Transition to Retirement Income application



About this form

To open a Catholic Super Transition to Retirement Income account, you need to be aged between your preservation age (see table) and age 65 and not be retired.

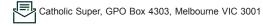
If you wish to open a Catholic Super Retirement Income account, please refer to the Catholic Super Retirement Income Product Disclosure Statement (PDS) for the correct form.

Date of birth	Preservation age
1 July 1963 to 30 June 1964	59
1 July 1964 or after	60

1 – Your personal details	Please complete in pen using CAPITAL le											
Title Mr Mrs Ms Miss Other	Sex Male Female	Date of birth (ddmmyyyy)										
First name	Last name											
Residential address (must be provided)												
Suburb		State Postcode										
Postal address (if different from above)												
Suburb		State Postcode										
Business hours phone After hours phone		Mobile										
Email												
2 – Claiming a tax deduction?												
If you are intending to claim a tax deduction on any personal super cousing those funds to open a Catholic Super Transition to Retirement I and 74, you need to meet the work test to be eligible to claim your pe Super Deductions for personal super contributions form from our web	ncome account. Please note tha rsonal contribution as a tax dedu	t if you are between the age of 67										
Do you wish to claim a tax deduction for contributions made into No Yes, and the claim form is attached Yes	your existing Catholic Super es, and the claim form was lodg											









3 - Total estimated star	ting balance														
What is the estimated amount you a	are opening your acco	ount with: \$, , , , , , , , , , , , , , , , , ,													
4 - Source of funds															
	count until all amounts	or starting balance. Please note that if we are awaiting rollovers from other funds, is have been received as your Transition to Retirement Income account can only be													
If you are intending to make a person existing super accounts nominated	•	n to include in your starting balance, you need to add those funds to one of your ng this application.													
, ,	Catholic Super accoun	nt open, you must leave a minimum of \$6,000 in it. If you are leaving a super der the amount you need to cover those costs for the relevant period of time.													
Account number	Account number Account type Transfer amount														
	Super Transition to Retirement Income	Full balance Transfer \$,													
	Super Transition to Retirement Income	Full balance Transfer \$,													
Source 2 – Rollover super an Please note that you will need		from other funds rn a Roll your super into Catholic Super form for each fund you wish to transfer.													
Account number	Name of fund	Transfer amount													
		\$, , , ,													
		, , , , , , , , , , , , , , , , , , ,													









5 - Your investment choice

i would like to live:	st my account in the following investment opt	ion(s).	
Diversified options		Sector Specific options	
Growth Plus	<u> </u>	Australian Shares	<u> </u>
Growth	<u> </u>	Overseas Shares	%
Balanced Growth	<u> </u>	Diversified Fixed Interest	<u> </u>
Balanced	<u> </u>	Cash	<u> </u>
Capital Stable	<u> </u>		
Future Focus	<u> </u>		
Index Diversified	<u> </u>		
			Must total 100%
do not make a choice be Proportional – Inco	elow or if your choices below do not equal 10 ome Payments are drawn in proportion to the r time. s – You can specify the percentage to be with	nt mix above and you have chosen 2 or more in 0%, we will pay your income payments using the balance in each option at the time of withdrawardrawn from each investment option below. In your chosen options, income payments will be	e proportional method.
Diversified options		Sector Specific options	
Growth Plus	<u> </u>	Australian Shares	<u> </u>
Growth	<u> </u>	Overseas Shares	<u> </u>
Balanced Growth	<u> </u>	Diversified Fixed Interest	<u> </u>
Balanced	<u> </u>	Cash	<u> </u>
Capital Stable	<u> </u>		
Future Focus	<u> </u>		
Index Diversified	%		

If you do not complete this section or if you complete it incorrectly, your starting balance will be invested in the Capital Stable investment strategy.

