

# Bendigo SmartStart Pension

This booklet contains:

Application Form

Proof of Identity Form

Binding Death Benefit Nomination Form

Request to Transfer Form

Member Advice Fee Form

Date 01 December 2024

# Bendigo SmartStart Pension – Application Form

This Application Form accompanies the Product Disclosure Statement dated 01 December 2024 for Bendigo SmartStart Pension (ABN 57 526 653 420). The trustee and issuer is Bendigo Superannuation Pty Ltd ABN 23 644 620 128, AFSL No. 534006 (Bendigo Super). . Before you sign this Application Form, you should read the PDS which contains important information relating to Bendigo SmartStart Pension (the Pension). The PDS will help you to understand the Pension and decide if it is appropriate to your needs. You should read the PDS before investing in the Pension.

The offer made in this PDS is only available to persons receiving the PDS (electronically or otherwise) within Australia. Bendigo Super will not accept applications from outside of Australia.

**Please note:** In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), Bendigo Super must obtain proof of identity documents prior to you receiving an income stream. It is important for Bendigo Super to follow this process to help protect the money in your account from potential fraud and to comply with legislative requirements.

**Please complete this form in black or blue ink using CAPITAL LETTERS (except for your email address) and where provided, mark answer boxes with an X.**

## Step 1 Member personal details

\*Indicates a mandatory field or section. If you do not complete all of the mandatory fields or sections, there may be a delay in processing your request.

Title*	<input type="text"/>	Surname*	<input type="text"/>
Given name(s)*	<input type="text"/>		
Residential address (PO Box is not acceptable)*	<input type="text"/>		
	<input type="text"/>		
Town/Suburb*	<input type="text"/>	State*	<input type="text"/>
	<input type="text"/>	Postcode*	<input type="text"/>
Postal address (if different to above)	<input type="text"/>		
	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
<b>(please provide at least one contact number and your email address*)</b>			
Home Phone*	<input type="text"/>	Work Phone	<input type="text"/>
Mobile*	<input type="text"/>		
Email	<input type="text"/>		
Date of birth*	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Under the Superannuation Industry (Supervision) Act 1993, Bendigo Super is authorised to collect your tax file number (TFN), which will only be used for legal purposes and in accordance with the law. You should read Bendigo Super's privacy policy, available at [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy), which contains information about how we deal with personal information including the TFN. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you do not provide your TFN, there may be adverse consequences. Please refer to "Providing your tax file number" in the "How Super is Taxed" section of the PDS.

☐ I am age 60 or over and my TFN is

☐ I am less than 60 years of age.

If you are less than 60 years of age and wish to provide your TFN you will need to complete a Tax File Number Declaration Form and return it with your Application Form.

### Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF)

In accordance with *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (AML/CTF) Law, please advise the following: (Note: your application cannot be processed unless this section is completed and you may be requested to provide additional information and documentation to facilitate Bendigo Super's compliance with AML/CTF Law)

#### Politically Exposed Person (PEP)

Politically Exposed Persons are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Are you a Politically Exposed Person? ☐ Yes ☐ No

If Yes, please nominate one of the below:

☐ I hold one of the above mentioned publicly exposed roles. Please specify:

☐ I am a close associate/family member. Please specify your relationship to the PEP:

### Source of wealth (the origin of your financial standing or total net worth i.e. how you generated your wealth)\*

☐ Employment ☐ Investments ☐ Other (please specify, eg inheritance)

### Source of funds (the origin of your contributions to set up your account)\*

☐ Employment ☐ Investments ☐ Other (please specify, eg inheritance)

## Step 2 Deposit Instruction

Please advise us of your preferred Deposit Instruction. If you do not complete this section, your account will be invested in the default investment option (refer to the 'How we invest your money' section of the PDS). Prior to selecting your investment options, Bendigo Super recommends you obtain personal advice from a licensed financial adviser.

