

# Membership Application Form – Pension Section

To be completed to apply for membership of the Pension section. Please return to the Fund at the address shown below.

## 1. Personal Information

Mr     Mrs     Ms     Miss

MIESF Membership number

Given names

Surname

Postal address

Postcode

Residential address

Postcode

Email

Phone number

Date of birth

       

Tax File Number

       

## 2. Type of pension

Please tick this box if you require a **Retirement** pension

OR

Please tick this box if you require a **Transition to Retirement** pension

## 3. Pension Payments

**Payment required each year (select one)**

Minimum Amount Allowable each year,

OR

Specific Amount Required each year \$  
which must be at least the minimum and no more than 10%  
of your account balance if you have a **Transition to Retirement**  
pension

### Payment Frequency

Please tick one box below.

Monthly     Quarterly     Yearly

Please commence my pension payments in the month of: \_\_\_\_\_

## 4. 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)



**MEAT INDUSTRY EMPLOYEES'  
SUPERANNUATION FUND**

Level 2, 62 Lygon Street, Carlton South VIC 3053  
Phone 1800 252 099 or (03) 9662 3861 Fax: (03) 9662 2430

30 September 2018 (3031)

## 5. 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.**

**Option 1: Lump Sum**

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

- Your legal or defacto spouse;
- 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 to Member	Address	% 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.

**Option 2: Reversionary Pension**

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 must be a dependant. Note that 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 or 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
Residential Address	Postcode
Date of birth    /    /	Relationship to you

## 6. 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 Product Disclosure Statement 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 my personal information will be handled by the Fund to provide and manage my superannuation and without this information the Fund may not be able to provide my superannuation benefits and choices. For this purpose my personal information may pass between the Fund and the Fund's professional advisers, insurers, government bodies, my employer and other parties as required, including the trustee of any other fund I may transfer to.
- I understand that the Trustee does not guarantee my investment in the Fund or any particular rate of return.
- I understand that the Trustee cannot provide me with advice and that if I require advice I should consult a licensed financial adviser.
- 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    /    /