

Application for Account-Based Pension Form



This form is to apply to commence an account-based pension at or after retirement, including retirement through disability or if you have attained age 65. If you are applying to commence a pension whilst continuing to work under age 65, please complete the "Application for Transition to Retirement Pension" form.

Personal Details

Title: Mr / Mrs / Miss / Ms (please circle one) Date of Birth: _____
Surname: _____ Given Names: _____
Residential Address: _____
Suburb: _____ State: _____ Postcode: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone number: _____ Email: _____

Nomination of reversionary pensioner (optional)

If you wish to nominate a reversionary pensioner, you must do so now; you cannot do so at a later date. If you do not wish to nominate a reversionary pensioner, you should complete a *Preferred Beneficiary Nomination* form or *Binding Death Benefit Nomination* form to advise the Trustee how you want your account balance paid on your death.

You may nominate your spouse, de facto partner, child or someone financially dependent on you or who has an interdependent relationship with you to receive your pension in the event of your death. If you are unsure if someone is financially dependent or has an interdependent relationship with you, contact Donna Adam on (08) 9237 9707.

You must provide certified proof of identity for your nominated reversionary. Proof of identity requirements are advised in the Product Disclosure Statement.

Nominated beneficiary (full name)	Address (is same as above, show 'as above')	Relationship (e.g. spouse, child)	Date of Birth

Amount of Initial Transfer from my CBH Super Accumulation Account

Please select the amount you wish to transfer from your current CBH Super account to open your account-based pension:

Full balance *Note: all contributions and rollovers must be received into your CBH Super account before the transfer occurs.*

OR

A portion of my balance*: _____ either \$ _____ or _____ %

* The remainder will be retained in your CBH Super account unless you complete a *Benefit Payment* form with instructions for payment.

Investment option

Please advise how you wish your initial balance to be invested and which option pension payments are to be withdrawn from:

INITIAL BALANCE

Investment Option	% investment
Cash option	%
Balanced option	%
Growth option	%
Total (must equal 100%)	

PENSION PAYMENTS

Investment Option	% of each pension
Cash option	%
Balanced option	%
Growth option	%
Total (must equal 100%)	

Application for Account-Based Pension

Amount of Pension Payments

Please select the amount you wish for your pension payments:

Minimum pension for my age

OR

\$

per payment, gross (before tax) **OR** net (after tax) [note no tax is payable after age 60]

Frequency of Pension Payments

Please select the frequency you wish for your pension payments:

Monthly

Quarterly

Annually

Please advise when you would like your pension payments to commence:

Next available payment date

OR

Advise which month and year: _____

If you have selected quarterly payments, your payments will be paid each 3 months from your commencement month.

If you have selected annual payments, your payments will be paid in the same month each year unless you request a change.

Banking details for payment of pension

Please advise the bank account you wish your pension be paid to:

Bank, Building Society or Credit Union name: _____

BSB (must be 6 digits): _____

Account number: _____

Name on the account*: _____

* Payments can only be made to an account which is held in your name, including joint accounts.

Preservation Declaration (tick the box that applies)

I have reached my preservation age* and have retired permanently from the workforce.

* For members born between 1 July 1961 and 30 June 1962 this is attaining age 57. If you were born before 1 July 1961, you have reached your preservation age.

I am 65 years of age or over

Signature and Declaration

By signing this form I:

- acknowledge that I have read and understood the Fund's Pension Product Disclosure Statement current at the date of this application and agree to be bound by it.
- accept that I will be bound by the provisions of the trust deed and rules which govern the operation of the CBH Superannuation Fund and legislation that governs the provision of account-based pensions.
- understand that my personal information will be handled by the Trustee to provide and manage my pension. Without this information it may not be able to provide my pension. For this purpose, my personal information may pass between the Trustee of the CBH Superannuation Fund and its professional advisers, government bodies and other parties as required, including the Trustee of another fund my account is transferred to. I consent to the handling of my personal information in this manner. I can access my information by contacting the Privacy Officer of the CBH Superannuation Fund.
- acknowledge that the Trustee shall not be liable for any loss due to my choice of investment option.

Signature

Date

Please send your completed form to: CBH Superannuation Fund, 30 Delhi Street West Perth WA 6005

Phone: (08) 9237 9707 **Fax:** (08) 9322 3942 **Email:** donna.adam@cbh.com.au

Your Privacy: The privacy of your personal information is important to us. We are collecting this information to administer your super account and to keep you informed. For more information about the Fund's Privacy Statement, the complete document is available from the Fund.

Date: 31 October 2018

CBHSuper

Issued by CBH Superannuation Holdings Pty Ltd ABN: 99 008 684 268
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Trustee of CBH Superannuation Fund ABN: 84 433 159 328
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