

ANZ Australian Staff Superannuation Scheme

ANZ Australian Staff Superannuation Scheme

Application for membership (Retirement Section)

About this form

We need you to fill out this form to let us know:

- · your personal details
- how much you'd like to invest
- · which investment options you'd like your money invested in
- · the preservation status of your super
- · your pension amount
- · your payment method
- who you'd prefer to receive your super if you die while you're a member of the ANZ Australian Staff Superannuation Scheme.

Once you've finished the form, don't forget to sign it and return it to:

ANZ Staff Super GPO Box 4303 Melbourne, VIC 3001

If you're unsure of your decisions, we recommend that you see a licensed or appropriately authorised financial adviser.

Step 1 – Complete your personal deta	ails Pl	ease print in black or uppercase, one chara	
Title Mr Mrs Ms Miss Other Given names	Date of birth		,
Surname			
Surname			
Residential address (must be provided)			
Suburb		State	Postcode
Postal address (if different to above)			
Suburb		State	Postcode
Daytime Telephone Mobile			
E-mail - see note below			
Member/salary number			
Providing your email address			
In the future the Trustee anticipates providing information such as a notices of any material changes or occurrence of significant events of moment. If this format becomes available and you'd like to receive t	electronically, rath	er than in written	form as we do at the

Issued by ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 as Trustee for the ANZ Australian Staff Superannuation Scheme ABN 83 810 127 567.



Step 2 – Transition to Retirement pension			
Do you wish to transition to retirement by continuing your current membership with the ANZ Australian Staff Superannuation Scheme and using part of your accumulated superannuation balance to establish this pension account? See the Product Disclosure Statement for details on the Transition to Retirement pension and an explanation of restrictions which may apply to your pension. Yes No			
Step 3 – Preservation status of your super (not applicable for Transition to Retirement pensions)			
I declare that I am: (Select one option only)			
 No longer in paid employment due to total and permanent disablement (the Trustee will require supporting evidence as to your medical condition of permanent incapacity). 			
Over my preservation age (age 55 for those born before 1 July 1960 – refer to page 6 of the Product Disclosure Statement) and I am no longer gainfully employed. I am not intending to rejoin the workforce either full-time or part-time at any time in the future.			
At least 60 years of age and I have ceased gainful employment since turning 60.			
Step 4 – Make your initial investment (a minimum of \$25,000 is required)			
Please note that you must leave a minimum of \$7,500 in your existing ANZ Staff Super account for it to remain open. I would like to retain my existing ANZ Staff Super account.			
If the amount you've requested to transfer from your ANZ Staff Super account doesn't allow the minimum account balance of \$7,500 to be retained, we will process your transfer so as to retain \$7,500 in your existing account.			
I wish to invest the following amount(s): Amount to be invested			
1. Transfer from my ANZ Australian Staff Superannuation Scheme account			
2. Transfer from*			
Total Initial Investment (minimum \$25,000)			
*To roll over a benefit from another superannuation fund, you'll need to complete a Rollover form and send it to ANZ Staff Super. To obtain a Rollover form, refer to www.anzstaffsuper.com or call ANZ Staff Super on 1800 000 086 .			
If you are investing both existing account balances in the ANZ Staff Super and amounts rolled over from another superannuation			
fund, the rollover amount will need to be received into your existing account, before your account in the Retirement Section can be opened.			
Store F. Change was winness to realize a			
Step 5 – Choose your investment options			
You can choose one or a combination of the four investment options in any percentage. If you don't make a selection or the total does not add to 100%, your account will be invested in the option(s) that most recently applied for your account balance in the Employee Section, Employee Section C, Personal Section or Partner Section (as appropriate).			
I wish to have my initial investment allocated between the following investment options:			
Percentage to be invested			
Aggressive Growth % Balanced Growth %			
Balanced Growth Cautious %			
Cash %			
Total 1 0 0 %			
continued over			



