

# MAP Pension Plan Application Form

18 May 2018

MAP Pension Plan ABN 71 603 157 863, SFN 2967 359 49, SPIN MAP0004AU, APRA Registrable Superannuation Entity No R1001587 is issued by Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153 RSE Licence No L0000635 (referred to as Diversa, we, our, us, the Trustee). IMPORTANT INFORMATION. Before completing this form you must read the MAP Pension Plan Product Disclosure Statement (PDS) dated 18 May 2018.

**Please complete this form in BLOCK LETTERS. Questions? Call us on 1800 640 055 or email enquiries@mapfunds.com.au.**

## Eligibility

Please select one:

- I have reached my preservation age and I am fully retired  
OR
- I have reached my preservation age, I am not yet retired and I wish to apply for a Transition to Retirement Pension  
OR
- I am over 65 years of age

## Are you an existing / previous MAP Member?

- No
- Yes Please enter your existing / previous member number

## Personal Details

Title  Surname

Given Name(s)

Date of Birth

Gender  Male  Female  Indeterminate/Unspecified /Intersex

Tax File Number (It is not compulsory to quote your TFN)

My Tax File Number is:

I understand that this information will be used strictly for the purpose of compliance with Australian Federal taxation laws and will, if appropriate, be forwarded to the Australian Taxation Office (ATO).

I do not wish to provide my Tax File Number. I understand the consequences of not providing my TFN.

## Address Details

Residential Address

		State	Postcode
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Postal Address (if same as Residential Address write "as above")

		State	Postcode
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## Contact Details

Phone (home)

Phone (work)

Phone (fax)

Phone (mobile)

Email

## Account set-up and transfer / roll in of superannuation benefits

Before you transfer any funds from your other superannuation accounts, you should consider:

- Possible exit fees;
- Any loss of benefits, particularly insurance;
- Additional costs;
- Investment performance;
- Tax;
- Estate planning; and
- Whether you should seek professional advice.

### Please select how you wish to establish your pension account

- I wish to transfer the entire balance of my MAP Superannuation Plan. **You will need to attach a certified copy of your identification to this application.** For information on who can certify identification please refer to Identification Requirement factsheet available at [mapfunds.com.au](http://mapfunds.com.au).
- I wish to transfer part of the balance of my MAP Superannuation Plan. **You will need to attach a certified copy of your identification to this application.** For information on who can certify identification please refer to Identification Requirement factsheet available at [mapfunds.com.au](http://mapfunds.com.au).  
Please enter the amount you wish to transfer: \$
- I wish to transfer funds from an external superannuation fund. **You will need to complete a MAP Pension Plan Roll In Form for each external fund you are transferring to your MAP Pension Plan.** For each form, you will need to attach a certified copy of your identification to this application. For information on who can certify identification please refer to Identification Requirement factsheet available at [mapfunds.com.au](http://mapfunds.com.au).

Name of superannuation fund	Account number	Partial or full transfer of superannuation fund (please circle)	If partial, please enter the \$ amount	Roll-In Form completed
		Partial / Full		<input type="checkbox"/> Yes
		Partial / Full		<input type="checkbox"/> Yes
		Partial / Full		<input type="checkbox"/> Yes
		Partial / Full		<input type="checkbox"/> Yes

**IMPORTANT INFORMATION. We are unable to complete your MAP Pension Plan account set-up and begin making pension or lump sum payments until ALL transferring funds have been received and cleared.**

## Pension payments

By law as a pension-based account holder you are required to withdraw a minimum income stream from your account each financial year. Minimum income levels are determined by your age and pension account type. Additionally if you are establishing a Transition to Retirement Pension account, a 10% Maximum Income Level will apply for the financial year. Should your selections below not meet required income levels, you will be contacted by the Trustee.

### Pension Payment amount

Please select one:

I wish to receive the minimum allowable payment this financial year

OR

I wish to nominate the payments for this financial year

Please enter total payment figure required this financial year \$

Note: If you make no selection your pension will automatically default to minimum payments.

### Do you require a lump sum payment at commencement of your MAP Pension Plan account:

Yes

Please enter the amount: \$

No

### Pension payment frequency

Pension payments are paid on the last business day on the month in which they are due.

