Date Stamp (Internal Office Use Only)

LGSP
WA LOCAL SUPER

RETIREMENT SOLUTIONS - INCOME STREAM APPLICATION FOR MEMBERSHIP

Please complete this form with a Black pen using BLOCK letters and send it to:
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like ● **NOT like** ☒ ✓

→ This form is for members who wish to commence a Retirement Solution Income Stream.

Section 1 Your current personal details

Surname

Given name(s)

Date of birth __ / __ / ____ Mr ○ Mrs ○ Ms ○ Miss ○

Contact Details **NB: Residential address must be provided**

Residential Address

Residential Address

Suburb State Postcode

Postal address if different from above:

Postal Address

Suburb State Postcode

Home Phone incl. area code e.g. 0812345678

Phone (Day)

Mobile

Email

○ **Yes I would like to receive all communications and documents electronically (where legally possible).**

Tax Details

Supplying your Tax File Number (TFN) to the Fund is optional. Before you decide whether to provide your TFN, we are required to notify you of the following information:

→ The Trustee is authorised under the Superannuation Industry (Supervision) Act 1993 to collect your TFN.

→ Your TFN is confidential and it is not compulsory to provide it. However, if you choose not to provide it now or later, you may have to **pay significantly more tax** on your contributions than you should, we may not be able to accept certain types of contributions and each withdrawal you make will be subject to tax at the highest marginal tax rate. It may also prove more difficult to locate or transfer in any benefits due to you, without your TFN.

→ If you do choose to provide your TFN, it will only be used for lawful purposes. These include finding or identifying your super where other information is insufficient, calculating any tax payable on contributions or payments provided and providing information to the ATO. These purposes may change in the future due to legislative requirements.

→ If you provide your TFN, the Trustee may then also provide your TFN to the Trustee of any other super fund provider, to which your benefits may be transferred in the future, unless you advise us in writing not to do so. Your TFN will not be provided to any other party or individual.

Please enter TFN

WA Local Government Superannuation Plan Pty Ltd ABN 64 066 797 162, AFSL 269006, as Trustee for WA Local Government Superannuation Plan ABN 18 159 499 614
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Section 2 Commencement Funds

I am starting my investment with Funds from:

○ **WALGSP Super Solutions Account** **AND** ○ **Transferring from another Fund (Please complete a Transfer In Form)**

If from WALGSP, then complete the following: Account Number:

○ Retain$ .00 in my WALGSP Super Solutions account and commence my Income Stream with the remaining balance.

OR

○ Amount: $ .00

OR

○ % Amount: %

The above funds are to be taken from the following preservation categories:

	○ Dollar Amount $	○ Percentage Amount %	○ In the order of (where 1 is the 1st choice)
Unrestricted Non - Preserved Amount	$ .00		
Restricted Non - Preserved Amount	$ .00		
Preserved Amount	$ .00		

○ **Option A -** The above funds are to be taken from the following investment categories ($):

○ **Option B -** The above funds are to be taken from the following investment categories (%):

○ **Option C -** In order of preference as indicated in the table below. *(Where 1 is your first choice)*

NB: If no option is selected your funds will be transferred in the same proportions as the current investment options held in your Super Solutions Account.

Diversified options	**Option A $ Amount**	**Option B % Amount**	**Option C (in the following order)**		**Option A $ Amount**	**Option B % Amount**	**Option C (in the following order)**
Diversified High Growth		%		Property and Infrastructure		%	
Diversified Moderate		%		Bonds and Yield		%	
Diversified Conservative		%		Cash		%	
Sector-specific options				Australian Listed Equities		%	
Australian Listed and Private Equities		%		Global Listed Equities		%	
Global Listed and Private Equities		%		**If selecting Option B, please ensure the total of your selection adds to 100%**		1 0 0 %	
Sustainable Future		%					

Recontribution Strategy used? ○ Yes ○ No **(if yes I have attached a Personal Contribution Remittance Advice)**

Section 3 Your initial investment options

You can invest your initial amounts into any number of the eleven investment options at one time. **If you do not make a choice, all of your investment will automatically be invested in the Fund's default investment strategy, the Diversified Moderate option, until you notify us otherwise.** To change your selection in the future or to nominate a different investment strategy for your account balance, simply complete an Investment Options Form. Before nominating your investment option(s), you may wish to seek professional advice.

INVESTMENT STRATEGY FOR ACCOUNT BALANCE

Please invest my account balance according to the following percentage splits. I understand that my selection must total 100% or the Fund will not be able to process my request.

Diversified options	**% Amount**		**% Amount**
Diversified High Growth	%	Property and Infrastructure	%
Diversified Moderate	%	Bonds and Yield	%
Diversified Conservative	%	Cash	%
Sector-specific options		Australian Listed Equities	%
Australian Listed and Private Equities	%	Global Listed Equities	%
Global Listed and Private Equities	%		1 0 0 %
Sustainable Future	%	**Please ensure the total of your selection adds to 100%**	

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Section 4 Your income payment details

INCOME STREAM

I am commencing: (please fill in appropriate option) ◯ An Income Stream ◯ A Transitional Income Stream

INVESTMENT STRATEGY FOR MY INCOME PAYMENTS
Please deduct my income payments as indicated below. I understand I can choose either Option A or B.