Step 5 – Choose your investment options (continued) Investment option(s) for your pension payments (optional) You can choose to have your pension payments made from one or more of the investment options you have chosen above for your account balance. For example, if your account is invested 80% Aggressive Growth and 20% Cautious, you could choose to have your payments made from the Cautious option only. Once there's no longer enough money in your chosen option(s), payments will automatically be deducted from the account balance invested in your other option(s). You'll be notified at the time, and can adjust your investment choice if desired. Percentage Aggressive Growth % **Balanced Growth** Cautious % Cash % **Total** 0 Step 6 - Decide on your pension amount 1. Select your payment frequency How often do you wish to receive pension payments? Quarterly Half yearly First pension payment date 2. Select your payment amount I wish to receive (before-tax) pension payments as follows: (Select one option only) Minimum amount permitted Nominated amount* of Sper period as indicated above Maximum amount permitted (Transition to Retirement pension only) *This amount must be at least the minimum amount permitted and will be gross of tax where applicable. Please note: If you have not ticked an option above, payments will be made at the minimum amount permitted. · If you do not nominate a first pension payment date your first pension payment will be paid on the first available pay period after your account has been established. Step 7 - Complete your payment details My bank account details are as follows: Name of Institution **Branch Name BSB Account Number Account Name**

Note: Payments can only be made to your account or joint account to which you are party. **Please provide a copy of a bank** statement as proof of your bank account details. Payments to your account cannot commence until this proof is received.

ANZ Staff Superannuation (Australia) Pty Ltd, the Trustee of the ANZ Australian Staff Superannuation Scheme, relies on the bank account details you provide and will not accept responsibility if payments are paid to the wrong account because you provided incorrect bank account details. When your payments have been paid to your nominated account in accordance with your instructions, the Trustee is discharged from any further liability in relation to the payments.



Step 8 – Nominate your beneficiaries

Who'll get your super if you die while you're in the ANZ Australian Staff Superannuation Scheme?

If you die while there is money in your account based pension or Transition to Retirement pension account in the ANZ Australian Staff Superannuation Scheme, this money will be paid out to your spouse, dependants or estate. You have the option of:

- (1) nominating your spouse to receive your reversionary pension; OR
- (2) making a death benefit nomination; OR
- (3) making a binding death benefit nomination

If you do not make a binding death benefit nomination, the Trustee of the ANZ Australian Staff Superannuation Scheme ('the Trustee') will determine to which of your dependants and/or your estate the benefit will be paid. However, your nomination of beneficiaries will be taken into account when the Trustee makes its determination.

Please read the information in the Product Disclosure Statement before completing this section of the Application for membership which allows you to nominate how you would prefer your benefit to be paid in the event of your death.

1. Spouse reversionary nomination

You can choose for your spouse to receive 100% of the balance of your account based pension or Transition to Retirement pension and on your death your spouse can decide whether to continue to receive your pension or receive the balance of your account as a single lump sum payment. Your nomination is a legally binding nomination which is irrevocable and the Trustee is required to follow unless the Trustee is legally restrained or prohibited from paying your super to this person.

Name of spouse			
Address:			
Date of birth / / / / Signature	Date		
X			
2. Non-binding nomination Please list the dependants (as defined at the end of Step 8) y you wish to allocate to each person listed (please attach an a Please ensure that the percentages add up to 100%. Tick the Name of first nominee	dditional page if you wish to	nominate more than fou	r beneficiaries).
Relationship to you** (Select one option only)			🖂
Spouse Child Financial Dependant Legal Pers	sonal Representative Int	terdependency Relations	;hip
Date of birth / / /		Proportion of payout	%
Name of second nominee			
Relationship to you** (Select one option only)			
Spouse Child Financial Dependant Legal Per	sonal Representative Int	terdependency Relations	ship
Address*			
Date of birth / / /		Proportion of payout	%
		, , , , , ,	continued over



Step 8 – Nominate your beneficiaries (continued) Name of third nominee Relationship to you** (Select one option only) Child Legal Personal Representative Spouse **Financial Dependant** Interdependency Relationship Address* Date of birth Proportion of payout Name of fourth nominee Relationship to you** (Select one option only) Child **Financial Dependant** Interdependency Relationship Spouse Legal Personal Representative Address* Date of birth* Proportion of payout TOTAL 1 OR I would like all (100%) of my benefit paid to my estate By signing below I declare that I have read this section and understand that: • the nominations I have made on this form are not binding on the Trustee and the Trustee is not obliged to pay a death benefit to the dependant(s) I nominate • the Trustee cannot consider a nomination unless it is in favour of my spouse, my children, a person who is financially dependent on me and/or a person who is my dependant under superannuation law if a nominated beneficiary does not survive me, his/her share of the benefit may be paid, at the discretion of the Trustee, to my estate or to my other dependants. Signature X 3. Binding nomination If you make a valid binding nomination, the Trustee has no discretion to decide who is to receive your death benefit. Your death benefit must be paid to your nominated beneficiaries. Please list the dependants (as defined on the following page) you wish to nominate below and indicate the percentage of your benefit you wish to allocate to each person listed (please attach an additional page if you wish to nominate more than four beneficiaries). Please ensure that the percentages add up to 100%. Name of first nominee Relationship to you** (Select one option only) Spouse Child Financial Dependant Legal Personal Representative Interdependency Relationship Address* Date of birth Proportion of payout continued over