Please select one:

- Monthly
- Quarterly (February, May, August & November)
- Half-Yearly (May & November)
- Yearly (May)

Note: If you make no selection your pension payments will automatically default to a monthly payment.

### Bank Account Details

Account Name	
Bank & Branch	
BSB	
Account Number	

**You must provide a copy of the part of your bank, building society or credit union account statement that shows your full name, address and account details. Payments cannot be made without this documentation.**

### Death Benefit Nomination

In the event of my death, I request the Trustee of the MAP Pension Plan to distribute my benefit as set out below.

Please select one of the below options:

- Non-Binding Nomination: I understand that my nomination is not binding on the Trustee of the MAP Pension Plan

	Beneficiary Name	Relationship	Proportion
1			%
2			%
3			%
4			%
Total Proportion			100%

- Binding Nomination: Please complete a Binding Death Benefit Nomination Form (available at [mapfunds.com.au](http://mapfunds.com.au))
- Reversionary Nomination: I understand that I can only nominate certain dependants

Reversionary Beneficiary Name	Relationship	Date of Birth

## Investment Choice

MAP Pension offers eight (8) investment options. Please nominate the investment option/s for both a) the establishment of your account and b) the investment option in which your pension payments are to be paid from. You can select one option, or a combination of options, however your total nomination must equal to 100%.

	I would like my account established as show (you may enter this amount as \$ or %)	I would like my pension payments deducted as show (you must enter this amount as %)
Cash Investment Option		
Capital Stable Investment Option		
Balanced Moderate Investment Option		
Balanced Investment Option		
Growth Investment Option		
Australian Equities Investment Option		
International Equities Investment Option		
Diversified Property Investment Option		
<b>TOTAL</b>		100%

## Privacy

We are committed to protecting the privacy of information you have provided to us in relation to your investments. The information provided is only used to administer your investment, to communicate with you about your investment and to ensure that you receive the benefits relating to your investment. We do not normally disclose member information to outside parties, except those contracted to provide services to the MAP Pension Plan. These include the Fund's Auditors, Lawyers, Custodian and Insurer. If you, or anyone else on your behalf, makes a claim for a benefit, the Insurer may give or receive information about you to or from medical practitioners, legal practitioners, health service providers, past or present employers, other consultants, experts and companies in order to assess and process the claim. With your written consent, we will disclose information about your MAP Pension Plan investment to your accountant, financial consultant or others you have nominated. Personal information may also be disclosed to the Australian Taxation Office or other government authorities or agencies as required by law.

## Promotional Mail

Please tick here if you do not wish to receive promotional material.

## Declaration

- I have received and read the Product Disclosure Statement dated 18 May 2018,
- I apply to become a participant in the MAP Pension Plan,
- I am aware I may ask MAP for information about the effect of the transfer of funds from a MAP Superannuation Plan account to a MAP Pension Plan account may have on my benefits including insurance, I do not require any further information and I request and consent to the transfer of superannuation as described. I authorise MAP Funds Management Ltd to give effect to this transfer,
- I declare that all of the details on the application are correct,
- I consent to the collection and disclosure of information about me for the purposes outlined above, and
- Upon acceptance of my application, I agree to be bound by the provisions of the Trust Deed dated 28 Jul 1994 as amended from time to time which relates to the MAP Pension Plan.

Signature

Date

Privacy Policy - The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Taxation Office as well as your right to access your personal information which we hold. MAP has developed policies for complying with this legislation which you may view on request.

**Please send your completed form to: MAP Funds Management Ltd, PO Box 1282, Albury NSW 2640**

Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153 RSE Licence No L0000635 (referred to as Diversa, we, our, us, the Trustee). is the trustee and issuer of the MAP Superannuation Plan and the MAP Pension Plan (ABN 71 603 157 863); and the MAP Pooled Superannuation Trust (ABN 92 209 339 241). The Product Disclosure Statements ('PDS') are available at [mapfunds.com.au](http://mapfunds.com.au) or by calling 1800 640 055. This document may contain advice which is general in nature and not specific to your particular circumstances. Before making an investment decision or acting on general advice you should consider your own financial situation, the PDS and whether the particular financial product is right for you.)