Open a Retained Division 5 Account

For existing ElectricSuper members in Division 2, 3, 4 or 5, or who are receiving an Allocated Pension (Income Stream or Transition to Retirement Pension), or who are receiving a lifetime pension from ElectricSuper

Use this form to apply for a Retained Division 5 account if you are an existing member of another ElectricSuper Division.

1. Your details

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Other

Date of birth (dd/mm/yyyy)

ElectricSuper member number (compulsory)

Given name(s)

Surname

Residential address (required)

Suburb/Town

State

Postcode

Telephone (business hours)

Mobile

Email address

Secondary email address

2. Choose your investment option

I'd like to invest my new Retained Division 5 account in the following investment option(s)

☐ % in High Growth

☐ % in Balanced Growth

☐ % in Conservative Growth

☐ % in Cash

100 **% Total**

Note: if you do not make a selection your Super will automatically be invested in the Balanced Growth option.

3. Your beneficiary nomination (optional)

You can nominate who you would like to receive your Death benefit from your new Retained Division 5 account if you die while a member of ElectricSuper.

For more information about making a binding death benefit nomination call the Helpline or download a 'Making a binding death benefit nomination' form from www.electricsuper.au.

4. Contributions into my new Retained Division 5 account

Contributions will be paid into my new Retained account as follows:

☐ **Option 1:** A one-off or regular contribution via payroll deduction as arranged with my payroll office.

☐ **Option 2:** A rollover from my other super into ElectricSuper (see Step 7)

5. Tax file number (optional)

☐ My tax file number is already on file with Electric Super, or

☐ My tax file number is: _____

Your tax file number is confidential and you don't have to give it to ElectricSuper. 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 and we may not be able to accept some types of contributions.

6. Choose your insurance cover (optional)

You only need to complete this section if you want to apply for Death and Total and Permanent Disablement (TPD) insurance cover.

I understand that if I don't make a valid choice by selecting a number of Death and TPD Units of insurance cover below, I will not be provided with any insurance cover.

☐ I'd like to apply for Death and TPD insurance cover of _____ units.

Please refer to the Accumulation Scheme (Retained) Insurance Benefits web page for full details of the cover available to you.

Your insurance cover is subject to the terms and conditions of the insurance policy and acceptance by the insurer. You will require underwriting before your insurance cover commences. Your selected insurance cover will only commence once the insurer accepts your application and you are advised of this in writing.

Download the **Health Questionnaire** now and submit it with this "Opening a Retained Division 5 Account" application form. Doing so will allow the insurer to start the underwriting process. If you don't provide the Health Questionnaire now, our insurer will reach out to you to request this document later. This may delay your insurance cover.

7. Rollover other super money

If you have super money with another provider, you can rollover this money into ElectricSuper Retained Division 5 Account - simply complete the details below and we will arrange the transfer for you.

Fund (or policy) name

Fund Australian business number ABN

Fund Unique Superannuation Identifier (USI) number
(or Electronic Service Address (ESA) for SMSFs only)

Approximate account balance: $

Fund postal address

Suburb/Town

State

Postcode

Fund phone number

Member number

Name of the last employer who contributed to this fund Fund

Date ceased employment with that employer (dd/mm/yyyy)

☐ This fund is a Self Managed Super Fund (SMSF)

Name of financial institution

BSB number

Account number

Account name

I request that you transfer the total value held in respect of me for the above super fund or policy to the Electricity Industry Superannuation Scheme (ElectricSuper).

- I understand that on payment by my previous super fund, I discharge that super fund from any further liability in respect of the amount transferred.
- I approve the deduction of any appropriate exit fees from the amount transferred subject to legislative restrictions.
- I request that any further contributions received by my previous super fund after my payment, be redirected to my membership with the Electricity Industry Superannuation Scheme (ElectricSuper).
- I understand that the information contained in this form will be handled by the Trustee of Electricity Industry Superannuation Scheme to process my rollover.
- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.
- I understand that I will receive confirmation once my money has been received in Electricity Industry Superannuation Scheme (ElectricSuper).
- I understand that I have the right to ask my previous super fund for information that I reasonably require for the purpose of understanding any super entitlements I may have in that fund, including information about any fees and charges that may apply to the transfer and information about the effect of the transfer on any entitlements I have in my previous super fund. I confirm that I do not require such information from my previous fund.

Signature

(dd/mm/yyyy)

8. Other instructions

9. Declaration and signature

By signing this form, I acknowledge that, in addition to the information contained in this form, I have read, understood and agree with the following statements:

- I apply to become a member of ElectricSuper on the terms and conditions contained in the Trust Deed and Rules of ElectricSuper. I understand that the Trust Deed and Rules can be inspected on request.
- I have received and read the information provided to me about the Scheme, including the Member Booklet, latest Annual Report and ElectricSuper's Privacy Policy.
- I have received all required information to allow me to make the choices I have made.

Signature

(dd/mm/yyyy)

Lodge your form

No proof of ID required

electricsuper.admin@rs.mpms.mufg.com

or

Post to: ElectricSuper
PO Box 126 Parramatta NSW 2124

Your privacy

Refer to www.electricsuper.au/privacypolicy for information on how your provided information is used and how we treat your privacy.

Queries

1300 307 844
www.electricsuper.au

Issued by the Electricity Industry Superannuation Board ABN 42 457 486 237 as trustee of the Electricity Industry Superannuation Scheme ABN 57 923 283 236

Disclaimer: The information relating to ElectricSuper is subject to change from time to time. The ElectricSuper Rules (the 'Rules') are the final authority when any discrepancy arises between the Rules and any other information about the scheme. The Electricity Industry Superannuation Board recommends that you consult a licensed or appropriately authorised financial consultant before taking action regarding your superannuation.

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