





## Step 4 – Contributions

If you would like to make your own contributions then contact the Helpline on 1800 025 026 or visit the Fund website [www.gsjbw.superfacts.com](http://www.gsjbw.superfacts.com) for an **Application to make lump sum contribution** form.

## Step 5 – Choose your level of death and disability cover

Please refer to the PDS for details about your death and terminal illness (Death), Total and Permanent Disablement (TPD) and Salary Continuance Insurance (SCI) cover.

I would like to have \$    ,    Death only insurance cover.\*

I would like to have \$    ,    Death and TPD insurance cover (restrictions apply if you are working less than 10 hours per week).\*

I would like to have SCI cover payable up to age 65.

I would like to have SCI cover payable for up to five (5) years.

I would like to have SCI cover payable for up to two (2) years.

\*The maximum is \$1,000,000 for Death and \$500,000 for TPD.

The Goldman Sachs & JBWere Superannuation Fund will require you to provide satisfactory evidence of good health and may require you to provide other evidence before your insurance cover commences. Refer to the Insurance Guide in the PDS section of the Fund website [www.gsjbw.superfacts.com](http://www.gsjbw.superfacts.com) for more details.

# Step 6 – Nominate your beneficiaries

## Who'll get your super if you die while you're in the Goldman Sachs & JBWere Superannuation Fund?

You can make a **binding death benefit nomination**. A binding death benefit nomination is a nomination by you of the person or persons to whom you wish your benefit to be paid in the event of your death. Provided that the nomination is valid, the Trustee will pay the benefit as nominated. To do this, you need to complete a binding death benefit nomination form available from the Super Helpline on 1800 025 026 or the Fund website [www.gsjbw.superfacts.com](http://www.gsjbw.superfacts.com).

If you do not make a binding death benefit nomination, the Trustee determines to whom your death benefit is paid and the proportions in which it is paid to each person (if the Trustee determines to pay your benefit to more than one person). You can make a **non-binding death benefit nomination** at any time which will be taken into consideration by the Trustee. To do this please complete the following.

Should I die while a member of the Fund, I'd prefer my death benefit to be paid to the following people in the proportions shown.

Name

Relationship to you\*  Proportion of payout  %

Name

Relationship to you\*  Proportion of payout  %

Name

Relationship to you\*  Proportion of payout  %

Name

Relationship to you\*  Proportion of payout  %

Name

Relationship to you\*  Proportion of payout  %

**TOTAL**    %

\* Must be a Dependant or be your legal personal representative (the executor of your Will), if you wish to have your benefit payable to your estate.

A Dependant is defined as:

1. your spouse, regardless of gender, including by a de facto relationship or a registered relationship under a law of State or Territory,
2. your children including step-children, adopted children, your spouse's children,
3. any other person who the Trustee considers is wholly or partially dependent on you at the time of death, and/or
4. any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
  - they have a close personal relationship; and
  - they live together; and
  - one or each of them provides the other with financial support; and
  - one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above because either or both of them suffer from a physical, intellectual or psychiatric disability.



## Step 7 – Provide your tax file number

### Don't pay more tax than you have to – let us know your tax file number.

Your tax file number is confidential and you don't have to give it to the Goldman Sachs & JBWere Superannuation Fund. It is not an offence to not provide your tax file number. However, you may pay more tax than you have to if you don't supply it.

**My tax file number is:**     -     -

**Special note:**

In line with the Superannuation industry (Supervision) Act 1993, the Trustee of the Goldman Sachs & JBWere Superannuation Fund is authorised to ask for your tax file number. The Trustee will only use your tax file number for lawful purposes. These purposes may change in the future if there are changes to legislation.

The Trustee may pass your tax file number to any other super fund or account to which your super is transferred in the future unless you request in writing that this not be done.

By providing your tax file number:

- the Trustee will be able to accept all types of contributions made by or for you (some limits may apply)
- you can avoid paying tax at a higher rate than would otherwise apply on your contributions
- you can avoid paying tax at a higher rate than would otherwise apply on your benefit, and
- it will be easier for you to find your super in the future and ensure that you receive all of your super benefits when you retire.

Choosing not to provide your tax file number is not an offence. However, if you don't provide your tax file number now or in the future:

- the Trustee will only be able to accept contributions made for you by your employer. No other contributions, for example, after-tax contributions, can be accepted
- you may pay more tax on contributions made for you by your employer. In some circumstances you may be able to claim back this additional tax, however time limits, fees and other rules may apply
- you may pay more tax on your super benefit than you would otherwise (although you can claim this back when you lodge your tax return).

## Step 8 – Sign the form – Eligible Spouse

### Don't forget to return this form to your employer. You may like to make a copy for your records.

To be completed by the Eligible Spouse. This is the person for whom contributions are to be made.

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- apply to be a spouse member of the Goldman Sachs & JBWere Superannuation Fund.
- accept that I will be bound by the provisions of the trust deed and rules which govern the operation of the Goldman Sachs & JBWere Superannuation Fund.
- understand that my personal information will be collected, used and disclosed by the trustee to provide and manage my super. Without this information the Trustee may not be able to provide my super and choices. For this purpose, my personal information may pass between the Trustee of the Goldman Sachs & JBWere Superannuation Fund and its administrator, professional advisers, insurers, government bodies, my employer and other parties as required, including the Trustee of any other super fund that my super is transferred to.
- I understand that my personal information may be disclosed to service providers in another country, including to the administrator's processing centre in India. I understand that the Trustee's Privacy Policy available on the fund's website explains how I can access my personal information, seek correction of my personal information and complain about the handling of my personal information.
- acknowledge that if I've provided my email address details in this application form, the Trustee may, at its discretion, use that email address to send information, including any annual reports, member and exit statements and notices of any material changes or the occurrence of significant events, by electronic means.
- acknowledge that I have read and understood the attached Product Disclosure Statement and agree to be bound by it.

Signature

Date

/  /

### Employer use only section (If you use Mercer Spectrum you only need to sign the form below, other details are provided through Mercer Spectrum).

**Employer name**

**Category of membership**

**Date Eligible spouse joined Fund**

/  /

**Payroll number**

**Authorised signatory**

**Date**

/  /

