




### 3. Your Pension account type

Please choose from the following options which describe your employment status and age.

- Aged 65 and over.
- Aged 60 to 64 and have ceased work with an employer after turning 60 (provide date below).
- Preservation age\* and over and applying for a Transition to Retirement (can still be working).
- Preservation age\* and over and permanently retired from the workforce (provide date below).

 **Preservation age:** refer to our Pension Guide for a definition

The date you ceased work (if applicable):

### 4. Your bank details

Please provide details of your Bank or Credit Union to which your Pension payments are to be made.


Name of Financial Institution

Branch name

BSB number

Name of account

Account number

 If you are a member of a Credit Union, please confirm which account number you should provide for direct credit payments.

### 5. Your investment choice


Please indicate which investment options(s) you would like your money invested in and paid from.

**Investment choice**

**Current balance:** I would like to commence my Pension below

**Payments & transactions:** I would like my Pension payments and transactions deducted as below:

Ethical Index Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethical High Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethical Growth Plus	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethical Balanced Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethical Conservative Balanced	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethical Stable	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Ethical Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

 It is important to ensure that each column (current balance and future transactions) equals a total of 100% and all proportions are rounded to the nearest whole percent, otherwise your request may not be able to be processed.


### 6. Your Pension payment amount

You can nominate the amount of Pension you would like to receive (before tax), subject to the legislated minimum limit.

Please select one of the following for the total amount (before tax) you want to receive\*:

- The minimum amount allowed under government legislation
- The maximum amount allowed under government legislation (Transition to Retirement Pension only)
- A specified amount \$       This amount must be within the minimum and maximum (if applicable) limits.

We will adjust your specified amount to the minimum or maximum if it does not fall within the limits.

 If you do not make a selection, you will be paid the minimum amount allowed under government legislation.

### 7. How often would you like your Pension to be paid?

I elect to receive my income payments:  Twice a month  Monthly  Quarterly  Half-yearly  Annually

For half-yearly & yearly payments, please elect starting month (e.g. August)

Refer to the Pension Guide for further information on payment frequency and dates.

## 8. Your preferred beneficiaries

You can choose how you would like your Pension to be paid when you die. Please select one of the following:

**Pay to my Estate**

**Reversionary Pension** Any remaining account balance should be paid as a reversionary Pension to my dependant.\*

Mr/Mrs/Ms/Rev/Other

Surname

Given names

Date of birth [Proof required\*]

\* For reversionary Pension: Please provide a certified copy of your dependant's Drivers Licence, Passport, OR Birth Certificate.  
A nomination for a reversionary beneficiary can only be made at the start of the Pension & cannot be altered after commencement.

**OR**

**Lump Sum Payment** (Complete in the presence of witnesses to make a Binding Nomination below). The Trustee should pay my account balance as a lump sum to my nominated dependants\* at its discretion, or to my legal personal representative.

1. Name of dependant

Relationship

% of benefit

2. Name of dependant

Relationship

% of benefit

3. Name of dependant

Relationship

% of benefit

Please attach a note for additional dependants if needed.

**Check total** 100%

### For a Binding Nomination only

Name of first witness

Signature of first witness

Date


Name of second witness

Signature of second witness

Date

- Dependant:**
- The spouse or de facto (in practice) spouse.
  - Any child of the super member incl. step-child, adopted child or child of the member born after the member's death.
  - Any person deemed by the Trustee to be partially or entirely financially dependent on the member.
  - Any person with an interdependency relationship with the member.

## 9. Proving your identity or age

 This section must be completed in full

You have two options to prove your identity. Check (X) the box to make a selection.

**Option 1: I would like to use electronic verification**

By providing you my medicare, driver's license or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification using reliable and independent data sources. I understand the fund uses a third party for this purpose.

You must provide details of at least two of the following documents:

**Document 1: Australian Driver's License**

First name as shown on your license

Surname as shown on your license

Australian Driver's License number

Expiry date

State of issue

**Document 2: Australian Passport**

Given name/s including middle name shown on your passport

Surname as shown on your passport

Australian passport number

Place of birth as shown on your passport

Country of birth (not shown on your passport)

Family name at birth (not shown on passport)

**Document 3: Medicare Card**

Full name as shown on your Medicare card, including initial


Card number


Valid to

I am person

on this card

**Option 2: I will like to provide certified copies of identification documents (see page 6 for instructions)**

I have attached copies of my certified proof of identity with this form.  delay your request.

 **Important:** Make sure the details you provide are accurate. If your personal details provided at the start of this form do not match your electronic identification details, we will not be able to use your personal details to prove your identity, which will

## 10. Member declaration

**I declare that:**

1. The details on this form are true and correct.
2. I have received and read Christian Super's Pension Guide.
3. I understand that my Pension will be bound by the provisions of the Fund's Trust Deed.
4. I acknowledge that I have access to Christian Super's Privacy Policy and understand that my personal information will be handled to provide and manage my Pension.
5. I declare that I am a permanent resident or citizen of Australia or New Zealand. I am not a Temporary Resident Visa holder and am eligible to apply for this superannuation product.

