

Membership Application Form – Pension Section

To be completed to apply for membership of the Pension section. (Please use BLOCK letters) please return to:

Meat Industry Employees' Superannuation Fund
2nd Floor, 62 Lygon Street
Carlton South Vic 3053

Membership No.

1. Personal Information

Mr Mrs Ms Miss

Given names Surname

Postal address

Postcode

Date of birth / / Phone number

2. Pension Payments – Type of pension

Payment required each year (select one)

Minimum Amount Allowable each year, or

Type of Pension required if you require a
Transition to Retirement Pension (TRAP)

Specific Amount Required each year \$

(Must be at least the minimum – no more than 10% of your
account balance if you have a TRAP.)

Payment Frequency

Please tick one box below.

Monthly Quarterly Annually

Please commence my pension payments in the month of:

3. Payment Instructions

Please pay my pension directly to the Bank, Credit Union or Building Society account shown below:

Type of Account (please tick one box only) Bank Credit Union Building Society

Name of Institution:

Branch Address:

Account Name

Branch BSB Number Account Number

(Applicant must be a party to the account credited)

Please complete and sign overleaf



MEAT INDUSTRY EMPLOYEES' SUPERANNUATION FUND

Level 2, 62 Lygon Street, Carlton South VIC 3053 ABN 173 175 205 44

4. Nomination of Preferred Dependants

To indicate what you would like to happen to your pension account on your death, **please select one of the two options below.**

Lump Sum Option

In the event of your death, the Trustee has the discretion to pay the Death Benefit to one (or more) of the following:

- Your spouse (including de-facto);
- Your children of any age (including step, adopted and ex-nuptial children);
- Any person with whom you have an interdependency relationship;
- Any other person, who is in the opinion of the Trustee, was at the date of your death wholly or partially financially dependent on you: or
- If there are no dependants, the legal personal representative of your estate.

This form is only a guide for the Trustee in making a final decision.

If your personal circumstances change (for example, if you marry or have children) it is important to update your preferred nomination.

I wish to nominate the following persons to receive a benefit in the event of my death.

Name of preferred dependant	Relationship	% of benefit
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total 100%

Please note: You may change your nomination at any time by contacting the Fund Office in writing.

This nomination cancels any previous nomination you may have made. You can change the people nominated at any time by sending another completed form. Under the terms of the Trust Deed of the Meat Industry Employees Superannuation Fund – Pension Section, the above nomination does not bind the Trustee and is for guidance only.

Reversionary Pension Option

This option allows you to nominate a dependant as the recipient of a reversionary pension in advance.

This nomination is binding on the Trustee and generally irrevocable.

Your nominated recipient can only be a dependant. Although a reversionary pension is only available to your children while they are under age 18 (or under age 25 and financially dependent on you).

If your nominated recipient dies before you and is not a dependant at the time of your death, your nomination will be automatically revoked and the lump sum payment provisions will apply. If the pension becomes payable to your nominated recipient following your death, then on the recipient's death, the account balance is payable to your recipient's estate.

I hereby nominate the following beneficiary to be my Reversionary Pensioner:

Mr Mrs Ms Miss

Given names _____ Surname _____

Postal address _____

Postcode _____

Date of birth / / Relationship to you _____

5. Membership Application and Declaration

- I apply to become a member of the Meat Industry Employees' Superannuation Fund – Pension Section and am aware of its terms and conditions and agree to be bound by them.
- I acknowledge that I have received and read the PDS and other material referred to herein or provided to me in relation to the Fund, before making any decision and have had the opportunity to obtain advice and additional information.
- I acknowledge that adjustments may be made to my selected pension amount in order to meet legislative minimum and maximum pension levels.
- I acknowledge in terms of the Trust Deed of the Fund that my nomination of dependants does not bind the Trustee and is for guidance only.
- I agree to provide the Trustee with any requested information relating to membership of the Fund and I will notify the Trustee of any changes to such notification.
- I understand that the Trustee may provide certain information to other entities for the purpose of the Trustee providing information to me on products and services.
- I declare that the above statements and information are true and correct.
- I request the Trustee to implement the instructions detailed on this form.

Signed _____ Date / / _____