Must total 100%











7 - 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. Fortnightly Monthly (28th of each month) Income payments will start from the next available payment date after we have set up your account. Quarterly Half-yearly Yearly Please nominate the first month in which your payment cycle is to commence (mmyyyy): How much do you want to receive? If you do not complete this section, we will pay you the minimum amount. If your nominated amount is outside of the allowable limits, we will adjust it. Minimum amount permitted Your nominated amount of \$ per payment Maximum amount permitted (10%) Where would you like your payments to go? to the same bank account as my existing Catholic Super account OR **BSB** Name of Australian bank, building society or credit union Your account name (must be a personal account held solely or jointly in your name) Account Number I have provided a copy of my bank statement that shows the account name, BSB and account number. If required, Catholic Super may seek further evidence prior to payments commencing. 8 - 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 Mr Mrs Ms Miss Male First name Last name

Need help?

Relationship to you

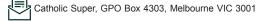
(b) Binding nomination

to this application.





Spouse



Dependant child

Interdependant

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



Financial dependant

8 - 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 Legal personal representative (executor or administrator of your estate) Child Interdependant Spouse Financial dependant 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 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% 9 - Tax file number (TFN) declaration

Ple	ease select from the options below:
	I am under 60 years of age and have completed the attached ATO Tax file number declaration form.
	I am under 60 years of age and have not attached a completed ATO <i>Tax file number declaration</i> form and understand that the fund may be obliged to deduct PAYG tax from my Transition to Retirement Income account at the highest marginal tax rate (where applicable).
	I am aged 60 years or over and I am not required to complete an ATO <i>Tax file number declaration</i> form

Need help?







Catholic Super, GPO Box 4303, Melbourne VIC 3001



10 – 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:

- 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)

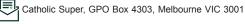
Common people used to certify proof of identity documents:

- 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)









11 - 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.

12 – 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 (ddm	myy	/yy)		
V			1			

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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	ection A: To be co	mpiet	ea by	/ tn	e P	AYI				5 \	Wha	at is y	our pr	imary	е-	mai	ad	dres	ss?									
1	What is your tax file number (TFN)?																											
		OR I ha	ave made							l [1		1					
the ATO for a new or existing TFN OR I am claiming an exemption because I am under																	_			 Da][Mon	<u></u>			Year	
18 years of age and do not earn enough to pay tax. OR I am claiming an exemption because I am in												at is y	our da	ite of	bir	th?					ly .]/[IVIOII		/[Teal	
	receipt of a pension, benefit or allowance.												basis	are yo	u p	aid	? (s	elect	on	ly one	e)							
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	Surname or family name											-	(select an resid	-	one)		A fo	reign	res	ident		7				A w	orkin	 g []
	First given name								for tax purposes for tax purposes OR holiday n												make	er						
	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 incom												ome	from					
all sources for the financial year will be less than the tax-free threshold.																												
3 What is your home address in Australia? Yes No Answer no here if you are a foreign resident or working holi maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.															ау													
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 pa repayn													isory	N	D
	State/territory Postcoo	de)]		_					DEC Sign			N by p	ayee	: I d	eclar	e th	at the	e int	format	tior	ı I hav	e giv	en is	s true	and	corre	ect.
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4	If you have changed your provide your previous fam			ast de	ealt w	ith t	he AT(0,				,	You MU	ST SIG	N he	ere]/[/			
) TI	here ar	e penal	ties fo	r de	libera	itely	mak	king	a fals	e c	r misl	eadir	ıg st	atem	ent.		
	Once section A is com	pleted a	nd signe	ed, gi	ive it	to y	our pa	ayer to	o com	lete s	ect	tion E	3.															
	ection B: To be co	-	-			AYI	ER (if you	ı are r		_	_	,															
1	What is your Australian by withholding payer number	usiness ni r?	umber (<i>F</i>	ABN)	or			anch nu applica		5 \	Wha	at is y	our pr	imary	е-	mail	ad	dres	SS?	¬_	1	\neg	1	7		7	¬_	¬—
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2	If you don't have an ABN (or withhol] ",																				
	payer number, have you a						es	No	<u> </u>	6 1	Who	o is yo	our co	ntact	per	son'	?											
3	What is your legal name o (or your individual name i				name																							
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4	What is your business add	dress?								Sign	atur	re of pa	ayer						1	Date								
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