



Hunter United Pension Fund Retirement Savings Account (RSA)

Please read the accompanying Product Disclosure Statement (PDS) which provides a summary of the key information about the Hunter United Pension Fund RSA to help you make an informed decision about opening an account.

When you have completed this form, please return to: Administrator, Hunter United Pension Fund RSA, PO Box 851, Newcastle NSW 2300

Hunter United Employees' Credit Union Ltd ABN 68 087 650 182 AFSL 238316

PART A - Your Details

1. Personal Details

Mr Mrs Ms Other

Given names: _____

Last name: _____

DOB: _____

Are you an Australian Citizen?: Y N

If no, what is your nationality: _____

Are you an Australian Resident?: Y N

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Different postal address? Y N

Postal street address: _____

Suburb: _____

State: _____ Postcode: _____

Preferred contact number: _____

Email address: _____

Is the applicant, or any immediate family member or close associate of the applicant, a Politically Exposed Person*? Y N

Are you a member of Hunter United? Y N

If yes, please provide your membership number: _____

*A Politically Exposed Person is a person with a prominent public function in a government body or an international organisation.

2. Amount you wish to transfer to your Hunter United Pension Fund

Please indicate whether you wish to transfer the balance of your superannuation account or nominate another amount. You must transfer a minimum of \$30,000.

Balance of Superannuation account

OR

Nominated amount \$ _____

3. Investment Details

Please indicate how you would like your investment to be allocated.

Variable Interest Rate

100%

OR

_____ %*

* Minimum is 30% of investment amount

Fixed Term Interest Rate

\$ _____ .00*

* Minimum is \$20,000

Select your term:

180 Days (6 months)

365 (12 months)

730 Days (24 months)

The Hunter United Pension Fund is a 100% cash capital guaranteed investment.



4. Tax File Number

- The collection of tax file numbers is authorised by tax laws, the Retirement Savings Account Act 1997 and the Privacy Act 1988. The law requires the Hunter United Employees' Credit Union (Hunter United) to ask for your tax file number. Completing and returning this form enables Hunter United to use your tax file number for the purposes contained in the Retirement Savings Account Act 1997 and for the purposes of paying superannuation benefits.

The purposes that are currently authorised include:

- Taxing superannuation benefits at concessional rates;
- Locating amounts in Hunter United's records where insufficient information is available;
- Passing your tax file number to the Australian Taxation Office but not to any other person or body where you receive a benefit or have unclaimed superannuation money after reaching aged pension; and
- Allowing Hunter United to provide your tax file number to another RSA provider or trustee of a superannuation fund receiving any benefits you may transfer.

Hunter United will not provide your tax file number in those circumstances if you tell your superannuation fund provider in writing that you don't want them to pass it on. You are not required to provide your tax file number. Declining to quote your tax file number is not an offence.

However giving your tax file number to the Hunter United Pension Fund will have the following advantages (which may not otherwise apply):

- The Fund will be able to accept all types of contributions to your account;
- The tax on contributions to your account will not increase;
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I agree to provide my tax file number? Y N

Name in full: _____

Tax file number: _____

Printed Name: _____

Applicant's Signature: _____

Date: _____



PART B - Your Payment Details

5. Pension Payment Details

I request that my pension payment be made:

- Yearly (June)
 Half yearly (June & December)
 Quarterly (June, September, December & March)
 Monthly

With the first payment to be made in:

_____ Month _____Year

Note: The first payment must occur before next 30 June, except if your pension commences between 1 June and 30 June. In that case your first payment can be delayed up until June the following year. Your first payment date is subject to Hunter United having had adequate time to process your application and your correct details being provided.

Regular pension payments required:

- Pay minimum prescribed amount; or
 Pay the following amount* \$_____ p.a.

* This amount must be at least the minimum prescribed amount. See Receiving and Accessing your Pension section of the PDS for more details.

6. Complete Bank Account details for receipt of pension payments

(The Account must be held with a Financial Institution in Australia)

- Hunter United Account

Name of Account: _____

Membership Number: _____

OR

- Other Institution

Name of Account: _____

Name of Financial Institution: _____

Branch Name: _____

Branch Number (BSB): _____

Account Number: _____

PART C - Other Information

7. Beneficiary Details

(Complete this section only if you wish a beneficiary **other than your estate** to receive benefits if you die)

**What type of beneficiary do you wish to nominate?
Please tick one:**

- Reversionary beneficiary (pension to continue to be paid after your death); or
 Binding death nomination (please complete Binding Death Nomination Form); or
 Nominated beneficiary (non-binding nomination below).