☐ I am transferring my balance from my existing Bendigo SmartStart account and wish to retain my existing Deposit Instruction (subject to the existing investment options being available).

OR

☐ I wish to invest in the Pension's default investment option.

OR

☐ I wish to establish my Deposit Instruction in accordance with the following.

**Note:** Please ensure that your Deposit Instruction includes at least the default minimum allocation of 1.5% against the Cash Account. The percentages allocated to the Cash Account and your selected investment option(s) must add up to 100%.

Investment option name	Percentage Allocation
Cash Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> % (minimum 1.5%)
<b>Investment funds</b>	
Sandhurst Strategic Income Fund - Class B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
	100 %

### Step 3 Income Preference

I direct Bendigo Super to manage any income distributions or interest payments that I receive from my managed funds as follows (only one option can be selected and will apply to all investment options):

☐ **Re-invest (default option)**

All income or interest will be re-invested back into the same investment that made the payment.

**OR**

☐ **Retain in Cash Account**

All income distributions or interest payments will be retained in your Cash Account.

Step 4 Cash Account Preference

If the balance in your Cash Account is zero or below, you authorise us to top up the balance to:

☐ 1.5% (default option)

OR

☐ Percentage nominated in your Deposit Instruction

We will ‘top up’ your Cash Account balance using one of the following methods (only one method can be selected):

☐ **Pro-rata (default option)**

Redeem funds across all managed funds according to the proportion of your account balance (excluding the Cash Account) they represent.

OR

☐ **Percentage nominated in your Deposit Instruction**

Redeem funds from specified managed funds according to the percentage allocation nominated below.

Please note: The percentages allocated to your selected managed funds must add up to 100% not including the Cash Account.

Investment option name	Percentage Allocation
Investment funds	
Sandhurst Strategic Income Fund - Class B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Wholesale Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Defensive Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Conservative Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Balanced Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
Bendigo High Growth Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %
	100 %

## Step 5 Transfer from an existing Bendigo SmartStart account

Do you wish to transfer your balance from an existing Bendigo SmartStart account?

☐ No ☐ Yes - Member number

By providing your member number and by signing the member declaration in Step 14, you authorise the transfer of the balance (in full or in part) from your existing Bendigo SmartStart account. **Please note:** If you have made personal contributions into your existing super account during the year and wish to claim a tax deduction, this must be done prior to commencing your pension.

**You will automatically retain your existing investment portfolio and Deposit Instruction (unless you instruct us otherwise at Step 2). Under this process, the transfer will not give rise to a capital gains tax event, however it is subject to your existing investment options being available.**

Amount to be transferred into Bendigo SmartStart Pension

☐ Full balance ☐ Partial Balance \$  \*

\* If you are only transferring a partial balance, you may choose to transfer selected investment options below. If you do not nominate any specific investment options, your funds will be transferred to your Bendigo SmartStart Pension account on a pro-rata basis.

APIR	Investment option name#	% or \$ amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Investments not available in Bendigo SmartStart Pension will be redeemed and invested in your Cash Account.

## Step 6 Type of Pension (select one)

☐ Standard pension  
☐ Transition to retirement pension

For more information on the pension types please refer to the 'About the Pension' section in the PDS.

## Step 7 Condition of release

Please select the appropriate pension for you.

☐ I wish to commence a Retirement phase pension. I am eligible because:

(Please tick one box applicable to your circumstance)

☐ My existing benefits are unrestricted non-preserved.

☐ I have reached age 65

☐ I reached my preservation age and permanently retired from gainful employment and do not intend to return to work for more than 10 hours per week.

☐ I have left gainful employment on  /  /  and was over the age of 60 at the time.

☐ I wish to commence a Transition to retirement pension as I have reached my preservation age but not met a condition of release.

## Step 8 Contribution details

Please advise us below if you wish to make contribution(s) to commence a pension. For more information on contributions see 'How the Pension works' section of the PDS.

