Retirement Income application



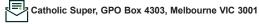
About this form

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

1 – Your personal detai	ils	Please complete in pen using CAPITAL letters												
Title Mr Mrs Ms Miss	Other	Sex Male Female	Date of birth (ddmmyyyy)											
First name		Last name												
Residential address (must be prov	ided)													
Suburb			State Postcode											
Postal address (if different from ab	ove)													
Suburb			State Postcode											
Business hours phone	After hours phone		Mobile											
Email														
2 – Do you qualify?														
To open an account you need to ha	ave met one of the following relev	ant conditions:												
I'm 65 or older														
I'm 60 or older and have char	nged jobs or retired since turning 6	60												
I have reached my preservati	on age (see table) and have perm	anently retired from the workforce												
I am younger than my preser – Catholic Super may require		manently incapacitated (including	being totally and permanently disabled)											
I am electing to transfer the p	roceeds of a death benefit to oper	an account												
Date of birth	Preservation age													
1 July 1963 to 30 June 1964	59													
1 July 1964 or after	60													









3 - Claiming a tax deduction?

If you are intending to claim a tax deduction on any personal super contributions you made to your super fund/s, you must do this prior to using those funds to open a Catholic Super Retirement Income account. Please note that if you are between the age of 67 and 74, you need to meet the work test to be eligible to claim your personal contribution as a tax deduction. You can download the Catholic Super Deduction for personal super contributions form from our website. Do you wish to claim a tax deduction for contributions made into your existing Catholic Super account? Yes, and the claim form is attached Yes, and the claim form was lodged on: 4 - Total estimated starting balance Please note that the Government has a transfer balance cap that may limit the amount you can transfer to open your account. For more information please see the accompanying PDS. The minimum starting balance is \$25,000. What is the estimated amount you are opening your account with: \$ 5 - Source of funds Please indicate all the sources of funds that make up your starting balance. Please note that if we are awaiting rollovers from other funds, we will not be able to open your account until all amounts have been received as your Retirement Income account can only be established with a single transfer of funds. If you are intending to make a personal super contribution to include in your starting balance, you need to add those funds to one of your existing super accounts nominated below before submitting this application. Source 1 - My current Catholic Super account/s If you are leaving an existing Catholic Super account open, you must leave a minimum of \$6,000 in it. If you are leaving a super account open for insurance cover, you should consider the amount you need to cover those costs for the relevant period of time. Account number **Account type** Transfer amount Super Full balance Transfer \$ to my new account Retirement Income Transfer all but \$ to my new account Full balance Super Transfer \$ to my new account Retirement Income Transfer all but \$ to my new account Source 2 - Rollover super and income streams from other funds Please note that you will need to complete and return a Roll your super into Catholic Super form for each fund you wish to transfer. Account number Name of fund Transfer amount





Work test declaration

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

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

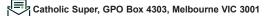
Work test - You were gainfully employed for at least 40 hours in 30 consecutive days in the financial year in which the contributions were made.

financial year in which the contr	ibutions were made and at the end	0 hours in 30 consecutive days in the financial year of the previous financial year you had a total balance (note that you can only use the work test exempti	ce of less than
	e in the financial year ending 30/06 test exemption	(year), I met the	
6 - Your investment	choice		
strategy. I would like to invest my ac	count in the MyPension investme		sion investment
Diversified options		Sector Specific options	
do not make a choice below or Proportional – Income Pay over time.	u have nominated your own investr if your choices below do not equal ments are drawn in proportion to th	Australian Shares Overseas Shares Diversified Fixed Interest Cash Mement mix above and you have chosen 2 or more inversionally and the balance in each option at the time of withdrawal, withdrawn from each investment option below.	proportional method.
. (Wh		y in your chosen options, income payments will be d	educted using the
Diversified options		Sector Specific options	
Growth Plus Growth Balanced Growth Balanced Capital Stable Future Focus		Australian Shares Overseas Shares Diversified Fixed Interest Cash	
Index Diversified	%		

