

Pension Application Form

Acclaim Pension



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

Note: A copy of member's ID (driver's licence, passport or equivalent) is required to be submitted with this form, see Section 13 for information.

Section 1: Personal details (all fields are mandatory)

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

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

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

Tax File Number: **To be submitted via online portal ONLY** See the PDS and AIB for important information about the TFN declaration

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

Citizenship details:

(Please tick one of the following)

- | | |
|---|---|
| <input type="checkbox"/> I am an Australian citizen | <input type="checkbox"/> I am a permanent resident of Australia |
| <input type="checkbox"/> I am a New Zealand citizen | <input type="checkbox"/> I hold a Subclass 405 or Subclass 410 temporary visa |

Section 2: Type of pension

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

Section 3: Eligibility

3.1 Account based pensions:

(Please tick one of the following)

- | | |
|---|--|
| <input type="checkbox"/> I am aged 65 or over | <input type="checkbox"/> I have reached my preservation age and am permanently retired |
| <input type="checkbox"/> I am aged 60 or over, am not permanently retired and have terminated an employment arrangement | <input type="checkbox"/> I am permanently incapacitated |

3.2 Transition to retirement pensions:

(Please tick to confirm)

- | |
|---|
| <input type="checkbox"/> I have reached my preservation age, and am engaged in gainful part-time or full-time employment (i.e. employed at least 10 hours per week) |
|---|

Section 4: Funding your pension

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

I am an Acclaim Super member and wish to use funds from my accumulation account. Acclaim account number:

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

Partial balance, please specify:

If you are applying for a Transition to Retirement Pension you will need to maintain a minimum balance of \$5,000 in your Acclaim accumulation account.

I would like to transfer funds from another superannuation provider.

Will this rollover include off-market transfer of shares? Yes - Please specify approximate value: \$ No

If you are transferring funds from another superannuation provider you must complete a Request to Transfer Form which is available on our website www.amgsuper.com.au/pds-and-forms/.

I would like to make an additional voluntary contribution.

Yes - Please complete a Member Voluntary Contribution Form which is available on our website www.amgsuper.com.au/pds-and-forms/.

If you are aged between 65 and 74 you must complete a Work Test or Work Test Exemption Declaration Form which is available on our website www.amgsuper.com.au/pds-and-forms/.

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

Section 5: Pension payment options

5.1 Payment Frequency

Select how often you want to receive pension payments.

Fortnightly Monthly Quarterly Semi-yearly Yearly

5.2 Payment date

Select the date you wish for your first pension payment to be made. For example, *if you select 3rd of June and quarterly payment frequency, this means your next pension payment will be on the 3rd of September. Please select a payment date at least two business days in advance of when you submit this form.*

/ / /

5.3 Payment type and amount

Payment Type	Payment Amount
Select one payment type only	Select the amount you wish to be paid per payment
<input type="checkbox"/> Pension amount only <i>We will pay you the amount indicated in the Payment Amount section</i>	<input type="checkbox"/> Minimum*
<input type="checkbox"/> Pension amount and distributions <i>We will pay you the amount indicated in the Payment Amount section plus any distributions received to your account</i>	<input type="checkbox"/> Maximum* (Transition to Retirement Only)
	<input type="checkbox"/> Specified amount <input type="text"/>
<input type="checkbox"/> Distributions only <i>We will pay you only distributions received to your account, on your specified payment date and frequency. Note if you have not met the minimum payment threshold by 30 June we will pay you a catch up payment. If your distributions paid exceed any maximum pension payment amount, payments will cease till the new financial year.</i>	N/A*

5.4 Payment review options (only required if you have selected to be paid a specified pension amount under Section 5.3)

Do you want to increase your pension amount in the next financial year? For example, *if you have asked for \$500 per month with an increase of 5%, after 30 June we will increase your payments to \$525 per month*

No Increase Increase by CPI Specified amount % (between 0.00% to 7.00%)

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

Section 6: Banking details (for pension payments)

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

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

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

BSB: Account number:
Account name:

Section 7: Target market assessment

The target market determination ('TMD') for AMG Super products can be found at amgsuper.com.au/target-market-determinations and includes a description of who the product is appropriate for, based upon the characteristics of the product, and the likely investment objectives, financial situation and needs of the consumer that each product had been designed to meet.