◯ **Option A -** Proportionately from my nominated investment options as indicated in Section 3.
OR
◯ **Option B -** In order of preference as indicated in the table below.

Option B (in the following order *(where 1 is your first choice)*

Diversified options			
Diversified High Growth		Property and Infrastructure	
Diversified Moderate		Bonds and Yield	
Diversified Conservative		Cash	
Sector-specific options		Australian Listed Equities	
Australian Listed and Private Equities		Global Listed Equities	
Global Listed and Private Equities			
Sustainable Future			

Please fill in your choice of minimum, maximum **(for Transitional Income Streams only)** or enter the 'other' amount.

◯ Minimum

◯ Maximum **(10% - For Transitional Income Streams)**

◯ Other $ .00 ◯ per month If 'Other' amount selected, please select payment type - Gross (Before Tax) or Net (After Tax)
◯ per year ◯ Gross ◯ Net

Payment Frequency ◯ Monthly ◯ Per Year

Preferred commencement date / / When do you want your first payment mth / year

PAYMENT DETAILS

Name of bank/ building society/ credit union

Name of account

This can be a joint account but must include the member's name.

BSB number - Account number

◯ **I have attached a copy of my bank statement showing the BSB, Account Number and Account Holders Name**

For Office use only (Financial planner to complete)

Item(s) pending:

Rollback	◯	Benefit Payment	◯
Rollin	◯	Investment Switch	◯
Recontribution	◯	Termination Advice	◯

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Section 5 Nominating a beneficiary

You can nominate a discretionary or reversionary beneficiary to receive your account balance in the event of your death. Your beneficiary must be an eligible dependant(s) for payment purposes. Please refer to the Product Disclosure Statement (PDS) for further information about nominating a beneficiary.

○ **REVERSIONARY BENEFICIARY (Please provide details of one beneficiary only)**
Nominating a reversionary beneficiary instructs the Trustee to pay any remaining pension balance as regular income payments to the nominated person. The reversionary beneficiary will be entitled to manage the pension however they wish. Please note only ONE reversionary beneficiary can be nominated.

OR

○ **DISCRETIONARY BENEFICIARY**
Nominating a discretionary beneficiary gives the Trustee discretion to pay any remaining pension account balance either as a lump sum or as a pension to one or more of your eligible dependant(s) or legal personal representative. While Trustee discretion will be exercised, your wishes will be taken into consideration.

If insufficient space, please attach a separate sheet. Your percentage split across all beneficiaries must total 100%.

Surname	Given name(s)	Relationship to you (eg spouse, son etc)	Percentage of benefit

Section 6 Acknowledgement and declaration

→ I declare that I am eligible to join Retirement Solutions as below (select one only):

○ I am between 60 and 64 years of age and have ceased gainful employment with an employer on or after the age of 60.

○ I have attained age 65.

○ I am using my Unrestricted Non - Preserved monies.

○ I am unlikely, because of my ill health, to ever again engage in gainful employment for which I am reasonably qualified by education, training or experience.

○ I am over 55 years of age and have ceased gainful employment, and do not intend ever again to become gainfully employed for 10 hours a week or more.

○ I have reached my Preservation Age (between 55 and 60 years depending upon date of birth) and I am applying for a Transitional Income Stream under the Transition to Retirement rules.

→ I declare that all information provided by me on this form is correct. I acknowledge that I have considered all information contained in the Product Disclosure Statement, before making any decisions and understand the terms of my membership.
→ I acknowledge that, in signing this Application for Membership Form, that I will be bound by the Trust Deed and Rules in all respects.
→ I understand that the benefits of the Fund are not guaranteed, the value of investments may rise and fall and that I may not get back the amount originally invested due to investment fluctuations and the deduction of applicable taxes and fees.
→ I acknowledge that if I am uncertain as to the most appropriate investment strategy for my personal needs, that I should seek professional financial advice from a licensed financial adviser before deciding upon my investment option(s).
→ I understand the rules relating to the Fund's 14 day 'cooling off' period and acknowledge that I can either proceed with or cancel my application for membership during this time.
→ I acknowledge that there is no life insurance available within Retirement Solutions. However, life and salary continuance insurance may be available if I have retained my superannuation account.
→ I have read and understood the conditions relating to nominating the various types of beneficiaries as contained in the Product Disclosure Statement.
→ I understand the implications of providing my Tax File Number Notification Form and have indicated my intentions on this form.
→ I have read and understood the Fund's Privacy Statement contained in the Product Disclosure Statement.
→ I acknowledge by supplying my email address I will receive information regarding the Fund via email. I am able to unsubscribe at any time.
→ **I have received a copy of the Fund's Product Disclosure Statement Version 4.0, January 2012.**

Signature of applicant

Date __ / __ / ____

Please see over

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Section 7 Identification checklist information - Keeping your money safe

To ensure that you, and only you, are paid your entitlements, WA Local Government Superannuation Plan (WALGSP) needs certain identification from you before we can hand over your money. To reduce the risk of identity fraud and prevent people falsely claiming your hard earned super, it is important that these precautions are taken. You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

Acceptable Documents

The following documents which will need to be certified may be used.

