



Hunter United *Pension Fund*

Application Form

When you have completed this form, please return to:

Administrator, Hunter United Pension Fund, 130 Lambton Road, Broadmeadow NSW 2292 or fax to: 02 49562357.

PART A – Your Details

1 Investor Details

Mr Mrs Miss Ms Other

Given Names _____

Surname _____

Current Residential Address (PO box not acceptable) _____

_____ State _____ Postcode _____

Date of Birth / / Home Telephone Number _____

Work Telephone Number _____ Mobile Number _____

Email _____

Are you a member of Hunter United?

Yes, please provide membership number: _____

No, please attach a certified copy of one of the following: • drivers licence • passport • government issued photo identification (refer to Identification & Verification Information on page 6).

2 Amount you wish to transfer to your Hunter United Pension Fund

Please indicate whether you wish to transfer the balance of your superannuation account or nominate another amount. You must transfer a minimum of \$25,000.

Balance of Superannuation account

Or

Nominated amount \$ _____

The Hunter United Pension Fund is a 100% cash capital guaranteed investment.

3 Tax File Number

The collection of tax file numbers is authorised by tax laws, the Retirement Savings Account Act 1997 and the Privacy Act 1988. The law requires the Hunter United Employees' Credit Union (the Credit Union) to ask for your tax file number. Completing and returning this form enables the Credit Union to use your tax file number for the purposes contained in the Retirement Savings Account Act 1997 and for the purposes of paying superannuation benefits.

The purposes that are currently authorised include:

- Taxing superannuation benefits at concessional rates;
- Locating amounts in the Credit Union's records where insufficient information is available;
- Passing your tax file number to the Australian Taxation Office but not to any other person or body where you receive a benefit or have unclaimed superannuation money after reaching aged pension; and
- Allowing the Credit Union to provide your tax file number to another RSA provider or trustee of a superannuation fund receiving any benefits you may transfer.

The Credit Union will not provide your tax file number in those circumstances if you tell your superannuation fund provider in writing that you don't want them to pass it on.

You are not required to provide your tax file number. Declining to quote your tax file number is not an offence.

However giving your tax file number to the Hunter United Pension Fund will have the following advantages (which may not otherwise apply):

- The Fund will be able to accept all types of contributions to your account;
- The tax on contributions to your account will not increase;
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I agree to provide my tax file number? Yes No

Name in full

Tax File Number

Signature

Date / /



PART B – Your Payment Details

4 Pension Payment Details

I request that my pension payment be made:

- Yearly (June)
- Half yearly (June & December)
- Quarterly (June, September, December & March)
- Monthly

With the first payment to be made in: _____ Month _____ Year

Note: The first payment must occur before next 30 June, except if your pension commences between 1 June and 30 June. In that case your first payment can be delayed up until June the following year. Your first payment date is subject to Hunter United having had adequate time to process your application and correct details being provided.

Regular pension payments required:

- Pay minimum prescribed amount; or
- Pay minimum temporary relief amount (FY2010/2011); or
- Pay the following amount * \$ _____ p.a.

* This amount must be at least the minimum prescribed amount. See Receiving and Accessing your Pension section of the PDS for more details.

5 Complete Bank Account details for receipt of pension payments

(The Account must be held with a Financial Institution in Australia)

- Hunter United Account

Name of Account _____

Membership Number _____

OR

- Other Institution

Name of Account _____

Name of Financial Institution _____

Branch Name _____

Branch Number (BSB) - _____

Account Number _____

PART C – Other Information

6 Beneficiary Details

(Complete this section only if you wish a beneficiary **other than your estate** to receive benefits if you die)

What type of beneficiary do you wish to nominate? Please tick one:

- Reversionary beneficiary (pension to continue to be paid after your death); or
 Nominated beneficiary (non-binding nomination); or
 Binding death nomination (please complete Binding death nomination form on page 11)

Mr Mrs Miss Ms Other

Given Names

Surname

Current Residential Address

State

Postcode

Postal Address

State

Postcode

Date of Birth

/

/

Home Telephone Number

Work Telephone Number

Mobile Number

Email

Relationship to Investor

7 Insurance

Where you have existing life insurance and / or total and permanent disablement insurance through your existing Hunter United RSA, you may transfer this to the Hunter United Pension Fund.

