

ACCOUNT CONVERSION & TRANSFERS – SUPER / TTR / PENSION

Use this form if you are an existing member and want to transfer between Super, Account Based Pension and Transition to Retirement Pension accounts in the Mason Stevens Super Fund (Fund). Before completing this form, you should read the current Product Disclosure Statement, Additional Information Guide and Investment Guide.

Important information for transferring:

1. The minimum product investment, cash account and any managed portfolio Investment Option minimum must be met in both the source and destination account
2. Managed portfolio transfers will be transferred in full
3. Transfers will commence after all capital corporate actions are closed
4. Transfers will commence after all open trades have completed, including managed portfolio rebalancing
5. Transactions and trading are suspended while an account transfer is in process
6. An accumulation (Super) account must be maintained in conjunction with a Transition to Retirement Pension account
7. Pension accounts cannot hold insurance cover. Please ensure any existing insurance cover is given appropriate consideration.

1. MEMBER & SOURCE ACCOUNT DETAILS

Mr Ms Mrs Miss Dr Other

Given Names

Surname

Account type to transfer from

Account Based Pension **OR**

Transition to Retirement Pension **OR**

Super account* **RS -** Super Account Number (Source)

The Super Account Number identifies *the account that you are transferring from.*

2. TRANSFER & DESTINATION ACCOUNT DETAILS

Account type to transfer to

Account Based Pension **OR**

Transition to Retirement Pension **OR**

Super account* Destination Super Account Number (if applicable)

I will make an additional contribution / rollover into super. Expected amount \$

* Refer Additional Transfer Details in section 3.

Transfer Amount

Full account balance – close existing account **OR**

Part account balance¹ – please transfer this amount \$

¹ Please complete section 4(a)

Important Notes

1. Amount transferred must meet the minimum account size for the type of account selected
2. Any amount remaining must meet minimum account size for the types of source account
3. An accumulation (super) account must be maintained in conjunction with a Transition to Retirement Pension
4. Pension accounts cannot hold insurance cover. Please ensure any existing insurance cover is given appropriate consideration

Mason Stevens Super ABN 34 422 545 198 RSE Registration Number R1004168

P: 1300 491 766 E: admin@mssuper.com.au M: PO Box R1237, ROYAL EXCHANGE, NSW 1225

Trustee: Diversa Trustees Limited ABN 49 006 421 638 RSE License Number L0000635 AFSL License 235153

3. ADDITIONAL TRANSFER DETAILS

Complete this section if you are consolidating benefits into a super account and want to commence a pension immediately following consolidation.

Please transfer from my consolidated super account into a new

Account Based Pension **OR**

Transition to Retirement Pension

Transfer Amount

Full account balance – close existing account **OR**

Part account balance² – please transfer this amount \$

² Please complete section 4(b)

4. INVESTMENT SELECTION – (PARTIAL ACCOUNT TRANSFERS ONLY)

4(a). TRANSFER FROM ORIGINAL SOURCE ACCOUNT

Select the investments and cash amount from your Self Directed Account to transfer:

| Investment Name & Code | No. shares / units | OR | % of holding |
|------------------------|--------------------|----|--------------|
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Note – The actual value or quantity of shares / units transferred may vary slightly from your selection due to market price movements at the time of transfer. The amount of cash transferred will be adjusted to ensure the dollar value of your transfer request is matched as closely as possible.

Select the Managed Portfolios to transfer:

| Portfolio Name | Allocation |
|----------------|------------|
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |

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4(b). TRANSFER FROM CONSOLIDATED SUPER ACCOUNT

Select the investments and cash amount from your Self Directed Account to transfer:

| Investment Name & Code | No. shares / units | OR | % of holding |
|------------------------|--------------------|----|--------------|
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Note – The actual value or quantity of shares / units transferred may vary slightly from your selection due to price market movements at the time of transfer. The amount of cash transferred will be adjusted to ensure the dollar value of your transfer request is matched as closely as possible.

Select the Managed Portfolios to transfer:

| Portfolio Name | Allocation |
|----------------|------------|
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |
| | 100% |

5. PENSION ELIGIBILITY (CONDITION OF RELEASE)

Account Based Pension

To be eligible, you must be an Australian resident and you must meet one of the following conditions of release (tick one box).

