Goldman Sachs & JBWere Superannuation Fund Application for membership – Pension Section

Please complete this form to apply to become an Account Based Pension member of Goldman Sachs & JBWere Superannuation Fund and return the completed form to the Goldman Sachs & JBWere Superannuation Fund care of the Administrator.

Step 1 – Complete your personal details

Title Mr Mrs Ms Miss Other	Date of birth	
Surname		
Residential Address: (must be provided):		
Suburb	State	Postcode
Postal Address: (if different from above):		
Suburb	State	Postcode
Daytime Telephone	Mobile	
E-mail		

Step 2 – Pension Type

I wish to commence an **Account Based Pension** in the Goldman Sachs & JBWere Superannuation Fund. Please refer to section 4 of the Product Disclosure Statement for pensions (PDS).

* If you are commencing an Account Based Pension you must either be permanently retired from the workforce, leaving Goldman Sachs or JBWere after age 60 or be over age 65.

Step 3 – Investment Amount

I wish to invest the total amount of my benefit entitlement from Goldman Sachs & JBWere Superannuation Fund into my chosen pension.

] I wish to invest the following amount of my Goldman Sachs & JBWere Superannuation Fund benefit: $\$$	
Note	e: If you wish to transfer amounts from other funds into your pension you will need to complete a rollover form prior to commencing your pension available in the PDS or by contacting the Helpline.	on. This form is

There is a limit (Transfer Balance Cap) on the amount of money you can transfer into the Retirement Phase of superannuation. If you exceed the Transfer Balance Cap you will be required to remove the excess and may be liable for additional tax. Please go to www.ato.gov.au/super for further information.

Issued by BEST Superannuation Pty Ltd (ABN 57 070 732 008, AFSL 530672) as trustee of the Goldman Sachs & JBWere Superannuation Fund (ABN 55 697 537 183, SPIN BES0001AU)



Step 4 – Pension Payments

Choose one of the following options.	To work out your minimum	and maximum pension	payment allowable each yea	r, refer to page 34
of the PDS.				

Minimum	amount	allowable	each	year,	OR

Maximum amount allowable each year, **OR**

	¢			
Specific amount desired each ye	ar: 🗘		,	

The specific dollar amount must be at least equal to the minimum % amount permitted for your age.

Please note, pension payments can only be made on a monthly basis and will commence in the month following submission of this application. Pension payments will be made on the 15th of each month.

Step 5 – Payment Instructions

Please pay my pension directly to the Bank, Credit Union or Building society account shown below:												
Branch address												
Account Name												
Branch BSB No:												

Step 6 – Nominating Your Beneficiary(ies)

Option 1 – Reversionary Beneficiary(ies). I instruct the Trustee to pay my death benefit to my Revers	ionary Beneficiary.
1. Full name of dependant(s)	
Address	
Suburb State F	Postcode
Relationship to you	
% of benefit	
	Continued over



Step 6 – Nominating Your Beneficiary(ies) (continued)