Mr Mrs Ms Other

Given names: _____

Last name: _____

DOB: _____

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Different postal address? Y N

Postal street address: _____

Suburb: _____

State: _____ Postcode: _____

Preferred contact number: _____

Email address: _____

Relationship to Investor: _____

PART D - Privacy Statement & Consent to use your information

- I understand that reference to 'Hunter United' is a reference to Hunter United Employees' Credit Union Ltd ABN 68 087 650 182 AFSL Australian Credit Licence No. 238316.
- I acknowledge & agree that Hunter United & any company related to Hunter United can collect and disclose my personal information as required by law, with the primary purpose of opening an account, assessing an application or providing products & services for/to me.



PART D - Privacy Statement & Consent to use your information - continued

- I agree that if Hunter United engages anyone (a service provider) to do something on its behalf then Hunter United & the Service Provider may exchange with each other any personal information the Service Provider lawfully obtains about me in the course of acting on Hunter United's behalf. Service Providers may include but are not limited to solicitors and legal advisors, accountants and auditors, property valuers, printers and mailing services, insurers and mortgage insurers, ATM/EFTPOS service providers, collection agencies, conveyancers, credit report agencies, Indue Ltd and Government agencies which regulate our products and services.
- I confirm that I am authorised to provide the personal details presented in this application and consent to my personal information being checked with credit reporting agencies, document issuers and/or Official Record Holders via third party systems for the purpose of confirming my identity as described in the Privacy Policy.
- I acknowledge I can access and view Hunter United's Privacy Policy online at www.hunterunited.com.au. The Privacy Policy contains information about: how I can access and correct my personal information; how Hunter United can collect, use and disclose my information; and how I can make a complaint.

PART E - Declaration and Signature

- I declare that I have received and read the Product Disclosure Statement and that the details given in the application are true and correct.
- I acknowledge that I have read and agree to Hunter United's Privacy Statement & Consent clause (above).
- I apply for a Hunter United Pension Fund Account and agree to be bound by the terms and conditions as varied from time to time.
- I acknowledge that Hunter United will deduct any applicable taxes, charges and duties from my Hunter United Pension Fund Account.
- I acknowledge that the interest rate applying to the Hunter United Pension Fund Account will vary from time to time.
- I agree to provide Hunter United with certified identification documents to open this Retirement Savings Account.
- I declare the details on this application to be true and correct and understand that it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) for a person to open or operate an account if the person has not disclosed any other commonly known name or names to Hunter United. Other commonly known names do not include nicknames, abbreviations or anglicised versions of given names.
- Where I have provided an email address I agree that Hunter United may provide me with disclosure documentation, information, marketing material and updates electronically to this address. I acknowledge that I can elect to not be presented with the information in this way and I should contact Hunter United to advise of my decision.

When you have completed this form, please return to: Administrator, Hunter United Pension Fund, PO Box 851, Newcastle NSW 2300

Printed Name: _____ Applicant's Signature: _____ Date: _____

Hunter United Internal Use Only

Membership number: _____

Has applicant been identified? Y N (Identification input via AUSTRAC ID system)

I confirm that:

- the member has been given a Hunter United Pension Fund Product Disclosure Statement
- tax file number has been provided
- the member has signed the declaration
- that no financial product advice was provided to the member at the time of opening an account

Name of authorised Hunter United employee: _____

Signature: _____ Date: _____



Transfer of Benefits Request Form

By completing this form, you will request the transfer of your superannuation benefits into your Hunter United Pension Fund. This form will NOT change the fund to which your employer pays your contributions.

Personal Details

Mr Mrs Ms Other

Given names: _____

Last name: _____

DOB: _____

Current residential address: _____

Suburb: _____

State: _____ Postcode: _____

Previous address - (If you know that the address held by your FROM fund is different to your current residential address, please give details below):

Street address: _____

Suburb: _____

State: _____ Postcode: _____

Preferred contact number: _____

Email address: _____

Tax File Number: _____

Under the Superannuation Industry (Pensionvision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

Fund Details

FROM:

Fund Name: _____

Fund Phone Number: _____

Membership or Account no: _____

ABN: _____

Postal Address: _____

State: _____ Postcode: _____

Superannuation Product Identification Number (SPIN):

Or Unique Superannuation Identifier (USI):

(If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer)

TO :

Hunter United Pension Fund
PO Box 851, Newcastle NSW 2300
(02) 4941 3888

Account no: _____

ABN 68 087 650 182

Authorisation

By signing this request form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to Hunter United.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- I authorise all relevant information on my/our investments, superannuation, account based pension and any other financial information be released at their request, to representatives of Hunter United Employees' Credit Union Ltd.