Your signature

Date

 **Return this completed form to Christian Super**

✉ Locked Bag 5073 Parramatta NSW 2124

@ members@christiansuper.com.au

 **For more info contact**

☎ 1300 360 907

🌐 www.christiansuper.com.au

## Rollover initiation request to transfer whole balance of superannuation benefits between funds under the *Superannuation Industry (Supervision) Act 1993*

### COMPLETING THIS FORM

- Read the important pages
- Refer to instructions where indicated with a ➤
- This form is only for whole (not part) balance transfers

### AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to either your FROM (transferring) or TO (receiving) fund

### Personal details

Title Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth Day  Month  Year

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

➤ See 'What happens if I do not quote my tax file number?'

\*Sex Male  Female

Contact phone number

### Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

### Previous address

➤ If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory  Postcode

### Fund details

#### FROM (Transferring fund)

\* Fund name

Fund phone number

\*Membership or account number

Australian Business Number (ABN)

Unique Superannuation Identifier

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

#### TO (Receiving fund)

\*Fund name

Fund phone number

\*Membership or account number

Australian Business Number (ABN)

Unique Superannuation identifier

❗ You must check with your **TO** fund to ensure they can accept this transfer

### 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 such 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 my **TO** fund.

\*Name (Print BLOCK LETTERS)

\*Signature

\*Date Day   Month   Year

\*Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

## Completing the form Rollover initiation request to transfer whole balance of superannuation benefits between funds

By completing this form, you will initiate a rollover request to transfer the whole balance of your super benefits between funds. This form can not be used to transfer part of the balance of your super benefits.  
 You can not use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund (NAT 74862).

This form will not change the fund to which your employer pays your contributions. The Standard choice form must be used by you to change funds.

### BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits TO can accept this transfer.

### WHEN COMPLETING THIS FORM

- Refer back to these instructions where a question shows a message like this: 
- Print clearly in BLOCK LETTERS.

### AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the request form to either your FROM fund or your TO fund

### IMPORTANT INFORMATION

- This transfer may close your account – you will need to check this with your FROM fund.
- This form can not be used to:
  - transfer part of the balance of your super benefits
  - transfer benefits if you don't know where your super is
  - transfer benefits from multiple funds on this one form
  - a separate form must be completed for each fund you wish to transfer super from
  - change the fund to which your employer pays contributions on your behalf
  - open a super account
  - transfer benefits under certain conditions or circumstances – for example, if there is a super agreement under the Family Law Act 1975 in place

### CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your TO fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?

### WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM. If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit ato.gov.au or call the Australian Taxation Office (ATO) on 13 10 20.

### HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents:

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

### CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of original proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sign the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping "certified true copy" followed by their signature, printed name, qualification – for example, Justice of the Peace or Australia Post employee – and date.

The following people can certify copies of the originals as true and correct copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- 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 officer
- 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 two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two or more years of continuous service with one or more finance companies
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local government authority with two or more years of continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

**WHERE DO I SEND THE FORM?**  
 You can send your completed and signed form to either the transferring or the receiving fund.

### MORE INFORMATION

For more information about super, visit the:  
 Australian Securities & Investments Commission (ASIC) website at [moneysmart.gov.au](http://moneysmart.gov.au)

For more information about this form, phone the ATO on 13 10 20



# Tax file number declaration

This declaration is NOT an application for a tax file number.  
■ Use a black or blue pen and print clearly in BLOCK LETTERS.  
■ Print X in the appropriate boxes.  
■ Read all the instructions before you complete this declaration.



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ato.gov.au

## Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr  Mrs  Miss  Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with us, show your previous family name

4 What is your date of birth? Day   / Month   / Year

5 What is your home address in Australia?

Suburb or town

State/territory     Postcode

6 On what basis are you paid? (Select only one.) Full-time employment  Part-time employment  Labour hire  Superannuation or annuity income stream  Casual employment

7 Are you an Australian resident for tax purposes? Yes  No  You must answer no at question 8. (Visit ato.gov.au/residency to check)

8 Do you want to claim the tax-free threshold from this payer? Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold. Yes  No  Answer no at questions 9 and 10 unless you are a foreign resident claiming a seniors and pensioners, zone or overseas forces tax offset.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you? Yes  Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. No

10 Do you want to claim a zone, overseas forces, dependent spouse or dependent (invalid and carer) tax offset by reducing the amount withheld from payments made to you? Yes  Complete a Withholding declaration (NAT 3093). No

11 (a) Do you have an accumulated Higher Education Loan Program (HELP) debt? Yes  Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. No

(b) Do you have an accumulated Financial Supplement debt? Yes  Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature  Date Day   / Month   / Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

## Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or your withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes  No

3 What is your legal name or registered business name (or your individual name if not in business)? CHRISTIAN SUPER P/L AS TRUSTEE FOR CHRISTIAN SUPER

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer  Date Day   / Month   / Year

There are penalties for deliberately making a false or misleading statement.

4 What is your business address? SUITE 2 / 1A HOMEBUSH BAY DRIVE RHODES NSW 2138

5 Who is your contact person? THE ADMINISTRATOR Business phone number 1300360907

6 If you no longer make payments to this payee, print X in this box

Return the completed original ATO copy to: For WA, SA, NT, VIC or TAS Australian Taxation Office PO Box 795 ALBURY NSW 2640 For NSW, QLD or ACT Australian Taxation Office PO Box 9004 PENRITH NSW 2740 IMPORTANT See reverse side of Payer's copy for: payer obligations lodging online.