2. Full name of depen	dant(s)																				
Address																					
Suburb													State				Po	stco	de		
Relationship to you																					
% of benefit																					
3. Full name of depen	dant(s)							,,													
Address	,,							,,									-,				
Suburb	,,							·				I	State	·	_		Po	stco	de		
Relationship to you								· ۱													
% of benefit																					
Option 2 – No n dependants or r	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus	tee 1	to pa	y my o	leati	ו ben	efit	to 1	the f	ollowi	ing
Option 2 – No n	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus	tee 1	to pa	y my o	leath	n ben	efit	to 1	the f	ollowi	ing
Option 2 – No n dependants or r	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus	tee 1	to pa	y my o	leath	n ben	efit	: to 1	the f	ollowi	ing
Option 2 – No n dependants or r	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus	tee 1	to pa	y my o	leath	ו ben	efit	: to 1	the f	ollowi	ing
Option 2 – No n dependants or i 1. Full name of depen	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus	tee 1	to pa	y my (leath	n ben	efit		the f	ollowi 	ing
Option 2 – No n dependants or i 1. Full name of depen	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus		to pa		leath	n ben		: to 1		ollowi	ing
Option 2 – No n dependants or i 1. Full name of depen	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	• Trus	tee 1			leath	n ben				ollowi	ing
Option 2 – No n dependants or i 1. Full name of depen	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref	er the	e Trus				leati	n ben				ollowin	ing
Option 2 – No n dependants or i 1. Full name of depen	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref		• Trus				Jeatl	n ben				ollowi 	ing
Option 2 – No n dependants or i 1. Full name of depen	ny legal	pers	onal r	epres	senta	ative	(s):	woul	d pref		• Trus					n ben					ing
Option 2 – No n dependants or n 1. Full name of depen	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul	d pref		e Trus				Jeath	n ben				ollowi 	ing
Option 2 – No n dependants or i 1. Full name of depen Address Suburb Relationship to you % of benefit	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul	d pref		• Trus					n ben				ollowi 	ing
Option 2 – No n dependants or i 1. Full name of depen Address Suburb Relationship to you % of benefit	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul	d pref		• Trus					n ben					ing
Option 2 – No n dependants or i 1. Full name of depen Address Suburb Relationship to you % of benefit	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul			e Trus					n ben					ing
Option 2 – No n dependants or i 1. Full name of depen Address Address Suburb Relationship to you % of benefit 9 2. Full name of depen 1 2. Full name of depen 1 1 </td <td>ny legal dant(s) c]]]]</td> <td>pers r lega</td> <td>i perso i perso i i</td> <td>epres onal re</td> <td></td> <td></td> <td>(s): ive(s)</td> <td>woul</td> <td>d pref</td> <td></td> <td>e Trus</td> <td></td> <td>State</td> <td></td> <td></td> <td>n ben</td> <td>] [_] [</td> <td></td> <td></td> <td></td> <td>ing</td>	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul	d pref		e Trus		State			n ben] [_] [ing
Option 2 – No n dependants or i 1. Full name of depen Address Address Suburb Relationship to you % of benefit 2. Full name of depen	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul			• Trus					n ben] [_] [ing
Option 2 – No n dependants or i 1. Full name of depen Address Address Suburb Relationship to you % of benefit 9 2. Full name of depen 1 2. Full name of depen 1 1 </td <td>ny legal dant(s) c]]]]</td> <td>pers r lega</td> <td>i perso i perso i i</td> <td>epres onal re</td> <td></td> <td></td> <td>(s): ive(s)</td> <td>woul</td> <td></td> <td></td> <td>e Trus</td> <td></td> <td>State</td> <td></td> <td></td> <td>n ben</td> <td>] [_] [</td> <td>] [] [] [] [] [] [] [] [] [] [</td> <td></td> <td></td> <td></td>	ny lega l dant(s) c]]]]	pers r lega	i perso i perso i i	epres onal re			(s): ive(s)	woul			e Trus		State			n ben] [_] [] [] [] [] [] [] [] [] [] [] [



Step 6 – Nominating Your Beneficiary(ies) (continued)

6 of benefit	
. Full name of dependant(s) or legal personal representative(s)	
ddress	
uburb State Postcode	
6 of benefit	
Attach any additional dependant's or legal personal representative's details on a separate sheet and attach that sheet to this form.	

Step 7 – 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 in the PDS for details of certification and acceptable alternative documents. Failure to provide appropriate proof of identification may result in delays in the processing of your pension payments.

Step 8 – Sign the form

I declare as follows:

- I apply for admission as a Pension Section member of Goldman Sachs & JBWere Superannuation Fund upon the terms and conditions contained in the Trust Deed governing the Fund.
- I understand that my existing benefits (including my death and TPD benefits) may be reduced in accordance with the Fund's Trust Deed following the transfer of some or all of my existing Goldman Sachs & JBWere Superannuation Fund superannuation benefit to the Pension section in the Goldman Sachs & JBWere Superannuation Fund.
- I certify that the details provided by me on this form are true and correct.
- I acknowledge that caps apply to the amount I can transfer into the Retirement Phase and it is my responsibility to monitor.
- I have received, read and understood the privacy collection policy contained in the PDS.
- I confirm I have had the opportunity to obtain professional advice before completing this form.

Signature

X

Return this completed form to: Goldman Sachs & JBWere Superannuation Fund C/- Fund Administrator GPO Box 4303 Melbourne VIC 3001



Date