Contribution eligibility (if contributing):

☐ I am under 75 years of age.

Personal contribution \$    ,    .

Spouse contribution\* \$    ,    .

\*A spouse generally cannot make a contribution for you if you are age 75 or over.

## Step 9 Transfer from other superannuation fund(s)

Do you wish to start your Pension with a transfer from an account balance in another superannuation fund? ☐ No ☐ Yes

If yes, please complete one of the following three options.

☐ I will register for online access and use the electronic search and combine tool to find my super

☐ I will complete the Request to Transfer form contained in this booklet and/or also available on our website.

Please note, you will need to complete one form per fund. Please insert how many superannuation funds you will transfer:

☐ I will organise the transfer with the other super fund.

\*Please note: If you have made personal contributions into your existing super account during the year and wish to claim a tax deduction, this must be done prior to commencing your pension

## Step 10 Pension payment details

Please indicate the frequency and amount of your pension payments.

Frequency ☐ Fortnightly (every 2nd Tuesday) ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly Indexation rate   .   %

Date ☐ 6th ☐ 10th ☐ 14th ☐ 20th ☐ 25th ☐ 28th

(Note: only applicable where you have selected a frequency other than fortnightly above)

Please indicate when you would like your pension payments to start (not applicable for fortnightly).

\*Please pay my initial pension payment on the  day of         20

Pension amount ☐ Minimum ☐ Maximum\*\* Other amount \$    ,    Gross/Net

\* If you do not nominate a start date for your payments, we will commence your pension payments in the first available payment period following receipt of all requirements.

\*\*For Transition to Retirement Pension members only.

## Step 11 Bank details (to receive pension payments)

Name of bank

Branch address

Town/Suburb  State  Postcode

Account name

Branch (BSB) number  -  Account number

## Step 12 Nomination of beneficiaries

**Binding Death Benefit Nomination:** If you wish to make a binding death benefit nomination you need to read and complete the Binding Death Benefit Nomination Form contained in this booklet, otherwise, in the event of your death any benefits will be paid to your Legal Personal Representative and form part of your estate.

**Reversionary Pension:** You may nominate one eligible person<sup>^</sup> to receive a reversionary pension in the event of your death. This nomination must be made before you commence your Pension and generally cannot be changed once your Pension commences.

☐ I elect my Pension to be provided on a reversionary basis to my reversionary beneficiary, as nominated below  
(only complete if nominating a reversionary beneficiary).

Title*	<input type="text"/>	Surname*	<input type="text"/>
Given name(s)*	<input type="text"/>		
Residential address (PO Box is not acceptable)*	<input type="text"/>		
	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of birth*	<input type="text"/>		
Relationship	<input type="text"/>	Spouse (married/de facto)	<input type="text"/>
	<input type="text"/>	Child <sup>^</sup>	<input type="text"/>
	<input type="text"/>	Interdependency relationship	<input type="text"/>
	<input type="text"/>	Financial dependant	<input type="text"/>

<sup>^</sup> Refer to the 'How the Pension Works' section of the PDS for more information on eligibility to receive a reversionary pension

## Step 13 Financial adviser details (adviser to complete, if applicable)

### Adviser details

Licensee	<input type="text"/>		
AFSL number	<input type="text"/>	Licensee code	<input type="text"/>
Adviser full name	<input type="text"/>		
Adviser code	<input type="text"/>		
Adviser signature	Date	Licensee's stamp	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

If you are a new adviser, please also provide the following details:

Business name	<input type="text"/>		
Business address	<input type="text"/>		
	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Postal address (if different to above)	<input type="text"/>		
	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Work Telephone	<input type="text"/>	Facsimile	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		