Step 8 – Nominate your beneficiaries (continued)

Name of second nominee	
Relationship to you** (Select one option only)	
Spouse Child Financial Dependant Legal Personal Representative Interpretative Address	erdependency Relationship
Address	
Date of birth* / / /	Proportion of payout \\ \\ \%
Name of third nominee	
Relationship to you** (Select one option only)	
Spouse Child Financial Dependant Legal Personal Representative Interpretative Address	erdependency Relationship
Date of birth / / /	Proportion of payout %
Name of fourth nominee	
Relationship to you** (Select one option only)	
	erdependency Relationship
Address*	
Date of birth	Proportion of payout % TOTAL 1 0 0 %
OR	TOTAL 1 0 0 %
I would like all (100%) of my benefit paid to my estate	

- Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.
- The persons you nominate must be your 'Dependant' or legal personal representative (that is, the executor or administrator of your estate).

'Dependant' is defined as:

- your spouse whether by marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners);
- your children including step-children, adopted children and your spouse's children;
- · any other person who the trustee considers is wholly or partially dependent on you at the time of death; or
- any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
 - 1. they have a close personal relationship; and
 - 2. they live together; and
 - 3. one or each of them provides the other with financial support; and
 - 4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability. Any amounts paid to your legal personal representative would be distributed according to your Will, or if you don't have a Will, according to the laws of the State in which you resided at the date of your death.

continued over



Step 8 – Nominate your beneficiaries (continued)

By signing below I declare that I have read this section and understand that:

- · My nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- My nomination in this form will be invalid if:
 - it has not been completed correctly
 - the persons nominated as my Dependants and/or legal personal representative are no longer alive at the time of my death
 - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
- My nomination in this form will expire and cease to have effect:
 - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
 - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
 - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- The information provided within this form will be used by the Trustee to contact those nominated to determine whether they
 are still my dependants and/or legal personal representative at the time of my death. The information may be disclosed to the
 administrator, my employer and other parties as required and I consent to the handling of my personal information in this way

administrator, my employer and other parties as requ	lired and I consent to the handling of my personal information in this way.
Signature	Date
X	
Witness One (insert full name)	
ı,	
confirm that I am at least 18 years of age, am not a persisigned this form in my presence.	on nominated in Step 8 of this form and that the member named above has
Signature	Date
X	
Witness Two (insert full name)	
,	
confirm that I am at least 18 years of age, am not a personger this form in my presence.	on nominated in Step 8 of this form and that the member named above has
Signature	Date
X	

Step 9 – Attach proof of identity ◆

For identification purposes, you **MUST** attach a certified copy of either your Driver's Licence or Passport (or acceptable alternatives). See the "Completing proof of identity" section for details of certification and acceptable alternative documents. Failure to provide appropriate proof of identification may result in delays in the processing of your payment(s).

I have attached a certified copy of my Driver's Licence or Passport (or acceptable alternatives).

Step 10 – Comp	lete Tax fi	le number c	leclaration (i	f you are below age 60) 🕢
----------------	-------------	-------------	-----------------------	---------------------------

I have completed and attached the Tax File Number Declaration Form from the Australian Tax Office.