EITHER

One of the following documents only:

- ◯ Driver's Licence issued under State or Territory Law;
- ◯ Passport.

OR

One of the following documents:

- ◯ Birth Certificate or Birth Extract
- ◯ Citizenship Certificate issued by the Commonwealth
- ◯ Pension Card issued by Centrelink that entitles the person to financial benefits.

AND

One of the following documents:

- ◯ Letter from Centrelink regarding a Government Assistance Payment
- ◯ Notice issued by Commonwealth, State or Territory Government or Local Council within the past three months that contains your name and residential address. (For example Tax Office Notice of Assessment or Rates Notice from Local Council).

What is a certified copy and how do I get a certified copy?

A certified copy is a photocopy of an original document, where both the original and copy have been seen by an appropriately qualified person, and the photocopy signed as a true copy of the original. Faxed copies of the original or certified documents are not acceptable.

Certified documents

To have a copy certified, please take the original documents and photocopies to one of the following people for him / her to certify that the copy is a true and correct copy of the original. Please indicate which category of person certified your documents.

- ◯ Permanent employee of Australia Post with five or more years continuous service who is employed in an office supplying postal services to the public
- ◯ A Finance Company Officer with five 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 five or more years continuous service with one or more licensees (including an Authorised Officer of Western Financial)
- ◯ A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a Legal Practitioner
- ◯ A Notary Public Officer
- ◯ A Police Officer
- ◯ A Registrar or Deputy Registrar of a Court
- ◯ A Justice of the Peace
- ◯ An Australian Consular Officer or an Australian Diplomatic Officer
- ◯ A Judge of a Court
- ◯ A Magistrate
- ◯ A Chief Executive Officer of a Commonwealth Court

The person certifying the document must:

→ Confirm in writing on each document that the person presenting the document to them is the valid holder of the ID being presented and that the copy is a true copy of the original document.

→ Provide, as part of the certification which of the above categories they fit into, together with their name, address, occupation, telephone number and (if applicable) the registration number of the certifying authority.

→ Not be related, associated or have a beneficial interest in the affairs of the member (ie. they must be independent of the Member).

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

PLEASE DO NOT SEND ORIGINAL PASSPORT, DRIVERS LICENCES OR OTHER ORIGINAL DOCUMENTS THROUGH THE MAIL.

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For Office Use Only (Members please ignore this section)

Benefit Payment Documentation ◯ Is Benefit Payment Incomplete? **(Fill in if incomplete, otherwise leave blank)**

Advisor (Fill in your Advisor Number)

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ 11 ◯ 12 ◯ 13 ◯ 14 ◯ 15 ◯ 16 ◯ 17 ◯ 18 ◯ 19 ◯ 20

Acceptable Documents

The following documents may be used.

EITHER

One of the following documents only:

◯ Driver's License issued under State or Territory Law
◯ Passport

OR

One of the following documents:

◯ Birth Certificate or Birth Extract;
◯ Citizenship Certificate issued by the Commonwealth;
◯ Pension Card issued by Centrelink that entitles the person onto financial benefits.

AND

One of the following documents:

◯ Letter from Centrelink regarding Government Assistance Payment;
◯ Notice issued by Commonwealth, State or Territory Government or Local Council within the past three months that contains your name and residential address (Eg. Tax Office Notice or Rates Notice from Local Council).

◯ Permanent employee of Australia Post with five or more years of continuous service who is employed in an office supplying postal services to the public;
◯ A Finance Company Officer with five 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 five or more years continuous service with one or more licensees (including an Authorised Officer of Western Financial);
◯ A person enrolled on the roll of a State, Territory, Supreme Court or the High Court of Australia, as a legal practitioner;
◯ A Notary Public Officer;
◯ A Police Officer;
◯ A Registrar or Deputy Registrar of a Court;
◯ A Justice of the Peace;
◯ An Australian Consular Officer or an Australian Diplomatic Officer;
◯ A Judge of a Court;
◯ A Magistrate;
◯ A Chief Executive Officer of a Commonwealth Court
◯ **Unknown Capacity (non approved)**

◯ **Identification Certification is original**
◯ **Identification is current**

◯ **Fully Completed**
◯ **Form signed and dated**
◯ **Original Signature**

Matches

◯ Date of Birth Match ◯ Residential Address Match ◯ Full Name Match

Client Number

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