## Step 14 Member declaration

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### General

- I have read and understood the Product Disclosure Statement dated 01 December 2024 to which this Application Form relates and:
  - confirm that I have received a copy of the PDS within Australia; and
  - acknowledge that applications from outside Australia will not be accepted; and
  - apply to participate as a member of Bendigo SmartStart Pension (the Pension), of which Bendigo Superannuation Pty Ltd is the trustee, and agree to be bound by the provisions of the Trust Deed constituting the Pension, as amended from time to time.
- I understand that while I may make an initial contribution into the Pension, I cannot make subsequent contributions (however, it may be possible to commence a different Pension).
- I declare that, in accordance with the eligibility criteria applicable to the Pension (see the 'How the Pension Works' section of the PDS), I am eligible to become a member of the Pension and to make any contribution to my account to commence the Pension.
- I declare that the information supplied is true to the best of my knowledge.
- I consent to my spouse or any other permitted person, if applicable, to contribute to my account.
- I agree to be bound by all the terms and conditions of my use of any applicable services that are described on the Fund's website, and acknowledge that the terms and conditions of use may be varied (including suspending or cancelling my ability to transact) with or without notice.
- Should any of the information I provide in this Application Form change, I will notify Bendigo Super of such changes as soon as possible.
- I understand that certain transactions (including switches, partial withdrawals and other payments) may result in my Cash Account balance temporarily going into negative, and acknowledge that interest will be charged at the daily rate applicable to the Cash Account for the period that my Cash Account has a negative balance.

### Appointment of representative (financial adviser authority)

- ☐ I wish to authorise my financial adviser to operate my account or give certain instructions on my behalf.
- I acknowledge and authorise my nominated financial adviser and their staff (my financial adviser) to operate my account and to give certain instructions on my behalf in relation to my account to Bendigo Super by any method acceptable to Bendigo Super, including electronically. For example, my financial adviser may make enquiries about my account, review correspondence regarding my account, access my account online, submit switching or portfolio reweight instructions or establish or change Standing Instructions.
  - I understand that I still retain full control of my account and acknowledge that the following are some examples of instructions which Bendigo Super **will not** accept from my financial adviser:
    - providing a request to withdraw any funds from my account;
    - providing new bank account details;
    - changing my bank account details held on file with the Pension;
    - authorising any other person to operate my account;
    - changing any fees payable to my nominated financial adviser;
    - signing any form where the law or an external party requires the member's signature on the form (eg. Binding Death Benefit Nomination, Request to Transfer, Direct Debit Request);
    - changing the name on my account;
    - appointing a new financial adviser for my account; and
    - changing my communication preferences (if applicable)
  - I agree to release and indemnify Bendigo Super, any company in the Betashares Group and any associated company (including any of their officers, employees or agents) acting in good faith from and against any and all losses, liabilities, actions proceedings, accounts, claims and demands arising from the appointment or exercise of powers by my financial adviser under this authority.
  - I understand and acknowledge that, under this authority, I am bound by the actions of my financial adviser in relation to the operation of my account unless their rights to operate have been withdrawn by you.
  - I understand that this arrangement will continue until I cancel the authority in writing, or until Bendigo Super exercises its rights to cancel the arrangement or vary these conditions on 14 days notice.

### Investment

- I acknowledge that Bendigo Super has provided me with access to the disclosure statements for the investment options I have selected via the Pension's website and I agree to access them on the Pension's website at [www.betashares.com.au/super](http://www.betashares.com.au/super)
- I acknowledge that neither Bendigo Super nor any other person guarantees the return of capital or the performance of the investment funds.

### Privacy

- I have read and understood the Bendigo Super's Privacy Policy which is available at [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy) and the 'Your personal information' section of this Application Booklet (below) and agree that Bendigo Super and Betashares Group may collect, use and disclose my personal information for the purposes of opening and administering my account and providing relevant services to me in accordance with the law and the 'Your personal information' section of this Application Booklet.

