



PENSION APPLICATION FORM

Instructions

Please complete this form if you wish to open a pension application

- Use blue or black pen only.
- Please use BLOCK letters.
- Please place an X in boxes where required.
- Make sure you read all the instructions before you complete this request.

Please send us your completed form to: Australian Military Bank

Post: PO Box H151 Australia Square NSW 1215

1. CHOOSE	YOUR PLAN					
Capital Guaran	teed Transition to	Retirement Pensio	on - I have reached my pro	eservation age a	ınd am still working].
Capital Guarar	nteed Pension - Ple	ease mark (X) the	following situations which	ch apply to you:		
	my Preservation A etired from the wor quired).		I have been on longer wo		and Permanently	Disabled and
	over and have left (Statutory Declara		er I am age 65	or over.		
2. COMPLE	TE YOUR DET	AILS				
Title	Given name(s)		Middle Name		Surname or family r	name
Residential address	5					
Suburb/Town				St	ate	Postcode
Date of Birth		Home number		W	ork number	
/	/					
Email address				M	obile number	
Are you a member	of Australian Militar	ry Bank?				
Yes, please pro	ovide member numb	per:		Rar	nk (if applicable)	
□ No					(
Are you a Tax Resid	•					
If yes, please speci	fy the country and	provide your Tax I	dentification Number (TIN	N)		
Country 1		Tax I	dentification Number (TIN	۷)		
Country 2		Tax I	dentification Number (TII	N)		
Country 3		Tax lo	dentification Number (TIN	1)		

Note: a TIN is the tax reference number issued to you by the tax office in the country where you are a resident for tax purposes. Where a country does not issue a TIN, complete an equivalent number, for example a social security, national insurance, personal identification or a resident.

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Are you a Politically Exposed F	Person (PEP)?		
- '		prominent public position or function s and close associates. For example:	in a government body or an
A high ranking mem	nber of the armed forces (top three	e senior levels of each service)	
 Heads of state, gov 	ernment and cabinet ministers		
Senior government	officials		
Senior executive of	state-owned organisation		
A PEP is also the immediate	family member of a person referre	ed to above, including a spouse, defact	to partner or child.
			•
3. TAX FILE NUMB	ER (TFN)		
Tax File Number			
Please note: If we do not hold	d vour TFN. by law we will be una	able to accept contributions from yo	u.
purposes in the administration We may disclose your TFN to a your TFN is not to be disclosed missioner of Taxation in order identify multiple accounts with however, there are advantages • the fund will be able to acce before-tax contributions, an • the tax on contributions to y • no additional tax (that is, bey superannuation benefits	n of your superannuation benefit. I another superannuation provider, d to any other superannuation pro- to provide all of the services requ- nin the fund and consolidate them in doing so: pt all types of contributions to you did after-tax contributions our account will not be increased yond that which ordinarily may ap- different superannuation account	fund is authorised to collect your TFN These purposes may change in the fut when your benefits are being transfer ovider. We may also disclose your TFN ired in the administration of your accowhen permitted under law. It is not an ur account including superannuation gas a consequence of not providing your ply) will be deducted when you start of the sin your name and match your accounts.	ure as a result of legislative change. red, unless you request in writing that to our administrator and the Com- unt. We may also use your TFN to n offence not to advise us of your TFN, uarantee contributions, other ur TFN Irawing down on your
or your superannuation bene	ents when you retire.		
4. INVESTMENT DE	TAILS		
4. INVESTMENT DE	TAILS Option 1		Option 2
4. INVESTMENT DE			Option 2 Dollar Amount (\$)
4. INVESTMENT DE	Option 1	Min. 20% of Account Balance	
	Option 1	Min. 20% of Account Balance Max. 80% of Account Balance	
Variable Interest rate Fixed Term Interest rate *	Option 1 Percentage of Balance (%)		
Variable Interest rate	Option 1 Percentage of Balance (%) 100%		Dollar Amount (\$)
Variable Interest rate Fixed Term Interest rate * Total	Option 1 Percentage of Balance (%) 100% Total must equal 100%		
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to only)	Max. 80% of Account Balance	Total must equal 100% Total must equal 200%
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the second o	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to only) as OR 36 months	Max. 80% of Account Balance current at the time of investment and r	Total must equal 100% Total must equal your request.
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to only) as OR 36 months	Max. 80% of Account Balance current at the time of investment and r	Total must equal 100% Total must equal your request.
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the second o	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to only) as OR 36 months ENT DETAILS	Max. 80% of Account Balance current at the time of investment and r	Total must equal 100% Total must equal your request.
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the select your term) 12 months 24 month 5. PENSION PAYME I request that my pension payr Yearly (June)	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to only) as OR 36 months ENT DETAILS ment be made:	Max. 80% of Account Balance current at the time of investment and rinvest a maximum of 80% of account by Quarterly (June, September,	Total must equal 100% Total must equal 100% not the date we received your request. palance in fixed term option
**Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the select) 5. PENSION PAYME I request that my pension payr Yearly (June) Half yearly (June and Dece	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to conly) as OR 36 months ENT DETAILS ment be made:	Max. 80% of Account Balance current at the time of investment and r invest a maximum of 80% of account by Quarterly (June, September, Monthly	Total must equal 100% Total must equal 100% not the date we received your request. palance in fixed term option December and March)
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the select your term) 12 months 24 month 5. PENSION PAYME I request that my pension payr Yearly (June) Half yearly (June and Dece With the first payment to be meaning to the select your term)	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 ed to the fixed term will be the rate ed Pension account allows you to conly) as OR 36 months ENT DETAILS ment be made:	Max. 80% of Account Balance current at the time of investment and r invest a maximum of 80% of account to Quarterly (June, September, Monthly Month	Dollar Amount (\$) Total must equal 100% Total must equal 100% Total must equal 100% Total must equal 100% December and March) Year
**Minimum Investment per fixe *Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the select your term) 12 months 24 month 5. PENSION PAYME I request that my pension payr Yearly (June) Half yearly (June and December Your first payment to be month to be mont	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 d to the fixed term will be the rate ed Pension account allows you to conly) as OR 36 months ENT DETAILS ment be made: ember) ade on: 15th OR 30th	Max. 80% of Account Balance current at the time of investment and r invest a maximum of 80% of account by Quarterly (June, September, Monthly	Dollar Amount (\$) Total must equal 100% Total must equal 100% Total must equal 100% Total must equal 100% December and March) Year December and your
Variable Interest rate Fixed Term Interest rate * Total **Minimum Investment per fixe *The actual interest rate applie Please note: Capital Guarantee Select your term (fixed term of the select your term) 12 months 24 month 5. PENSION PAYME I request that my pension payrous yearly (June) Half yearly (June and Decently June and Decently June) With the first payment to be month of the yearly (June and Decently June) Regular pension payments of that the gregular pension payments request pay maximum prescribed and pay maximum prescribed and pay the following amount of the year of the ye	Option 1 Percentage of Balance (%) 100% Total must equal 100% ed term is \$20,000 ed to the fixed term will be the rate ed Pension account allows you to conly) as OR 36 months ENT DETAILS ment be made: ember) hade on: 15th OR 30th	Max. 80% of Account Balance current at the time of investment and rinvest a maximum of 80% of account by the second seco	Dollar Amount (\$) Total must equal 100% Tot

