Super Simplifier

ABN 36 526 795 205
USI 36 526 795 205 001

Pension Restart Application

Please complete this form to restart your pension to add to an existing pension and/or combining a number of pensions into one.

Section 1: Your details

Member number:

Surname:

Given name(s): Date of birth:

Postal address:

Suburb: State: Postcode:

Email:

Section 2: Pension account type

I would like to apply for the following pension account (tick one):

☐ Transition to retirement pension (TTR); or ☐ Account based pension

Section 3: Account and transfer details

Do you have an existing accumulation account you would like to use to consolidate funds to restart your pension?

☐ Yes. Existing Member number: ☐ No

Are you adding any additional funds (select applicable box)?

☐ I am making an additional contribution. Amount: $

☐ I am rolling over money from another superannuation fund. Please also submit a *Rollover In Request Form*.

Do you wish to do a full pension restart or a specified amount?

☐ Full pension restart (Note: your accumulation account will be closed.)

☐ Specified amount: $

Note: for TTR pensions, your accumulation account will remain open with the remaining balance. Minimum remaining balance is $6,000

If you have made any member voluntary contribution during this financial year to your existing accumulation account, and you intend to claim a tax deduction under section 290-170 of the Income Tax Assessment Act 1997 for all or part of this contribution, then please enter the amount below.

Yes, I would like to claim: $ as tax deduction

Section 4: Pension payment details

I nominate pension payments to be: ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

I nominate pension payments* to be: ☐ Minimum Amount ☐ Maximum amount ☐ Actual amount $ _____

First pension payment date: _____

I wish my pension payments to be indexed each year at $ _____ (Note: any indexation is subject to government payment limits)

*Pension payments must meet government standards. Where you select a specific amount, this amount must be within the required minimum and maximum amounts. 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. Please refer to www.ato.gov.au.

Section 5: Banking details

Please select one of the following:

☐ I would like to use the same bank account recorded against my existing pension account.

☐ I would like to nominate a new bank account.

Payments cannot be made to third parties or non-Australian bank accounts.
You must provide us with sufficient information to verify your identity to change your bank details with Super Simplifier.

Please complete section 1 and also provide a copy of the portion of your bank statement that shows your full name and account details, and this must be less than six months old. (your balance and transaction details are not required)

BSB: _____ Account Number: _____

Account Name: _____

Payments cannot be made to a non-Australian bank account, and you must be an account holder of the bank account.

When nominating a new bank account, you need to submit with this form a bank statement or other bank document that displays the name of the account holder, BSB and account number. This document must be an official bank statement or document on the bank's letterhead displaying bank details. The bank statement must be less than six months old.

Section 6: Beneficiaries

If you have an existing nomination of beneficiary, your nomination will be replicated from your existing account/s.
If you would like to establish or change your existing non-binding (preferred) beneficiary nomination, please complete the section below.
If you would like to establish or change your binding beneficiary nomination, please complete a Binding Death Beneficiary Nomination Form.

Nomination of Reversionary Beneficiary

The person you nominate as your reversionary beneficiary must be someone who is considered to be a dependant under superannuation legislation and is also a dependent who is eligible to receive a death benefit as a reversionary pension.

Surname: _____

Given name(s): _____ Date of birth: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Relationship: _____

Note: Restrictions apply to the payment of pensions to children aged 18 or more. Refer to the PDS Part II for more information.

Nomination of Non-Binding (Preferred) Beneficiary

A preferred beneficiary nomination is not binding on the Trustee, but your wishes will be followed where possible. The Trustee has discretion over the payment of your death benefits, but under superannuation legislation death benefits can (generally) only be paid to a dependent or your estate (refer to the PDS Part II for more information). If your circumstances change, you should alter your nomination by notifying the Member Administrator in writing.

I would like to nominate the individual(s) listed below:

Surname:				Given name(s)	
Date of birth:		Relationship:		Portion of benefit (%):	
Surname:				Given name(s)	
Date of birth:		Relationship:		Portion of benefit (%):	
Surname:				Given name(s)	
Date of birth:		Relationship:		Portion of benefit (%):	
Surname:				Given name(s)	
Date of birth:		Relationship:		Portion of benefit (%):	
Surname:				Given name(s)	
Date of birth:		Relationship:		Portion of benefit (%):	

And/or

I would like to nominate my legal representative	Portion of benefit (%):	
The total allocated must equal 100%, or the nominations will be invalid		**100%**

Section 7: Financial adviser remuneration and consent

Following the establishment of a new Pension account (e.g. PA1234), your Financial Adviser must issue an updated Fee Consent document detailing the advice fee applicable to this account.

Section 8: Authorisation

The following declarations and acknowledgements apply:

- I understand that I am bound by the provisions of the Fund's Trust Deed.
- I have read and agree to the terms of the Super Simplifier Product Disclosure Statement Part I and II applicable to my account.
- The information I have provided in this form is true and correct.
- 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 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 under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described on dash.com.au.
- I agree to pay the portfolio management fee as outlined in this Application Form and any brokerage as outlined in the PDS Part I.
- I understand:
    - the effect of the consent (if any) I have given in section 7 for the deduction of fees out of my Account which are payable to my Financial Adviser;
    - that I am able to withdraw my consent; and
    - what I need to do, and when, to withdraw my consent.

Member Signature: Date:

Please email your completed form to supersimplifier@dash.com.au (or post to Super Simplifier Member Administration, PO Box 3528, Tingalpa DC, Qld 4173). We are committed to respecting your privacy. **Our Privacy Statement is available at www.dash.com.au.**