## Anti-Money Laundering and Counter Terrorism Financing (AML/CTF)

Bendigo Super must adhere to AML/CTF rules. These require Bendigo Super to undertake ongoing due diligence of customers and transactions within the Pension. Bendigo Super must:

- immediately monitor and report any suspicious transactions or matters to the appropriate authority; and
- obtain the prescribed certified copies of documents that prove your identity when paying a benefit to you or your beneficiary/ies.

By making an application, you acknowledge and warrant to us that:

- you have not knowingly done anything or know of anything that is done on your behalf to put Bendigo Super in breach of AML/CTF laws;
- you will notify us if you become aware of anything you have done or that is done on your behalf that would put Bendigo Super in breach of AML/CTF laws;
- if requested you will provide, where reasonable, additional information and assistance and comply with all reasonable requests to facilitate Bendigo Super's compliance with AML/CTF laws;
- if you fail to provide us with such additional information and documentation requested of you, your application may be delayed or refused by us;
- you are not aware and have no reason to suspect that:
  - the money used to fund your investment is derived from or related to money laundering, terrorism financing or similar illegal activities; or
  - benefits that you receive in connection with this product will fund illegal activities.

## Electronic instructions

In respect of electronic instructions (email, fax) relating to investment switching, benefit payment requests, or notifying us of a change in details, you agree and acknowledge that we:

- will not accept electronic instructions unless it is accompanied by your scanned or faxed signature;
- are not responsible for any loss or delay that results from a transmission not being received by Bendigo Super;
- will only process your electronic instructions if they are received in full and have been signed by you;
- will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instructions unless the confirmation receipt clearly applies, on its face, to the specific instructions transmitted electronically (e.g. these instructions appear on the same page as the confirmation) and is not able to be tampered with;
- will not compensate you for any losses relating to electronic instructions except to the extent of any negligence or bad faith on the part of Bendigo Super, unless required by law; and
- do not take responsibility for any fraudulently or incorrectly completed or signed electronic instructions. In the event of any such fraud you agree to release us from, and indemnify us against, all losses and liabilities whatsoever arising from our acting reasonably in good faith in accordance with any instructions received electronically bearing your member number and a signature purportedly yours.

## Online reporting

I acknowledge Bendigo Super will make the Fund's annual report available on the Fund's website at [www.betashares.com.au/super](http://www.betashares.com.au/super) or I can request a copy be sent to me.

I declare that: (select one)

- ☐ I have reached my Preservation Age and am still working. I am applying for a non-commutable, Transition to Retirement Pension.
- ☐ I have reached my Preservation Age and I am no longer gainfully employed. I do not intend to rejoin the workforce on either a full-time or part-time basis at any time in the future.
- ☐ I am 60 years old or over and I have ceased gainful employment since turning 60.
- ☐ I have been declared totally and permanently disabled.
- ☐ I am age 65 or older.

If you are retired or not currently working, please provide the date you were last gainfully employed.

/  /

Signature

Date

/  /

## Your personal information

### Collection of your personal information

Bendigo Super collects your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to Bendigo Super or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

### Collection of personal information about third parties

Bendigo Super may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

### Use and disclosure of your personal information

Bendigo Super may use your personal information to perform its business functions (for example internal audit, operational risk, product development and planning). Bendigo Super may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details). Your information may be disclosed to your employer in order for them to comply with their superannuation guarantee obligations.

Bendigo Super will treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include, insurers, intermediaries and government authorities. Your information may be disclosed to our related entities and our joint venture partners where its confidentiality is maintained at all times.

If you are investing through a financial adviser and their details are included on the application form or are otherwise linked to your account upon your written instruction, you agree that by doing so, you consent to Bendigo Super disclosing your personal information to the relevant financial adviser including by Bendigo Super providing them with copies of correspondence relating to your account, and access to view your account online, and providing any information about your account when they make an enquiry.

### Disclosure of personal information to overseas organisations

Some of the organisations Bendigo Super discloses your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

### Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

### Direct marketing

Bendigo Super may use your personal information to inform you about financial products and services that are related to those you have with Bendigo Super or other products and services we think you may be interested in. These may be products and services provided by Bendigo Super, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us please call us on 1800 033 426.