I wish to continue:

- my existing life insurance
 my existing TPD insurance
 my existing life & TPD cover
 nil life insurance

Signature

Date

/

/



8 Declaration and Signature

I declare that I have received and read the Product Disclosure Statement and that the details given in the application are true and correct.

I apply for a Hunter United Pension Fund Account and agree to be bound by the terms and conditions as varied from time to time.

I acknowledge that Hunter United will deduct any applicable taxes, charges and duties from my Hunter United Pension Fund Account.

I acknowledge that the interest rate applying to the Hunter United Pension Fund Account will vary from time to time.

Hunter United requires certified identification to open this Retirement Savings Account.

Where I have provided an email address I agree that Hunter United may provide me with disclosure documentation, information, marketing material and updates electronically to this address. I acknowledge that I can elect to not be presented with the information in this way and I should contact Hunter United to advise of my decision.

AML/CTF

As a result of new anti-money laundering and counter terrorism financing requirements in government legislation you may be required to provide proof of identity prior to being able to access your benefits in cash (lump sum or pension payments) or purchase a superannuation pension (called "customer identification and verification" requirements). These requirements may also be applied by Hunter United

from time to time in relation to the administration of your superannuation benefits as required or considered appropriate under the Government's legislation. You will be notified of any requirements when applicable. If you do not comply with these requirements there may be consequences for you, for example, a delay in the payment of your benefits.

As a result of these reforms Hunter United has become the subject of another regulatory body (called AUSTRAC) which has responsibility for the government's legislation. Hunter United is required to provide yearly compliance reports to AUSTRAC and notify AUSTRAC of suspicious transactions. This may involve the provision of personal information about you to AUSTRAC.

Please tick one of the following:

- I have previously provided certified identification to Hunter United.
- I am providing certified identification with this form.

Privacy Consent:

I acknowledge that Hunter United may give or obtain information about me in the manner and for the purposes that conform with the Privacy Act 1988 (Commonwealth).

I acknowledge that under the Privacy Act, Hunter United may disclose information about me to a related entity which provides financial services related or ancillary to those provided by Hunter United unless I instruct Hunter United not to do so.

Such an instruction must be given by me in writing to the Hunter United.

When you have completed this form, please return to:

Administrator, Hunter United Pension Fund, 130 Lambton Road, Broadmeadow NSW 2292 or fax to: 02 49562357

Hunter United Internal Use Only

Membership Number: _____

Has ID verification been achieved: Yes No (Identification input via AUSTRAC ID system)

I confirm that:

- the member has been given a Hunter United Pension Fund Product Disclosure Statement
- tax file number has been provided
- the member has signed the declaration
- that no financial product advice was provided to the member at the time of opening an account

Identification & Verification Information

Certified Documentation

The certified documentation required is:

A certified copy (see below for information on how to, and who can, certify documents) of:

- your driver's licence; or
- your passport (current or expired by less than two years).

OR

If you are unable to provide a driver's licence or passport, you will need to provide certified copies of two alternative identification documents - one from each of the following lists:

One of the following documents: <ul style="list-style-type: none">■ Birth certificate or birth extract■ Citizenship certificate issued by the Commonwealth■ Pension card issued by Centrelink that entitles the person to financial benefits	AND	One of the following documents containing your name and residential address: <ul style="list-style-type: none">■ Letter from Centrelink (or other Government body) within the past twelve months regarding a Government assistance payment■ Tax Office Notice of Assessment issued within the past twelve months■ Rates notice from local council issued within the past three months■ Electricity, Gas or Water Bill issued within the past three months
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How to Certify Documents

The person who is authorised to certify documents must:

- I. Sight the original and the copy and make sure both documents are identical
- II. Write or stamp 'certified true copy' on **each page**, along with his or her signature, printed name, date and qualification (such as Justice of the Peace, Australia Post employee, etc).

Who can Certify Documents

Any of the following authorised persons can certify documents as being true and correct copies:

- **Police Officer**
- **Justice of the Peace**
- **Australia Post Employee** (who has worked for the post office for at least two continuous years)
- **Barrister or Solicitor** (who is enrolled on the roll of State or Territory Supreme Court or the High Court of Australia, as a legal practitioner)
- **Finance Company Officer** (e.g. a Bank Manager or Bank employee who has worked for the company for at least two continuous years)
- **Financial Institutions Officer** (who has worked for the company for at least two continuous years)
- **Officer with, or Authorised Representative of, an Australian Financial Services Licensee** (who has had at least two years continuous service with one or more licensees)
- **Notary Public Officer**
- **Registrar or Deputy Registrar of a Court**
- **Australian Consular Officer or Australian Diplomatic Officer**
- **Judge or Magistrate of a Court**
- **Chief Executive Officer of a Commonwealth Court**
- **Accountant** (who is a member of the Institute of Chartered Accountants or CPA Australia or the National Institute of Accountants, with at least two years continuous membership).