Capital Guaranteed Pension Works' section of the PDS for more details. A copy of PDS is available on our website www.australianmilitarybank.com.au.

COMPLETE BANK ACCOUNT DETAILS F	FOR RECEIPT O	F PENSIO	N PAYMENTS	
Account Name (must be held in your name o	r jointly in your	name)		
Name of Financial Institution				
Branch Name				
Branch No. (BSB)			Account Number	
Elalion vo. (EGE)			7.000 dire rediring of	
6. TRANSFER AUTHORITY				
Transfer Existing Capital Guaranteed Su	ıper Men	nber No.		
Full balance or Partial amount of \$				
Keep my Capital Guaranteed Super ope	n with minimun	n balance		
EXTERNAL TRANSFER				
ROLLOVER 1				
Fund Name				7
Fund Phone Number	Fund USI			Flootropic Corving Address SMCF Only
Fund Phone Number	Fund USI			Electronic Service Address SMSF Only
Member or Account no	Fund ABN			
Fund Postal Address				
Suburb/Town	State	Po	stcode	
Full Balance or Partial amount of \$				
ROLLOVER 2				
Fund Name				
Fund Phone Number	Fund USI			Electronic Service Address SMSF Only
Member or Account no	Fund ABN			
Fund Postal Address				
Suburb/Town	State	Po	stcode	
Full Balance or Partial amount of \$				
MAKING A LUMP SUM CONTRIBUTION				
You can make a lump sum contribution to your account. Please note, there are restrictions on I wish to make the following lump sum contrib	the amount yo	u can con	tribute in a tax effect	ive manner.
\$,

AUTHORISATION

By signing this 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 Australian Military Bank Capital Guaranteed Pension.
- 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, superannuation, account based pension and any other financial information be released at their request, to representatives of Australian Military Bank Ltd.

Full name:					
Signature	Da	ite			
			/	/	

7. PRIVACY STATEMENT

Please read this Privacy Statement to see how Australian Military Bank uses your personal information:

Australian Military Bank (ABN 48 087 649 741) of (PO Box H151 Australia Square NSW 1215), collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you and sometimes from third parties. We will only share your PI where necessary to perform our activities with our, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to www.australianmilitarybank.com.au or call us on 1300 132 328.

8. DECLARATION

VERIFYING YOUR IDENTITY

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 requires us to collect information about you and establish your identity before paying benefits. If we do not hold the required identification documents you will be required to provide these.

We may also require you to provide proof of identify prior to being able to access your benefits in cash (lump sum or pension payments) or purchase a superannuation pension. 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.

DECLARATION AND ACKNOWLEDGMENT

I acknowledge and agree that:

- I have read and understood the Australian Military Bank Capital Guaranteed Pension account PDS and that all details given in the application are true and correct.
- I am applying for a Capital Guaranteed Pension account and agree to be bound by the terms and conditions in the PDS as varied from time to time;
- . I am aware that my provision and your receipt of my tax file number are authorised under the Retirement Savings Accounts Act 1997;
- Australian Military Bank will deduct any applicable taxes, government charges and duties from my Capital Guaranteed Pension account;
- That the interest rate applying to a Capital Guaranteed Pension account will vary from time to time;
- · I have met a condition of release and am entitled to access my superannuation under superannuation and retirement savings account law; and
- I have read the privacy statement and consent to my personal information being collected, disclosed and used as described in that statement.
- 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 Australian Military Bank can provide General Product Advice and I should consult a qualified adviser for financial/personal advice.

Full Name:			
Signature	Date		
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WHAT TO DO WITH THIS FORM

Please send us your completed application, along with certified copies of supporting documentation as outlined in Section 15 of the Pension PDS, to the following address:

Australian Military Bank

PO Box H151, Australia Square, NSW 1215

Enquires can be directed to:

Ph: 1300 13 23 28

IVIE	mber Number:
l cc	onfirm that:
•	the member has been given an Australian Military Bank Capital Guaranteed Pension Product Disclosure Statement; tax file number has been provided; the member has signed both the transfer authority and declaration; that no personal advice was provided to the member at the time of opening an account.
Nar	me of authorised Australian Military Bank employee:
Sig	nature
Dat	e