- I am over my preservation age* and am permanently retired from the workforce
- I am age 65 or over
- I am aged 60 and ceased gainful employment with my employer on / /
- I have sufficient unrestricted non-preserved benefits
- I am permanently incapacitated and eligible for a disability superannuation benefit (Trustee approval required)

Transition to Retirement Pension

- I am over my preservation age*

*Preservation age depends on your date of birth. If you are born before 1 July 1960 your preservation age is 55. If you are born on or after 1 July 1960 your preservation age is between 56 or 60. If you are unsure of your preservation age please contact your adviser or visit www.ato.gov.au.

6. PENSION PAYMENT AMOUNT (GROSS OF TAX)

I would like to nominate my pension payment amount to be \$ per financial year.

OR I only wish to receive the minimum amount required by legislation¹

OR I wish to receive the maximum amount (Transition to Retirement Pensions only)

OR I would like to nominate to receive \$ per payment (subject to minimum and pro rata requirements)

¹ If there is less than a full year from the start of your pension to 30 June, you will receive the annual amount reduced on a pro rata basis

7. PENSION PAYMENT FREQUENCY

Pensions are paid on or around the 15th day of every month (or the preceding Friday where the 15th falls on a weekend). You may select the frequency with which you receive pension payments from the following:

- Monthly
- Quarterly – 15th March, 15th June, 15th September and 15th December
- Half Yearly – 15th June and 15th December
- Yearly – 15th June.

You must receive at least one pension payment per financial year. You can change the frequency with which you receive your pension payments at any time during the life of your pension.

I would like to receive my pension payments:

Monthly Quarterly Half Yearly Yearly

I would like my pension payments to commence on / /

8. PENSION PAYMENT – BANK ACCOUNT DETAILS

Please pay my pension payments into the following account:

IMPORTANT – To enable us to proceed with your payments into this account please provide a copy of your bank statement showing the bank account you have nominated is held in your name or in your name jointly with another person.

Financial Institution

Account Name

BSB Number

Account Number

9. ADVISER DETAILS AND FEES

Complete this section **where a new account will be created** as a result of your transfer request. Only complete where **you do not want the same adviser fees applied** to the new destination account. Otherwise leave this section blank.

Important Notes

1. Where an amount is transferred into an existing account, the adviser fees in place **for that account** will apply.
2. Where an amount is transferred into a **new account**, the adviser fees from the source account will apply unless otherwise specified here.
3. To change adviser fees on an existing account, please complete the separate Change of Member Details & TFN Notification form.
4. Adviser fees can only be deducted from an account where a sufficient cash balance is available.
5. Fees apply from the date that the account transfer is complete and the account becomes active.
6. Adviser – you must ensure that you have provided all of the relevant disclosure document for the Fund to your client.

Adviser Name

Dealer Group Name

You and your financial adviser may agree a fee for the service your adviser provides. This is an additional cost to you.

I consent to, authorise and request, until further notice from me, that the Trustee deduct the following amount(s) from my **newly established account** and pay those amount(s) to my financial adviser. I confirm that this fee only relates to the services my financial adviser will provide me in relation to my Mason Stevens Super account. The fees in this section are exclusive of GST.

ONGOING ADVISER FEE¹

| Portfolio Name | Adviser Annual Charge Amount (excluding GST) | |
|--|--|----------------------|
| | \$ p.a. | % p.a. |
| Self Directed Account (SDA) | <input type="text"/> | <input type="text"/> |
| Managed Portfolio(s) – The agreed ongoing adviser fee will be deducted from you SDA monthly in arrears | <input type="text"/> | <input type="text"/> |

INITIAL ADVISER FEE

| Portfolio Name | Adviser Annual Charge Amount (excluding GST) |
|-----------------------------|--|
| Self Directed Account (SDA) | <input type="text"/> |

10. AUTHORISATION AND DECLARATION

By signing this form you are authorising this transfer of benefits between accounts and the application of the adviser fees detailed in this form to your new account.

