







## Pension Membership application form cont...

### ➤ STEP 7: NOMINATION OF BENEFICIARIES CONT...

4. Full name

Residential or if applicable, Business address

Suburb

State

Postcode

Relationship to you (select one option only)

|                                 |                                |  |   |                      |                      |                      |                      |   |
|---------------------------------|--------------------------------|--|---|----------------------|----------------------|----------------------|----------------------|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Financial Dependant | <input type="checkbox"/> Interdependency Relationship | Proportion of payout | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
|---------------------------------|--------------------------------|--|---|----------------------|----------------------|----------------------|----------------------|---|

AND/OR Legal Personal Representative (LPR) of your estate.

|                           |  |  |  |                      |                      |                      |   |
|---------------------------|--|--|--|----------------------|----------------------|----------------------|---|
| %TOTAL (must equal 100%): |  |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
|---------------------------|--|--|--|----------------------|----------------------|----------------------|---|

OR:

#### Reversionary Beneficiary Nomination

(A valid reversionary beneficiary nomination means your Pension will continue to be paid after your death, subject to superannuation laws. See page 29 of PDS.)

Note: You can only nominate one reversionary beneficiary to receive your Pension upon your death. Your nominated beneficiary must be an eligible dependant at the date of death. You cannot nominate a legal personal representative.

1. Full name

Relationship to you (select one option only)

|                                 |                                |  |   |                      |                      |                      |                      |   |
|---------------------------------|--------------------------------|--|---|----------------------|----------------------|----------------------|----------------------|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Child | <input type="checkbox"/> Financial Dependant | <input type="checkbox"/> Interdependency Relationship | Proportion of payout | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
|---------------------------------|--------------------------------|--|---|----------------------|----------------------|----------------------|----------------------|---|

### ➤ STEP 8: PROOF OF IDENTITY

- I have attached a certified copy of my driver's licence or passport **OR**
- I have attached certified copies of **BOTH**:
- Birth/Citizenship Certificate **OR** Centrelink Pension Card **AND**
- Centrelink payment letter, **OR** Commonwealth or State/Territory Government or local council notice, **OR** utility bill (<1 year old), with my name and address

### ➤ STEP 9: DECLARATION AND SIGNATURE

Your signature below indicates that you have read, understood and agree to the following statements:

- I apply to become a member of REI Super Pension on the terms and conditions contained in the Trust Deed and Rules of the Fund. I understand that the Trust Deed and Rules can be inspected on request.
- I have received and read the information provided to me about the Fund, in particular, the Product Disclosure Statement and any Supplementary Product Disclosure Statement.
- The choices I have indicated on this form will remain in force until I advise the Trustee otherwise, with the effective date of change being as advised by the Trustee.
- The information that I have supplied on this application form is true and correct at the date of signing, and I will notify the Trustee immediately if any of this information changes.
- I consent to the Fund providing me with information about benefits provided by third parties.

(If you do not want information sent to you, please tick this box.)

- I acknowledge that the Trustee may use my email address and/or mobile phone number (if provided) to send me information, including member product disclosure documentation and marketing material digitally. This information may be sent by email with an attachment or may include a link to a website from where it can be downloaded. I also acknowledge that should I wish to receive all documentation by mail rather than email, I can update my preferences by logging into my account or by calling REI Super.
- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.
- I understand that investment returns are not guaranteed, and the value of my investment in the Fund may rise or fall.
- I understand that fees and costs apply to each pension account I hold in the Fund and that these fees and costs are additional to any fees and costs applicable to any other account I hold in the Fund.
- I have read and understood the Privacy Policy which is available at [reisuper.com.au/privacy-policy](http://reisuper.com.au/privacy-policy) and I consent to my personal information being collected and used by REI Super in accordance with this policy.

\*Signature

\*Date

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### ➤ READY TO SEND US YOUR FORM?

When you have completed and signed the form, please return it to:

Post: REI Super, PO Box 832, Newcastle NSW 2300

### ➤ WE'RE HERE TO HELP

If you need any assistance with filling out this form, or have any questions about super, please feel free to call us on **1300 13 44 33**.