Step 11 – Sign the form

Your application will not be accepted unless you have signed this declaration. By signing this form I:

- apply to become a member of the Retirement Section (Account Based Pension Section) of the ANZ Australian Staff Superannuation Scheme
- confirm that I have attached a completed Tax File Number declaration form from the Australian Tax Office (if applicable)
- · acknowledge that I have read and understood the attached Product Disclosure Statement and agree to be bound by it
- · acknowledge that I have received all information I require in order to exercise the choices I have made
- accept that I will be bound by the provisions of the Trust Deed and Rules which govern the operation of the ANZ Australian Staff Superannuation Scheme
- acknowledge that if I've provided my email address details in this application form, the Trustee may, at its discretion, use that email address to send information to me, including any annual reports, member and exit statements and notices of any material changes or the occurrence of significant events, by electronic means
- · understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature	Date	
X		
Please return your completed form together with your proof of identity and Tax File Number Declaration form to:		
ANZ Staff Super		
GPO Box 4303		

Protecting members' privacy

Melbourne VIC 3001

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super GPO Box 4303 Melbourne VIC 3001 Telephone: 1800 000 086 Facsimile: 03 9245 5827

Email: anzstaffsuper@superfacts.com

The Trustee's Privacy Policy Statement is available on the Scheme's website **www.anzstaffsuper.com** or from ANZ Staff Super by calling **1800 000 086**. You can also access the Scheme Administrator's privacy policy on the Scheme's website.



Completing proof of identity

Primary photographic identification

You will need to provide a copy of **one** of the following primary identification documents:

- · Current Australian driver's licence (including the back of the driver's licence if your address has changed)
- Australian passport
- Current foreign passport¹, or similar document issued for the purpose of international travel¹
- Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification1

Identification documents must not be expired (excepting an Australian passport which may be expired within 2 years).

Alternative identification

If you are unable to provide any primary photographic identification, you will need to provide **two** identification documents, one from each of the following lists:

- Birth certificate or birth extract1
- Citizenship certificate issued by the Commonwealth
- Pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits
- · Medicare card
- Foreign drivers' licence¹

AND

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
 - Tax Office Notice of Assessment issued in the last 12 months with name and residential address

Name change

If you have changed your name, you must provide a certified copy of the relevant name change document¹, for example, a Marriage Certificate issued by the Registry of Births Deaths & Marriages, Decree Nisi or Deed Poll (in addition to the above identification).

If your legal name or date of birth does not match exactly to our records (excluding aforementioned name changes), please contact us for further instructions.

Signing on behalf of another person

If you are signing on behalf of the applicant you will need to provide the following:

- A certified copy of the Guardianship papers or Power of Attorney; and
- A **certified** copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney.

Note: Certified ID is also required for the member

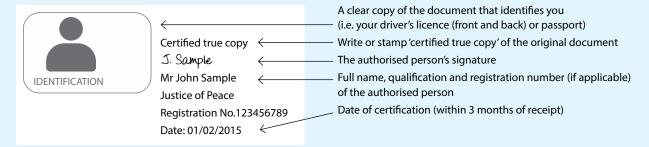
¹Translation

If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.

How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:

- Written or stamped 'certified true copy'
- Signature and printed full name
- Qualification (such as Justice of the Peace, Australia Post employee, etc)
- Date (the date of certification must be within the 3 months prior to our receipt)



Verification

A verification of the certifying party may be performed. If a discrepancy arises, you may be requested to re-certify documentation.

Important Note

The information in this document is a guide only and we may request additional documentation prior to any payment.

continued over

Proof of identity

How to certify documents

- Permanent employee of the **Australian Postal Corporation** with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- · Agent of the Australian Postal Commission who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bank officer, building society officer or credit union officer (with two or more continuous years of service)
- · Registrar or Deputy Registrar of a Court, Judge, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Finance Company Officer (with two or more continuous years of service with one or more finance companies for the purposes of the Statutory Declarations Regulations 2018)
- · Financial adviser or financial planner
- Justice of the Peace
- · Holder of a statutory office not specified in another item
- **Legal practitioner** (i.e. a person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia as a legal practitioner [however described])
- Member of the Institute of Chartered Accountants in Australia and New Zealand, the Australian Society of Certified Practising Accountants or Member of the Institute of Public Accountants
- Notary Public
- Officer with, or Authorised Representative of an Australian Financial Services Licensee (who has had at least two years of continuous service with one or more licensees)
- Pharmacist
- Police Officer

Who can certify documents outside of Australia

- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- a Notary Public
- an officer with 2 or more continuous years' service with one or more Australian financial institutions (for the purposes of the Statutory Declarations Regulations 2018) or overseas financial institutions with which ANZ has an existing correspondent banking relationship
- a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to

