

Pension Restart Application



Please complete this form to restart your pension.

Section 1: Your Details

Existing pension account number:

Surname:

Salutation:

Given name(s):

Date of birth:

Postal address:

Suburb:

State:

Postcode:

Email:

Section 2: Account and Transfer Details

Do you have an existing accumulation account you would like to use to consolidate funds to restart your pension?

Yes. Existing account number:

No

Are you adding any additional funds (select applicable box)?

I am making an additional contribution. Amount: \$

I am rolling over money from another superannuation fund. Please submit a Request to Transfer form with this form.

Do you wish to do a full pension restart or a specified amount?

Full pension restart (Note: your accumulation account will be closed.)

Specified amount: \$

Note: your accumulation account will remain open with the remaining balance. Minimum remaining balance is \$1,000 plus 1 year's insurance premiums (if applicable).

If you have made any member voluntary contribution during this financial year to your existing accumulation account, and you intend to claim a tax deduction under section 290-170 of the Income Tax Assessment Act 1997 for all or part of this contribution, then please enter the amount below.

Yes. I would like to claim: \$

as tax deduction

Section 3: Pension Account Type

I would like to apply for the following pension account:

Transition to retirement pension

Account based pension



Section 4: Pension Payment Details

I nominate pension payments to be:

Fortnightly Monthly Quarterly Half yearly Yearly

I nominate pension payments* to be:

Minimum Amount Maximum Amount Actual Amount: \$ p.a.

First pension payment month:

I wish my pension payments to be indexed each year at \$ or % (Note: any indexation is subject to government payment limits)

*Pension payments must meet government standards. We reserve the right to adjust your nominated pension payment so that government standards are met. A maximum can only be specified for a Transition to Retirement Pension. From time to time, the minimum amount prescribed by law may change. For up to date information about the minimum, contact the Administrator on 1300 043 529 or go to www.hejazfs.com.au.

Section 5: Banking Details

Please select one of the following:

I would like to use the same bank account recorded against my existing pension account.

I would like to nominate a new bank account (Note: the member must sign this form if nominating new account):

BSB:

Account number:

Account name:

Section 6: Beneficiaries

Nomination of Binding/Non-binding (Preferred) beneficiaries

If you have an existing nomination of beneficiary/beneficiaries, your nomination will be replicated from your existing account/s. If you would like to change your nomination of binding beneficiaries, please complete a *Binding Nomination of Beneficiary* form. If you would like to change your nomination of non-binding (preferred) beneficiaries, please complete a *Change of Member Details* form.

Nomination of Reversionary Pension

Please specify the name of your spouse who you wish to nominate to become a reversionary pensioner on the event of your death.

Surname:

Given name(s):

Relationship:

Date of birth:

Address:

Suburb:

State:

Postcode:

Note: A nomination of reversionary pension is subject to government standards which prescribe who can continue to receive your pension in the event of your death. Restrictions apply to the payment of pensions to children aged 18 or more. See the Product Disclosure Statement (PDS) for more information.



Section 7: Authorisation

- I understand that I am bound by the provisions of the Fund's Trust Deed.
- I have read and agree to the terms of the Hejaz Islamic Super & Pension PDS and Additional Information Booklet (AIB).
- The information I have provided in this form is true and correct.
- I understand that the pension I selected may not provide me with pension payments for the rest of my life, and that payments will cease once my account balance reduces to zero.
- I understand that pension products are complex and that different taxation and social security implications may apply to my pension depending on my personal circumstances. I acknowledge that the Trustee cannot provide me with advice about this and that I should consult an appropriately qualified adviser for advice that relates to my personal circumstances.
- In relation to a pension commenced under transition to retirement rules, I understand that additional restrictions apply to such pensions.
- I acknowledge that I have read and understood the Privacy Policy described in the AIB.
- I agree to have my adviser fee arrangements (if any) replicated from my existing account/s.

Member signature:

Date:

Full name:

Please return this completed form to Hejaz Islamic Super & Pension PO Box 96 Flinders Lane VIC 8009

or Email to super@hejazfs.com.au.

Phone: 1300 043 529 Website: www.hejazfs.com.au.

We are committed to respecting the privacy of the personal information you give us.

The Fund is subject to a Privacy Statement which sets out how we do this. Refer to the information about privacy in the Hejaz Islamic Super & Pensions Additional Information Booklet. You can obtain the Trustee's privacy policy at

www.eqt.com.au/global/privacystatement or request a copy by contacting us.

You can also find information about privacy at www.hejazfs.com.au.