Printed Name: _____

Applicant's Signature: _____

Date: _____



Hunter United
Customer Owned Banking

To whom it may concern

Hunter United Pension Fund compliance advice

Re: **Transfer of Superannuation Benefits**

We enclose for your attention a Transfer of Benefit Request and confirm the following:

1. Hunter United Employees' Credit Union Limited is an RSA Institution in terms of the Retirement Savings Accounts Act 1997.
2. The Retirement Savings Account can accept rollovers, transfers and contributions for eligible persons as provided in the Retirement Savings Accounts Act 1997 and the Superannuation Industry (Supervision) Act 1993 and regulations made under those Acts.
3. The Retirement Savings Account can accept preserved benefits and retains them as such.
4. Documentation and payments should be forwarded to:
 - i. Fund Administrator
Hunter United Employees' Credit Union LTD
PO Box 851
Newcastle NSW 2300
5. Fund Name – **Hunter United Pension Fund - Retirement Savings Account.**
6. Cheques should be made payable to “Hunter United Pension Fund RSA Account – Person’s Name”.
7. Hunter United Pension Fund RSA Account does not have a SPIN number, please use our ABN **68 087 650 182** and refer to the following web site address to confirm our registration with APRA as an authorised provider **www.apra.gov.au/Superannuation**

Yours faithfully

Hunter United Employees' Credit Union Limited

Kent Dwyer
Chief Financial Officer
enc



Important Information About Binding Death Nominations

Important Information about binding death nominations, reversionary beneficiaries and non-binding nominations

What is a binding death nomination?

You can complete a binding death nomination to require that we pay your death benefit to the dependants you nominate or to your legal personal representative. If you complete and we receive your valid binding death nomination prior to your death, we are required to follow your nomination. This can provide you with greater certainty on who will receive your pension benefit when you die.

It is important to be aware before completing a binding death nomination that:

- Your binding death nomination must be renewed every three years to remain valid. We will generally contact you before your nomination expires; however, you should always ensure your nomination is current and valid.
- Your binding death nomination is binding on Hunter United and, if valid, cannot be overruled by Hunter United. Accordingly, you should ensure it is always up-to-date and reflects your wishes given your current personal circumstances. In particular, it is important to review that your nomination is still appropriate and reflects your wishes if you get married, separate or get divorced, enter a de facto relationship (including same-sex), have a child, if someone you nominate has died, or someone becomes or is no longer financially dependent upon you or in an interdependency relationship with you.
- If you nominate your legal personal representative, your death benefit will be paid to your estate and distributed in accordance with your will or the laws of intestacy. This means that the distribution may be challenged if someone disputes your will or the distribution of your estate. If you nominate your dependants, your death benefit will be paid directly to them.
- Tax may be withheld from your death benefit when paid to your dependants or distributed from your estate. There are differing tax treatments of death benefits depending on how old you are, how old your nominated beneficiaries are and who you nominate and whether it is paid as a pension or lump sum.

To make a valid binding death nomination:

- You must be at least 18 years of age
- You must complete, in writing, the binding death nomination form available on our website or by calling us

- By law, your nomination will only be valid if you nominate a person(s) that at the time of your death is your dependant or your legal personal representative. Refer below for more information.
- You must complete the full name and date of birth of each person nominated to ensure we can identify them in the event of your death
- You must ensure that the proportion payable to each person nominated is stated and you have allocated 100% of your death benefit
- Your nomination must not be ambiguous in any other way
- You must sign the binding death nomination form in the presence of two witnesses who are both at least 18 years of age and are not nominated on the form; and
- You must send and we must receive your validly completed nomination prior to your death.
- You may amend, renew or revoke your nomination at any time by completing a new binding death nomination form in writing, available on our website or by calling us.

Non-binding nominations

When you place your funds in the Hunter United Pension Fund you are able to make a non-binding nomination on the application form to tell us who you would like to receive your death benefit when you die. You may only nominate your dependants or your legal personal representative.

Please be aware that although we will take this nomination into consideration, we are not obliged to follow it. Generally, if you have more than one dependant, we will pay your death benefit to your legal personal representative instead.

If you would like to consider a more binding form of nomination, please consider a binding death nomination. The subsequent nomination of a valid binding death nomination will supersede any previous non-binding nomination you have made.