### Privacy Policy

You should also read our Privacy Policy.

Our Privacy Policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by Bendigo Super and how we will deal with a complaint; and
- c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy) or by telephoning 1800 033 426.

### Where to send your completed forms?

**GPO Box 264**  
**Melbourne VIC 3001**  
[super@betashares.com.au](mailto:super@betashares.com.au)

### Contact details:

Website: [www.betashares.com.au/super](http://www.betashares.com.au/super)  
Client Services Team: **1800 033 426**

# Proof of Identity

# Bendigo Superannuation

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), superannuation funds must obtain additional proof of identity documents prior to a member making a cash withdrawal or commencing to receive a pension payment.

**Please complete this form using BLOCK capital letters and a BLACK or BLUE pen and tick (✓) boxes where applicable.**

## Step 1 Member details

Title:	<input type="text"/>	Surname:	<input type="text"/>
Given Name(s):	<input type="text"/>		
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Member number (if known):	<input type="text"/>

## Step 2 Proof of Identity

**Please choose one of the following options to help us verify that you are the person to whom the super benefits belong.**

**Option 1 - Electronic verification** - Please provide details for any TWO of the following forms of identification:

**Driver's Licence** - Please enter details as they appear on your driver's licence.

First Name:	<input type="text"/>																			
Middle Name:	<input type="text"/>																			
Last Name:	<input type="text"/>																			
Licence Number:	<input type="text"/>										State of Issue:	<input type="text"/>								
Card Number:	<input type="text"/>																			
Address:	<input type="text"/>																			
Suburb:	<input type="text"/>										State:	<input type="text"/>		Postcode:	<input type="text"/>					
Expiry Date:	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>													

**Medicare Card** - Please enter details as they appear on your Medicare Card.

First Name:	<input type="text"/>															Middle Initial:	<input type="text"/>			
Last Name:	<input type="text"/>																			
Card Colour:	<input type="text"/>	Green	<input type="text"/>	Blue	<input type="text"/>	Yellow	Medicare Card Number:	<input type="text"/>												
Individual Reference Number (the number to the left of your name):	<input type="text"/>		Expiry Date:	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>										

**Australian Passport** - Please enter details as they appear on your passport.

First Name:	<input type="text"/>																			
Middle Name:	<input type="text"/>																			
Last Name:	<input type="text"/>																			
Passport Number:	<input type="text"/>																			

### Australian VISA (foreign passport holders)

First Name:	
Middle Name:	
Last Name:	
Passport Number:	Country of issue:

By providing my proof of identity details above, I confirm that I am authorised to provide the personal details presented and consent to its use to electronically verify my identity. I understand that my personal information will be shared with GreenID, a secure online verification system in order to match my information with identification data sources.

### Option 2 - Certified copies of identification

Please provide original certified copies of identification. Each page must be certified as a true copy. Please refer to the 'Proof of identity instructions' section at the end of this form for more information.

☐ If the paper copies of my certified documentation are incorrectly certified or unable to be read, I authorise the use of my personal details for the purpose of electronically verifying my identity where possible. I understand that my personal information will be shared with GreenID, a secure online verification system in order to match my information with identification data sources.

### Step 3 Member signature

I/We have read and understood Bendigo Superannuation Pty Ltd's (Bendigo Super) Privacy Policy which is available at [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy) and agree that Bendigo Super and Betashares Group may collect, use and disclose my personal information for the purposes of opening and administering my account in accordance with the law.

Member signature:  Date:  /  /

### Step 4 Proof of Identity instructions

If you have chosen Option 2 in Step 2, you will need to provide documentation to prove you are the person to whom the superannuation entitlements belong. The following documents may be used to prove your identity.