Products available through AMG Super will also have their own TMD. A consumer must refer to the TMD and relevant disclosure documents when deciding if these products are suitable for them.

Please answer the following questions so that we can meet our regulatory obligations to take reasonable steps to ensure our products are distributed in line with those TMDs.

Which of these investment goals best describes your primary investment objective?

Capital growth Capital preservation Capital guaranteed Income distribution

Which of these statements best describes how long you expect to remain invested in this product and selected investment options?

Short term (less than 2 years) Medium term (between 2 and 8 years) Long term (more than 8 years)

Which of these statements best describes your attitude to investment risk, ability to bear loss, and return?

Low (Unwilling to see a reduction in value of investment even in the short term. Risk of loss is low as is corresponding return.)
 Medium (Unwilling to see a reduction in the value of investment in the medium term, willing to accept some risk in the short term compensated with a higher return.)
 High (Seeking a high return from investment over the long term, willing to see a reduction in short to medium term compensated with a higher return.)
 Very high (Seeking to maximise returns and are willing to accept periods of investment losses over the lifetime of your investment. You are willing to accept the risk that can derive from the use of aggressive investment strategies such as investment in alternative assets, derivatives or from the use of leverage.)

Which of these statements best describes how long you expect withdrawals to take from the product?

Daily Weekly Monthly Quarterly Annually or longer

Section 8: Beneficiaries

Nomination of preferred beneficiary

You are able to nominate who you wish your benefits to be paid to in the event of your death. You can nominate a dependant or legal personal representative. You have the option of making two different types of beneficiary nominations:

- 1. Preferred beneficiary nomination** - please complete the section below; or
- 2. Binding beneficiary nomination** - you must use the separate Binding Nomination of Beneficiary Form available from www.amgsuper.com.au.

Please note that a preferred nomination of beneficiary guides but does not bind the Trustee. You may revoke or change your nomination at any time by completing a new nomination of beneficiaries form. See the AIB for more information about nominating beneficiaries.

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

Full name of preferred nominated beneficiary	Date of birth	Relationship	% of benefit
<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"/>
			100%

Nomination of reversionary pension

Please specify the name of your spouse who you wish to nominate to become a reversionary pensioner on the event of your death.

Surname: Given name: Relationship: Date of birth:

Address: Postcode:

Note: Refer to the AIB for more information. The person you nominate must qualify as your 'spouse' at the date of your death.

Section 9: Initial investment instructions

Do you want to open a share trading account for listed securities?

Yes

No

If you selected yes, specify how you would you like excess cash (above the required minimum) to be treated.

Sweep excess cash to my Cash Management Account

Leave excess cash in my Cash account

If you are not opening a share trading account, your initial investment, and any excess cash (above the required minimum) will remain in your Cash account by default. Once your Acclaim Super or Acclaim Pension account is established you will be able to set or change your standing investment instructions (such as your automatic buy instructions, buy profile and rebalance profile) via the online portal.

Section 10: Adviser details

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

Adviser name:

Dealer group:

Phone number:

Practice name:

Email address:

AFSL number:

Corporate Authorised Representative number:

Section 11: Consent to deduct one-off advice fee

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

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

One-off advice fee

\$

Inclusive of GST

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

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

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

Section 12: Consent to deduct ongoing advice fees

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

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

Ongoing advice fee type

Fee estimate ^

Start date* Cease date*

\$ Based fee

\$

Inclusive of GST p.a.

% Based fee

%

Up to 2.2%, inclusive of GST p.a.

\$

Estimated p.a.

% Based insurance fee

%

Up to 33% of premiums paid, inclusive of GST p.a.

\$

Estimated p.a.

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

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

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

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

Section 13: Identity verification

To make payments to you from your pension account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification.