Instructions and Declarations to the Trustee:

- Please action the transfer requested as detailed indicated in this form;
- Please apply the adviser fees currently on my source account to my new account OR as otherwise indicated above;
- I confirm that I am an existing member of the Fund and have previously agreed to the terms and conditions of Fund membership and online access;
- I have been provided with a copy of the PDS and other relevant Fund information by my adviser;
- If I am signing under Power of Attorney, I declare that I have not received notice of revocation of that power.

Sign here (Member / Attorney)

Date

 / /

Name of Attorney

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11. NOMINATION OF BENEFICIARIES

Your death benefit may only be paid to one or more of your dependant/s or to your estate. If the Trustee is unable to find a dependant or a legal personal representative (e.g. the executor of your estate) your death benefit may be paid to any other person that the Trustee determines appropriate subject to government legislation.

A 'dependant' includes your spouse (legal and de facto), your children, a person in an interdependency relationship with you and a person who is financially dependent on you.

You may nominate one or more of your dependants or your legal personal representative as your preferred death benefit beneficiaries.

Mason Stevens Super offers members the ability to make a binding death benefit nomination in order to provide greater certainty about who receives a member's benefit.

Type of nomination (Please choose only ONE type of nomination)

Reversionary* (Account Based pensions only)

* **Note** – You can nominate your spouse including a de facto or same sex partner, or your child as a reversionary beneficiary. You can elect to add, change or remove your reversionary nomination at any time. If you have a reversionary nomination in place for your pension account and subsequently make a binding nomination it will replace the existing reversionary nomination.

If your reversionary nomination cannot be implemented (for whatever reason), the Trustee will pay your benefit as a lump sum taking into account your binding or non-binding nomination (if any).

Binding Lapsing (2 witnesses required)

Binding Non-Lapsing (2 witnesses required)

Non-Binding (no witness required)

If you wish to nominate your entire benefit to be paid to your Estate, please tick the box below.

Legal personal representative (on behalf of my Estate)

Note: If you select the Estate option DO NOT fill out the Beneficiary details below.

Beneficiary 1

| | | |
|--|----------------------------|---|
| Allocation %** | Given Names | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Gender | Relationship to member E.g. Spouse/de-facto, child etc. |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / F | <input type="text"/> |

Beneficiary 2

| | | |
|--|----------------------------|---|
| Allocation %** | Given Names | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Gender | Relationship to member E.g. Spouse/de-facto, child etc. |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / F | <input type="text"/> |

Beneficiary 3

| | | |
|--|----------------------------|---|
| Allocation %** | Given Names | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Gender | Relationship to member E.g. Spouse/de-facto, child etc. |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / F | <input type="text"/> |

Beneficiary 4

| | | |
|--|----------------------------|---|
| Allocation %** | Given Names | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Gender | Relationship to member E.g. Spouse/de-facto, child etc. |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> M / F | <input type="text"/> |

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Important Notes:

- * For information about beneficiary nominations available, please refer to the Mason Stevens Super Additional Information Guide. Please consider each type of nomination and, where appropriate, seek qualified estate planning, financial or taxation advice, prior to choosing the one which is right for you.
- ** The nomination will be invalid if the proportion of the total benefit allocated to your nominated beneficiaries does not exactly equal 100%.
- *** Witnesses must sign and date this nomination on the same date as the applicant, for a binding nomination to be valid.

You should also note that death benefits paid to non-dependants must be paid as a lump sum and will be subject to tax (including when the benefit is paid via your Estate).

WITNESS SIGNATURES – BINDING NOMINATIONS ONLY

Only have this section completed by 2 witnesses if you wish to make Binding Nomination (both lapsing and non-lapsing)

I declare that:

- I am aged 18 or over;
- I have not been nominated as a beneficiary on this form;
- The form was signed by the member in my presence;
- The information I have provided in this form is true and correct.

Witness 1

Name (Print in BLOCK LETTERS)

Date of Birth

 / /

Signature

Date

 / /

Witness 2

Name (Print in BLOCK LETTERS)

Date of Birth

 / /

Signature

Date

 / /

**If a binding nomination is made, the original of this form must be sent to the administrator.
Please return the completed form along with the required additional documentation to the below address:**

**Mason Stevens Super
PO Box R1237
Royal Exchange NSW 1225**