Transfer of Benefits Request

By completing this form, you will request the transfer of your superannuation benefits between funds. This form will **NOT** change the fund to which your employer pays your contributions. The standard choice form must be used by you to change funds.

Personal Details:

Mr Mrs Miss Ms Other

Given Names _____

Surname _____

Other/Previous Names _____

Current Residential Address _____

State _____

Postcode _____

Previous Address: (If you know that the address held by your FROM fund is different to your current residential address, please give details below):

State _____

Postcode _____

Date of Birth / /

Tax File Number:

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

Gender: Male Female

Fund Details

FROM

Fund Name _____

Fund Phone Number _____

Membership or Account no _____

ABN _____

Postal Address _____

State _____

Postcode _____

Superannuation Product Identification Number (SPIN):

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

TO

Hunter United Pension Fund
130 Lambton Road
Broadmeadow NSW 2292
(02) 4941 3888
Account no:
ABN 68 087 650 182

Authorisation

By signing this request form, I am making the following statements:

I declare I have fully read this form and the information completed is true and correct.

I 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.

I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to Hunter United.

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.

I authorise all relevant information on my/our investments, insurances, superannuation, account based pension and any other financial information be released at their request, to representatives of Hunter United Employees' Credi0t Union Ltd.

Name in full _____

Signature

Date / /

To whom it may concern

Hunter United Pension Fund compliance advice

Re: **Transfer of Superannuation Benefits**

We enclose for your attention a Transfer of Benefit Request and confirm the following:

1. Hunter United Employees' Credit Union Limited is an RSA Institution in terms of the Retirement Savings Accounts Act 1997.
2. The Retirement Savings Account can accept rollovers, transfers and contributions for eligible persons as provided in the Retirement Savings Accounts Act 1997 and the Superannuation Industry (Supervision) Act 1993 and regulations made under those Acts.
3. The Retirement Savings Account can accept preserved benefits and retains them as such.
4. Documentation and payments should be forwarded to:
Fund Administrator
Hunter United Employees' Credit Union Ltd
130 Lambton Road
BROADMEADOW NSW 2292
5. Fund Name – **Hunter United Pension Fund - Retirement Savings Account.**
6. Cheques should be made payable to "Hunter United Pension Fund RSA Account – Person's Name".
7. Hunter United Pension Fund RSA Account does not have a SPIN number, please use our ABN **68 087 650 182** and refer to the following web site address to confirm our registration with APRA as an authorised provider **www.apra.gov.au/Superannuation**

Yours faithfully

Hunter United Employees' Credit Union Limited



For Kent Dwyer
Chief Financial Officer

enc

Important Information about binding death nominations, reversionary beneficiaries and non-binding nominations

Certified Documentation

In December 2008, changes were made to legislation to allow death benefits to be paid to a broader class of dependants including same-sex spouses and children of those relationships. These changes are reflected below.

What is a binding death nomination?

You can complete a binding death nomination to require that we pay your death benefit to the dependants you nominate or to your legal personal representative. If you complete and we receive your valid binding death nomination prior to your death, we are required to follow your nomination. This can provide you with greater certainty on who will receive your super benefit when you die.

It is important to be aware before completing a binding death nomination that:

- Your binding death nomination must be renewed every three years to remain valid. We will generally contact you before your nomination expires; however, you should always ensure your nomination is current and valid.
- Your binding death nomination is binding on Hunter United and, if valid, cannot be overruled by Hunter United. Accordingly, you should ensure it is always up-to-date and reflects your wishes given your current personal circumstances. In particular, it is important to review that your nomination is still appropriate and reflects your wishes if you get married, separate or get divorced, enter a de facto relationship (including same-sex), have a child, if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you.
- If you nominate your legal personal representative, your death benefit will be paid to your estate and distributed in accordance with your will or the laws of intestacy. This means that the distribution may be challenged if someone disputes your will or the distribution of your estate. If you nominate your dependants, your death benefit will be paid directly to them.
- Tax may be withheld from your death benefit when paid to your dependants or distributed from your estate. There are differing tax treatments of death benefits depending on how old you are, how old your nominated beneficiaries are and who you nominate and whether it is paid as a pension or lump sum.

