

#### Witness 2

first name(s)	<input type="text"/>
last name	<input type="text"/>
postal address	<input type="text"/>
suburb	<input type="text"/>
state	<input type="text"/>
postcode	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>

### **Important notice for beneficiary nominations**

- For Perpetual Select Pension Plan you are only able to make a reversionary beneficiary, binding or non-binding nomination.
- For the purpose of paying a death benefit, a dependant is:
  - a person who is financially dependent upon you at the date of death or
  - a child, adopted child, step-child, ex-nuptial child or
  - a spouse (including a de facto spouse) or
  - a person with whom you have a close personal relationship and share a residence with and one or each of you provides the other with financial support, domestic support and personal care or
  - a person with whom you have a close personal relationship, but the other requirements detailed above aren't satisfied because either or both of you suffer from a physical, intellectual or psychiatric disability.

### **Binding nomination rules**

- In order to be effective, a binding nomination must be signed by two witnesses who are at least 18 years old and who are not named in this nomination form. Also, in order to have effect, this form must be delivered to the Trustee.
- Only your dependants or legal personal representative are eligible to receive your death benefit. Eligibility of a nominated person is determined at the date of your death.
- A binding nomination is effective for three years after the day it was first signed, or last confirmed or amended by the member. If you wish to confirm your nomination for another three years, you may do so by providing a signed notice to that effect to the Trustee.
- Your binding nomination will also cease to have effect if you subsequently marry, remarry or divorce.
- If a dependant nominated to receive a benefit predeceases the member or if a person nominated is not a dependant or legal personal representative at the time of death, that person's benefit will be distributed equally amongst the surviving nominated dependants or current legal personal representative. If there are no surviving nominated dependants or nominated legal personal representative it will be paid in accordance with the Trustee's discretion.
- You must provide all details requested in this form. If you do not, the Trustee may need to contact you to obtain further information. In the absence of certain information, the rules governing binding nominations adopted by the Trustee provide for the following:
  - If you fail to specify any proportion, the benefit will be distributed equally amongst those persons nominated who are eligible to receive a benefit. If you do nominate percentages in respect of all nominated persons but the sum of the percentages is other than 100%, the percentages will be adjusted proportionately.
  - If you specify a proportion in respect of some but not all of the nominated persons the residual amount will be distributed equally amongst those nominated persons in respect of whom no proportion is specified. In the event there is no residual amount, no benefit will be paid to those persons in respect of whom no proportion is specified.





# Transfer authority

## 1. Applicant details

You must complete a separate transfer authority for each fund you are transferring from.

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>	date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		
first name(s)	<input type="text"/>													
last name	<input type="text"/>													
tax file number (TFN) <sup>1</sup>	<input type="text"/>													
<small>1 You are not obliged by law to disclose your TFN, but there may be tax consequences if you do not provide it.</small>														
gender	male <input type="checkbox"/>	female <input type="checkbox"/>												
phone (business hours)	<input type="text"/>						phone (after hours)	<input type="text"/>						
phone (mobile)	<input type="text"/>													
residential address	<input type="text"/>													
suburb (if relevant) or city	<input type="text"/>						state	<input type="text"/>			postcode	<input type="text"/>		
country	<input type="text"/>													
<small>If the address held by your 'FROM' fund is different to your current address, please give details below.</small>														
previous address	<input type="text"/>													
suburb (if relevant) or city	<input type="text"/>						state	<input type="text"/>			postcode	<input type="text"/>		
country	<input type="text"/>													

## 2. Fund details

FROM (old fund)	TO (new fund)
fund name <input type="text"/>	fund name Perpetual's Select
fund postal address <input type="text"/>	Superannuation Fund
fund phone number <input type="text"/>	fund phone number 1 8 0 0 0 1 1 0 2 2
membership or account number <input type="text"/>	client number (if known) <input type="text"/>
Australian business number (ABN) <input type="text"/>	account number (if known) <input type="text"/>
Unique superannuation identifier <input type="text"/>	Australian business number (ABN) 5 1 0 6 8 2 6 0 5 6 3
	Unique superannuation identifier P E R 0 4 0 5 A U

### Transfer amount

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of  the total value or  partial value

of my benefit in the above superannuation fund or policy to:

**Equity Trustees Superannuation Limited , Perpetual Select Pension Plan, GPO Box 4171, Sydney NSW 2001.**

## 3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- consent to my TFN being disclosed for the purposes of consolidating my superannuation benefits
- discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my 'TO' fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

first name(s)	<input type="text"/>
last name	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>



## Perpetual Select Pension Plan

Product Disclosure Statement issue number 12 dated 1 March 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

# Compliance letter

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual Select Pension Plan is part of a complying fund.

To Whom It May Concern,

Level 18, Angel Place  
123 Pitt Street  
GPO Box 4171  
Sydney NSW 2001  
Australia

[www.perpetual.com.au](http://www.perpetual.com.au)

### Perpetual's Select Superannuation Fund

Australian Business Number (ABN): 51 068 260 563

RSE Registration No. R1057034

Unique Superannuation Identifier (USI): PER0405AU (Perpetual Select Pension Plan)

Perpetual's Select Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 1 March 1989 (as amended) (Trust Deed). The Trustee of the Fund is Equity Trustees Superannuation Limited.

The Trust Deed of the Fund complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 (Cth) and Regulations.

Yours faithfully

**As Trustee for Perpetual Select Superannuation Fund  
Equity Trustees Superannuation Limited**

### Client Services

Phone 1800 011 022

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE L0001458, AFSL 229757) as Trustee of the Perpetual Select Superannuation Fund ('the Fund') (ABN 51 068 260 563 RSE Registration R1057034).