Who can you nominate?

A valid binding death nomination can only nominate your legal personal representative or your dependants. Your legal personal representative is the person appointed on your death as the executor or administrator of your estate. Your dependants are:

- Your current spouse, this includes the person at your death to whom you are married or with whom you are in a de facto relationship, whether of the same sex or
- a different sex, or in a relationship that is registered under a law of a State or Territory.



- Your child, this includes any person who at your death is your natural, step, adopted, ex-nuptial or current spouse's child, including a child who was born through artificial conception procedures or under surrogacy arrangements with your current or then spouse.
- Any person financially dependent on you, this includes any person who at your death is wholly or partially financially dependent on you. Generally, this is the case if the person receives financial assistance or maintenance from you on a regular basis that the person relies or is dependent on to maintain their standard of living at the time of your death.
- Any person with whom you have an interdependence relationship, this includes any person who at your death:
 - you have a close personal relationship
 - you live together
 - you or this person provides the other with financial support, and
 - you or this person provides the other with domestic support and personal care
- The relationship is not required to meet the last three conditions, if the reason these requirements cannot be met is because you or the other person is suffering from a disability.
- In establishing whether such a relationship exists, all of the circumstances of the relationship are taken into account, including (where relevant):
 - The duration of the relationship
 - Whether or not a sexual relationship exists
 - The ownership, use and acquisition of property
 - The degree of mutual commitment to a shared life
 - The care and support of children
 - The reputation and public aspects of the relationship (such as whether the relationship is publicly acknowledged)
 - The degree of emotional support
 - The extent to which the relationship is one of mere convenience, and
 - Any evidence suggesting that the parties intended the relationship to be permanent.

If you are considering relying on this category or dependency to nominate a person, you should consider completing a statutory declaration addressing these

points as evidence of whether such a relationship exists. You should talk to your financial adviser for more information

Paying your death benefit

At the time of your death, we will contact the people you have nominated in your binding death nomination or non-binding nomination to ensure that they are still either a dependant or your legal personal representative. We are also generally required to establish the identity of this person before paying out your death benefit.

If you have nominated one or more of your dependants, they will be provided the choice of taking their proportion of the death benefit as a lump sum cash payment or a pension from Hunter United Pension Fund. Please note however, that from July 1 2007 if you have nominated a child, the death benefit must be paid to them as a lump sum cash payment unless the child:

- Is under age 18
- Is under age 25 and is financially dependent on you, or
- Has a certain type of disability

If your child's personal circumstances change so that they no longer meet one of these exceptions, we will pay the remaining account balance to them as a lump sum cash payment.

A PDS describing the features of a pension from Hunter United Pension Fund is available on our website or by calling us.

No valid binding death nomination

Your death benefit will be paid to your legal personal representative if:

- At the time of your death, you have not completed or we have not received a valid binding death nomination or reversionary beneficiary nomination
- You have revoked your last binding death nomination or it has lapsed
- The people you have nominated on your binding death nomination cannot be identified or are not at the time of your death your dependant or legal personal representative, or
- Hunter United determines that your binding death nomination is otherwise invalid.

This is general information only and does not take into account your personal circumstances. Please talk to your financial adviser for more information on binding death nominations and your personal estate planning needs.



Binding Death Nomination Form

Form checklist:

Please complete this checklist before sending the form to Hunter United

- I confirm the form has been signed by two witnesses in Section 3. Note the witnesses cannot be nominated to receive your death benefit.
- I confirm the day the two witnesses signed the form is the same day I signed the form in Section 3 and the form is dated accordingly.
- I confirm that details of my nominated dependants have been provided in Section 2

1. Investor Details

- Mr Mrs Ms Other

Hunter United Pension Fund Account Number: _____

Full name: _____

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Different postal address? Y N

Postal street address: _____

Suburb: _____

State: _____ Postcode: _____

Preferred contact number: _____

Email address: _____

2. Nomination Details

Please note: If you wish to revoke and remove your existing binding death nomination without replacing it, please (x) the box below:

- No nomination
Please provide details of your nominations below:
_____ % of benefit (total must equal 100%)
If you wish to nominate that the whole of your benefit is paid to your estate, please tick the box below:
- Legal Personal Representative

OR

Full Name of First Nominee: _____

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Percentage of Benefit: _____

Relationship to you (tick one option only)

- Spouse Interdependency Relationship
- Child Legal Representative
- Financial Dependant

Full Name of Second Nominee: _____

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Percentage of Benefit: _____

Relationship to you (tick one option only)

- Spouse Interdependency Relationship
- Child Legal Representative
- Financial Dependant



Full Name of Third Nominee: _____

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Percentage of Benefit: _____

Relationship to you (tick one option only)

- Spouse Interdependency Relationship
- Child Legal Representative
- Financial Dependant



Full Name of Fourth Nominee: _____

Home street address: _____

Suburb: _____

State: _____ Postcode: _____

Percentage of Benefit: _____

Relationship to you (tick one option only)

- Spouse Interdependency Relationship
- Child Legal Representative
- Financial Dependant

Total of your beneficiary nominations (must be 100%)
Please note: If you wish to nominate more beneficiaries, please complete a separate form.