To make a valid binding death nomination:

- You must be at least 18 years of age
- You must complete, in writing, the binding death nomination form available in the most up-to-date PDS or on our website or by calling us
- By law, your nomination will only be valid if you nominate a person(s) that at the time of your death is your dependant

or your legal personal representative. Refer below for more information.

- You must complete the full name and date of birth of each person nominated to ensure we can identify them in the event of your death
- You must ensure that the proportion payable to each person nominated is stated and you have allocated 100% of your death benefit
- Your nomination must not be ambiguous in any other way
- You must sign the binding death nomination form in the presence of two witnesses who are both at least 18 years of age and are not nominated on the form; and
- You must send and we must receive your validly completed nomination prior to your death.

You may amend, renew or revoke your nomination at any time by completing a new binding death nomination form in writing, available on our website or by calling us.

Reversionary beneficiary nominations

When you commence your pension under Hunter United Pension Fund you are able to nominate on the application form a reversionary beneficiary to receive your pension when you die. You may only nominate a dependant as your reversionary beneficiary.

This in effect nominates this reversionary beneficiary as the owner of the pension when you die. Accordingly, this reversionary beneficiary nomination will take precedence over any subsequent non-binding nomination or binding death nomination. If you wish to add or change your reversionary beneficiary you will generally need to complete a new application form.

Non-binding nominations

When you commence your pension under Hunter United Pension Fund you are able to make a non-binding nomination on the application form to tell us who you would like to receive your death benefit when you die. You may only nominate your dependants or your legal personal representative.

Please be aware that although we will take this nomination into consideration, we are not obliged to follow it. Generally, if you have more than one dependant, we will pay your death benefit to your legal personal representative instead. If you would like to consider a more binding form of nomination, please consider appointing a reversionary beneficiary or making a binding death nomination. The subsequent nomination of a reversionary beneficiary or completion of a valid binding death nomination will supersede any previous non-binding nomination you have made.

Who can you nominate?

A valid binding death nomination can only nominate your legal personal representative or your dependants. Your legal personal representative is the person appointed on your death as the executor or administrator of your estate. Your dependants are:

- Your current spouse, this includes the person at your death to whom you are married or with whom you are in a de facto relationship, whether of the same sex or a different sex, or in a relationship that is registered under a law of a State or Territory.
- Your child, this includes any person who at your death is your natural, step, adopted, ex-nuptial or current spouse's child, including a child who was born through artificial conception procedures or under surrogacy arrangements with your current or then spouse.
- Any person financially dependent on you, this includes any person who at your death is wholly or partially financially dependent on you. Generally, this is the case if the person receives financial assistance or maintenance from you on a regular basis that the person relies or is dependent on to maintain their standard of living at the time of your death.
- Any person with whom you have an interdependence relationship, this includes any person who at your death:
 - you have a close personal relationship with
 - you live together
 - you or this person provides the other with financial support, and
 - you or this person provides the other with domestic support and personal care

The relationship is not required to meet the last three conditions, if the reason these requirements cannot be met is because you or the other person is suffering from a disability.

In establishing whether such a relationship exists, all of the circumstances of the relationship are taken into account, including (where relevant):

- The duration of the relationship
- Whether or not a sexual relationship exists
- The ownership, use and acquisition of property
- The degree of mutual commitment to a shared life
- The care and support of children
- The reputation and public aspects of the relationship (such as whether the relationship is publicly acknowledged)
- The degree of emotional support
- The extent to which the relationship is one of mere convenience, and
- Any evidence suggesting that the parties intended the relationship to be permanent.

If you are considering relying on this category or dependency to nominate a person, you should consider completing a statutory declaration addressing these points as evidence of whether such a relationship exists. You should talk to your financial adviser for more information

Paying your death benefit

At the time of your death, we will contact the people you have nominated in your binding death nomination or non-binding nomination to ensure that they are still either a dependant or your legal personal representative or that your reversionary beneficiary is a dependant. We are also generally required to establish the identity of this person before paying out your death benefit.