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

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

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

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

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

Section 14: Transaction authority

I authorise my adviser as nominated in Section 10 to give or carry out instructions regarding the operation of my account (including investments) as set out below. I understand that in giving or carrying out instructions, my adviser may access my account details and transact on my account. I also understand that the Trustee or its service providers can accept and act on such instructions given by my adviser without requiring my signature, additional proof, instructions or further confirmation from me. The instructions or transactions for which this authority applies are:

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

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

Member signature:

Date:

Section 15: Member declaration

I make the following declarations and acknowledgements:

General

- I understand that I am bound by the provisions of the Trust Deed for AMG Super dated 12 May 2000 as amended from time to time.
- I have been provided a copy and have read and understood the relevant PDS and have obtained, read and understood the current Additional Information Booklet including any terms, conditions or limitations relating to the role of my nominated adviser, any investments in the Fund (including the Fund's investment options).
- I acknowledge that I have read and understood the information about contributions contained in the Additional Information Booklet and that I have satisfied myself that any contributions made by myself are consistent with the contribution rules prescribed by superannuation legislation.
- I consent to the Trustee accepting and acting on directions, instructions, requests and other communications (including faxes and emails) in relation to investment management and administration in connection with the Fund, from my adviser as nominated in Section 10 and any duly authorised signatory appointed by my nominated adviser or the dealer group, acting on my nominated adviser's behalf. I authorise the Trustee to continue to accept, rely upon and act on these communications until I notify the Trustee in writing otherwise.
- I understand that the adviser or dealer group nominated in Section 10 is not an employee, partner, joint venturer or agent of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given or transactions made by my adviser as nominated in Section 10 or a duly authorised signatory appointed by my nominated adviser or the dealer group acting on my nominated adviser's behalf.
- The information I have provided in this form is true and correct.

Pension

- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that if I commute my pension after joining (e.g. within a few years after joining) the value of my benefit may be less than I paid in.
- If applicable, in relation to my term allocated pension, I understand that once my term allocated pension has commenced, I cannot change the term of my pension, or amounts paid.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced (and continuing to be paid) under transition to retirement rules, I understand that additional restrictions apply to such pensions and that the tax treatment of such pensions has significantly changed from 1 July 2017.

Personal information

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

Section 15: Member declaration (continued)

Investment

- I understand that my account balance can rise and fall, and that neither the Trustee, nor any of its directors, Acclaim Management Group Limited, nor any of its directors, nor any of the fund managers or financial product issuers utilised by the Fund or accessible to you via the Fund guarantee the performance of the Fund or its investment options.
- I acknowledge that the Trustee will invest my account in accordance with the selections made by myself in this form and (where applicable) in any Investment Choice Form (as varied by myself or my nominated adviser in accordance with my transaction authority, from time to time) but that the Trustee reserves the right not to do so where necessary or appropriate without liability to the Trustee.
- I hereby direct the Trustee to invest my account balance as indicated above, based on the declarations and acknowledgements made in this form.
- Where I have selected (or select) an illiquid investment, I acknowledge and accept that a period of longer than 30 days may be required to facilitate redemption or switching requests due to the illiquid nature of the investment.
- Where I have selected an instalment warrant, I acknowledge that I have received advice and the warrant issuer's disclosure document from my adviser and I understand the risks associated with such investments.
- Where I have selected (or select) a single manager investment option or term deposit option, I have been provided a copy and have read and understood the relevant PDS for the investment(s) I have selected to invest in. I agree to obtain (and have or will obtain) the relevant PDS or disclosure document for the option from www.amgsuper.com.au before making any selection of a Single Manager Investment Option or Term Deposit Option, or from my nominated adviser in Section 10 of this form.

Advice fees

- I confirm my adviser has provided me with professional advice including the formulation of an investment strategy that has taken into consideration my personal objectives, financial situation and needs.
- I understand the initial one-off fee, ongoing fee and advice fee for insurance cover are negotiable between my nominated adviser and myself and that any fees agreed to by me are in addition to the other fees stipulated in the PDS.
- Unless I have stipulated otherwise in this form, I agree to the advice fees detailed in Section 12 being deducted monthly in arrears from my account balance in the Fund as at the last day of the month and authorise the Trustee to pay advice fees to the dealer group and for the dealer group to pass on such amount (if any) it determines to my adviser as nominated in Section 10.
- If I have more than one account in the Fund, I agree to authorised advice fees being deducted in the manner set out in the AIB.
- I confirm my adviser has provided me with a Statement of Advice in relation to any financial product advice provided by my adviser as required by government legislation
- I am aware that any fees deducted by my adviser from my superannuation account are to be only in relation to the Fund or its investments.
- I am aware that if requested by the Fund or its Trustee, my adviser may provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund or its investments.
- I am aware that any fees deducted from my account that are paid to my adviser are to be only in relation to the Fund, its investments or insurance obtained through superannuation.
- I am aware that if requested by the Fund or its Trustee, my adviser may be asked to provide copies of my Statement of Advice in relation to any advice fees deducted from my account in order for the Fund or its Trustee to ensure advice fees are in relation only to my interest in the Fund.