3. Declaration & Signatures

A nomination is not considered valid unless it has been completed correctly and we receive it. Any alterations to your form must be initialled by yourself and both witnesses.

Member declaration:

I understand/declare that:

- By making this nomination, I revoke and replace any existing binding death nomination
- My nomination must be my spouse, child, a person who is financially dependent on me or with whom I have an interdependency relationship or a legal personal representative of my estate at the time of my death
- My beneficiary(ies) and I will be bound by the Terms and Conditions relating to binding death benefit nominations
- This binding nomination is only valid for three years from the date I sign it or any confirmation or amendment of it
- I may at any time revoke or change a binding nomination notice in accordance with Hunter United's procedures
- If a notice is invalid or has not been sent to Hunter United when I die, the death benefit will be paid to my legal personal representative
- This declaration must be signed by me in the presence of two witnesses (who are not nominated), both of whom are over the age of 18
- This nomination only applies to the account number identified on this form within Hunter United Pension Fund.
- I have read the PDS and agree to be bound by the Terms and Conditions governing the fund (as amended)
- I am over 18
- Hunter United will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where Hunter United refuses to process a transaction or ceases to provide me with a product or service.

Printed Name: _____

Applicant's Signature: _____

Date: _____

Printed Name: _____

Printed Name: _____

Witness Signature: _____

Witness Signature: _____

Date: _____

Date: _____

Please ensure that the date each of the witnesses signs this form is the same as the date the member signs otherwise this nomination will not be valid.



How We Identify Individuals

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) requires Hunter United to verify your identity prior to accepting you as a customer. We can verify you from reliable and independent documentation. Please see the two different options below:

Provide an original or certified copy of the following, via post or in person

2. Primary photographic identification document*:

- A driver's licence issued by an Australian State or Territory or equivalent authority of a foreign country
- A passport issued by the Australian government
- A proof of age card issued by an Australian State or Territory which contains a photograph of the person in whose name it was issued
- A passport issued by a foreign government or the United Nations with a photograph and signature and authorised translation if not in English
- A national identity card issued by a foreign government or the United Nations with a photograph and signature and authorised translation if not in English

* *The document must not have expired (other than a passport issued by the Commonwealth that expired within the preceding 2 years).*

OR provide an original or certified copy of the following, via post or in person

3. Primary non-photographic identification document (please provide one of the following):

- A birth certificate or birth extract issued by a State or Territory
- A citizenship certificate issued by the Australian government
- A citizenship certificate issued by a foreign government and authorised translation if not in English
- A birth certificate issued by a foreign government or the United Nations and authorised translation if not in English
- A concession card or an equivalent term that expresses the same concept for concession holder (e.g. pension card health care card)



Secondary identification document

A notice containing the name and residential address of the individual, issued by (please provide one of the following):

- The Commonwealth, a State or Territory within the preceding twelve months that records the provision of financial benefits to the individual
- The Australian Taxation Office within the preceding 12 months that records a debt relating to taxation
- By a local government body or utilities provider within the preceding three months that records the provision of services to that address or to that person
- In relation to a person under the age of 18, by a school principal within the preceding three months that records the period of time that the person attended the school

How To Certify A Copy Of An Original Document

A certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

- 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)
- A judge of a court
- A magistrate
- A chief executive officer of a Commonwealth court
- A registrar or deputy registrar of a court
- A Justice of the Peace
- A notary public (for the purposes of the Statutory Declaration Regulations 1993)
- A police officer
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- A 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
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer with 2 or more continuous years of service with one or more financial institution (for the purposes of the Statutory Declaration Regulations 1993)
- A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership

Please note, the certifying officer must apply the following to each copy:

“This is a true copy of the original document sighted by me” and provide their name; address; contact telephone number; profession or occupation and date verified.

Hunter United cannot not accept a certifying officer certifying their own documents or those of family members.