Must total 100%









8 - Your income payments How often do you want to receive payments? If you do not complete this section, your income payments will be paid monthly and the first payment will be made on the next available pay cycle. Monthly (28th of each month) Fortnightly Income payments will start from the next available payment date after we have set up your account. Half-yearly Quarterly Yearly Please nominate the first month in which your payment cycle is to commence (mmyyyy): (b) How much do you want to receive? If you do not complete this section or if your nominated amount is less than the minimum, we will pay you the minimum amount permitted. Minimum amount permitted Your nominated amount of \$ per payment Where would you like your payments to go? to the same bank account as my existing Catholic Super account OR Name of Australian bank, building society or credit union **BSB** Account Number Your account name (must be a personal account held solely or jointly in your name) Please provide a copy of your bank statement that shows the account name, BSB and account number. If required, Catholic Super may seek further evidence prior to payments commencing. 9 - Your beneficiary nominations Please refer to the accompanying PDS for more information about your beneficiary options. Please select one option only and complete the relevant details. (a) Reversionary nomination Title Sex Date of birth (ddmmyyyy) Other Female Ms Miss Male Mr Mrs First name Last name

(b) Binding nomination

Relationship to you

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

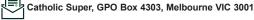
Interdependant

Need help?





Spouse



Dependant child



Financial dependant

9 - Your beneficiary nominations continued (c) Non-binding nomination If you're nominating your 'Legal personal representative', you do not need to complete the 'Full Name' section, but you must complete the '% of benefit' section. **Full Name** Beneficiary type % of benefit Spouse Financial dependant Child Legal personal representative (executor or administrator Interdependant of your estate) Financial dependant Spouse Child Legal personal representative (executor or administrator Interdependant of your estate) Financial dependant Spouse Child Legal personal representative % (executor or administrator Interdependant of your estate) Spouse Financial dependant Child Legal personal representative (executor or administrator Interdependant of your estate) Spouse ☐ Financial dependant Legal personal representative Child (executor or administrator Interdependant of your estate) Must total 100% 10 - Tax file number (TFN) declaration Please select from the options below:

I am under 60 years of age and have not attached a completed ATO Tax file number declaration form and understand that the fund may

be obliged to deduct PAYG tax from my Retirement Income account at the highest marginal tax rate (where applicable).

Need help?







I am under 60 years of age and have completed the attached ATO Tax file number declaration form.

I am aged 60 years or over and I am not required to complete an ATO Tax file number declaration form



11 - Proof of identity information

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

A certified copy of ONE of the following documents ONLY:

• Current driver's licence issued under State/
Territory law

• Passport

OR		A certified copy of ONE of the following documents:
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- Birth certificate or extract
- · Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

AND

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

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

Change of name

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

Make sure your documents are correctly certified

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



The authorised person must:

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

Common people used to certify proof of identity documents:

- Pharmacist
- · Justice of the Peace
- Notary Public
- Medical practitioner or nurse
- · Police officer

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









12 - Additional information

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

Privacy

The personal information you provide on this form will be used in accordance with Together Trustee's Privacy Statement, which you can view online at **csf.com.au/privacy** or you can obtain a copy by contacting us on **1300 655 002**.

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

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

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

13 – Sign this form

By signing this form I:

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

Signature	Date (
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^						

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











Tax file number declarationThis declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
 Print X in the appropriate boxes.
 Read all the instructions including the privacy statement before you complete this declaration.

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Section A: To be completed by the PAYEE 1 What is your primary e-mail address? 5 What is your primary e-mail address?																														
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OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax. OR I am claiming an exemption because I am in											Wha	at is y	our da	ite of	birl	th?				Da	ay .]/[Moi	IIIII]/[Year			
receipt of a pension, benefit or allowance.											On v	what	basis	are yo	u p	aid	? (s	elect	on	ly on	e)								_	
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	Surname or family name									8 Are you: (select only one) An Australian resident A foreign resident A working											ina F	_ _								
	First given name									for tax purposes for tax purposes OR holiday maker												$ \bot $								
	Other given names									9 Do you want to claim the tax-free threshold from this payer? Only claim the tax-free threshold from one payer at a time, unless your total income from the tax-free threshold from this payer?											o from	m								
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3	What is your home address	ss in Au	stralia	?					Answer no here if you are a foreign resident or working holid maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.											iday										
	10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or														_															
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	Suburb/town/locality									,	Yes		Your parepayn	ayer wil nent tha												oulso	ry No			
	State/territory Postcode DECLARATION by payee: I declare that the information I have given is true and correct. Signature													_																
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2	If you don't have an ABN	or with						 7 .,																						
	payer number, have you a	• •					Yes	_ N	lo	6 1	Who	o is yo	our co	ntact _l	oer	son	?												_	
3	What is your legal name of (or your individual name in				s nan	ne																								
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