Member signature:

Date:

Section 16: Adviser declaration (adviser to complete)

I make the following declarations, undertakings and acknowledgements personally and on behalf of the Dealer Group shown in Section 10:

- I accept the terms of the adviser transaction authority in Section 14 and agree to act in accordance with this authority and any written instructions I receive from the member. I agree to provide the member with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- I declare that all directions, instructions, requests and other communications I give to the Trustee, or transactions I make on the member's account will only be made after prior consent of the member and will include (where applicable) accurate and full information and disclose any facts or circumstances relevant to the communication or transaction.
- I confirm I am authorised through a holder of a current AFSL.
- I confirm that where I have provided financial services in relation to the Fund, including the Fund's financial products and/or investment and/or insurance options, I am authorised to do so.
- I have provided the member with a Statement of Advice in relation to the member's investment in the Fund, and/or investment options, and/or insurance options as required by government legislation.
- I have provided the member with access to the current PDS or other disclosure documents for each of the selected investments available for investment through the Fund.
- I have fully disclosed to the member all fees and costs associated with investing in the Fund in accordance with government legislation.
- I will if requested by the Fund or its Trustee provide copies of a member's Statement of Advice in relation to any advice fees deducted from a member's AMG Super account in order for the Fund or its Trustee to ensure advice fees are in relation only to the member's interest in the Fund, its investments or insurance obtained through superannuation.
- I confirm that any advice fees payable to me as agreed by the member are/will be for financial services relating only to the Fund or its investments.
- I confirm that any changes to the amount, frequency, method or manner of payment of advice fees will be signed off in writing by the member prior to making such changes and that I will immediately notify the Trustee of such changes.
- I confirm that all emails and other electronic communications containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information and that I will ensure the security, confidentiality and privacy of information (including personal information) about the member that I access from the Fund in accordance with all relevant Government legislation.
- Where I have submitted an electronic copy of this form, I confirm that I will retain the original copy of the form for a minimum period of 8 years and supply the original to the Trustee as requested by or on behalf of the Trustee.
- I agree to indemnify the Trustee against all losses, actions, liabilities, claims and expenses incurred by or on behalf of the Trustee, directly or indirectly, in relation to the Trustee (or a person acting on behalf of the Trustee including, but not limited to, the Trustee's directors, employees or service providers) acting upon the directions, instructions, requests and other communications given, or transactions made, by me or my duly authorised signatory.
- I agree to promptly refund, on request by or on behalf of the Trustee, any advice fees paid out of the Fund's assets that are not in accordance with the declarations and acknowledgements in this form.
- I agree to provide the Trustee with any information requested by or on behalf of the Trustee in relation to the adviser details and advice fees shown in this form.
- If contacted by or on behalf of the Trustee from time to time to confirm my ongoing adherence to this Adviser Declaration, I will cooperate.
- I agree to immediately notify the Trustee if I breach or am likely to breach any relevant law, the terms of this Adviser Declaration or cease to be authorised to provide financial services relating to AMG Super.
- I agree to seek member renewal of the adviser service fee arrangements every two years if it is not renewed before then.
- I agree to notify the Fund immediately if a renewal is not received and understand that the Fund will cease the payment of advice service fees.
- I agree to immediately notify the Trustee if any of the information provided by myself in this form ceases to be true and correct or changes in any way.
- I declare that I am duly authorised to provide the above declarations, undertakings and acknowledgements on behalf of the dealer group named in Section 10 of this form.
- I declare that all information provided by myself in this form is true and correct.

Adviser signature:

Date:

Please return this completed form to AMG Super PO Box 3528, Tingalpa DC Qld 4173 or email to info@amgsuper.com.au

Phone: 1300 264 264 Fax: (07) 3899 7299 Website: www.amgsuper.com.au

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

Our formal Privacy Statement sets out how we do this. If you would like a copy of AMG Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.amgsuper.com.au