If you have nominated one or more of your dependants, they will be provided the choice of taking their proportion of the death benefit as a lump sum cash payment or a pension from Hunter United Pension Fund. Please note however, that from July 1 2007 if you have nominated a child, the death benefit must be paid to them as a lump sum cash payment unless the child:

- Is under age 18
- Is under age 25 and is financially dependent on you, or
- Has a certain type of disability

If your child's personal circumstances change so that they no longer meet one of these exceptions, we will pay the remaining account balance to them as a lump sum cash payment.

A PDS describing the features of a pension from Hunter United Pension Fund is available on our website or by calling us.

No valid binding death nomination or reversionary beneficiary

Your death benefit will be paid to your legal personal representative if:

- At the time of your death, you have not completed or we have not received a valid binding death nomination or reversionary beneficiary nomination
- You have revoked your last binding death nomination or it has lapsed
- Your nominated reversionary beneficiary cannot be identified or is not a dependant at the time of your death, the people you have nominated on your binding death nomination cannot be identified or are not at the time of your death your dependant or legal personal representative, or
- Hunter United determines that your binding death nomination or reversionary beneficiary nomination is otherwise invalid.

This is general information only and does not take into account your personal circumstances. Please talk to your financial adviser for more information on binding death nominations and your personal estate planning needs.



Binding Death Nomination Form

Form Checklist

Please complete this checklist before sending the form to Hunter United

- I confirm the form has been signed by two witnesses in **Section 3**. Note the witnesses cannot be nominated to receive your death benefit.
- I confirm the day the two witnesses signed the form is the same day I signed the form in **Section 3** and the form is dated accordingly.
- I confirm that details of my nominated dependants have been provided in **Section 2**

1 Investor Details

Hunter United Pension Fund Account Number _____

Mr Mrs Miss Ms Other

Given Names _____

Surname _____

Contact Phone Number _____

Your Postal Address _____

State _____

Postcode _____

Email _____

2 Nomination Details

Please note: If you wish to revoke and remove your existing binding death nomination without replacing it, please (x) the box below:

No nomination

Please provide details of your nominations below: _____ % of benefit (total must equal 100%)

If you wish to nominate that the whole of your benefit is paid to your estate, please tick the box below:

Legal Personal Representative

1 0 0 %

OR

Full Name of First Nominee: _____

Address _____

State _____

Postcode _____

Date of birth: _____

% of benefit

Relationship to you *(Tick one option only)*

Spouse Child Financial Dependant Interdependency Relationship Legal Representative

Full Name of Second Nominee: _____

Address _____

State _____

Postcode _____

Date of birth: _____

% of benefit

Relationship to you *(Tick one option only)*

Spouse Child Financial Dependant Interdependency Relationship Legal Representative

Full Name of Third Nominee:

Address

State

Postcode

Date of birth:

% of benefit

Relationship to you *(Tick one option only)*

Spouse Child Financial Dependant Interdependency Relationship Legal Representative

Full Name of Fourth Nominee:

Address

State

Postcode

Date of birth:

% of benefit

Relationship to you *(Tick one option only)*

Spouse Child Financial Dependant Interdependency Relationship Legal Representative

Total of your beneficiary nominations (must be 100%)

%

Please note: If you wish to nominate more beneficiaries, please complete a separate form.

3 Declaration

A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialled by yourself and both witnesses.

Member declaration:

I understand/declare that:

- By making this nomination, I revoke and replace any existing binding death nomination
- My nomination must be my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship or a legal personal representative of my estate at the time of my death
- My beneficiary(ies) and I will be bound by the Terms and Conditions relating to binding death benefit nominations
- This binding nomination is only valid for three years from the date I sign it or any confirmation or amendment of it
- I may at any time revoke or change a binding nomination notice in accordance with Hunter United's procedures
- If a notice is invalid or has not been sent to Hunter United when I die, the death benefit will be paid to my legal personal representative
- This declaration must be signed by me in the presence of two witnesses (who are not nominated), both of whom are over the age of 18
- This nomination only applies to the account number identified on this form within Hunter United Pension Fund.
- I have read the PDS and agree to be bound by the Terms and Conditions governing the fund (as amended)
- I am over 18
- Hunter United will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where Hunter United refuses to process a transaction or ceases to provide me with a product or service.

Print Name

Signature	Date / /
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Witness 1 Signature	Witness 1 Signature
Print Name	Print Name
Date / /	Date / /

Please ensure that the date each of the witnesses signs this form is the same as the date the member signs otherwise this nomination will not be valid.