<b>Either</b> One of the following documents only: <ul style="list-style-type: none"><li>• driver's license issued under state or territory law</li><li>• passport</li></ul>		
<b>OR</b> One of the following documents: <ul style="list-style-type: none"><li>• birth citizenship or birth extract</li><li>• citizenship certificate issued by the Commonwealth</li><li>• pension card issued by Centrelink that entitles the person to financial benefits</li></ul>	<b>AND</b>	<b>One of the following documents only:</b> <ul style="list-style-type: none"><li>• letter from Centerlink regarding a Government assistance payment</li><li>• notice issued by Commonwealth, state or territory Government or local council within the past twelve months that contains your name and residential address. For example,<ul style="list-style-type: none"><li>- Tax Office Notice of Assessment</li><li>- Rates notice from local council.</li></ul></li></ul>

### Certification of personal documents

All copied pages of ORIGINAL proof of identity documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must:

- sight the original and the copy and make sure both documents are identical;
- make sure all pages have been certified as true copies by **writing** or **stamping** 'certified true copy' followed by their **signature, printed name, qualification** (eg Justice of the Peace, Australia Post employee, etc) and **date**.

A list of people authorised to certify a copy of an original document is available on our website at [www.betashares.com.au/super](http://www.betashares.com.au/super)

### Please send the completed form to:

Bendigo Superannuation  
GPO Box 264  
Melbourne VIC 3001  
OR Email: [super@betashares.com.au](mailto:super@betashares.com.au)

# Bendigo SmartStart – Binding Death Benefit Nomination Form

# Bendigo Superannuation

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Complete the attached form if you want to make a binding death benefit nomination for your Bendigo SmartStart Super or Bendigo SmartStart Pension products. A separate form will need to be completed for each product you hold.

By completing this form you will bind Bendigo Superannuation Pty Ltd (Bendigo Super) to pay your superannuation benefit on your death to the person(s) you have nominated in this form. Please ensure that you read the terms and conditions outlined in Step 2 prior to completing this form.

\* Indicates a **mandatory field**. If you do not complete all of the mandatory fields, there may be a delay in processing your request. Please complete this form in **black or blue ink** using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

## Step 1 Member details

Member number (if known)	<input type="text"/>																																	
Title	<input type="text"/>				Surname*	<input type="text"/>																												
Given name(s)*	<input type="text"/>																																	
Date of birth*	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>		Sex*	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																					
Residential address*	<input type="text"/>																																	
Town/Suburb*	<input type="text"/>																								State*	<input type="text"/>		Postcode*	<input type="text"/>					
Postal address	<input type="text"/>																																	
Town/Suburb	<input type="text"/>																								State	<input type="text"/>		Postcode	<input type="text"/>					
Contact phone number*	<input type="text"/>																																	
Email	<input type="text"/>																																	

## Step 2 Conditions

Read how your personal information may be used:

Bendigo Super collects your personal information and the personal information of your beneficiary/ies to assess and administer your request. If you do not provide the information we ask for, we may be unable to do this. We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as administrators, mailing and printing houses, to IT providers, to account holders and operators, and to your financial adviser. Some of these organisations may be located overseas. Your information may be disclosed to related companies within the Betashares Group, where its confidentiality is maintained at all times. We do not sell, rent or trade your personal information. You should also read our Privacy Policy which contains information about how you can gain access to and seek correction of your personal information, and how you can complain about a breach of the privacy laws by Bendigo Super and how we will deal with a complaint. Our Privacy Policy is available at [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy)

In the event of your death Bendigo Super may pay the following benefits as a lump sum or as a pension:

- the amount of your superannuation benefits in the Plan which will comprise your Member Account balance plus
- the proceeds of any Death insurance cover you have through the Plan.

There are rules that Bendigo Super will follow when paying your death benefit. These rules are described below.

If you want to direct Bendigo Super to pay your benefit to a particular person (called your beneficiary), then you can complete a Binding Death Benefit Nomination. A valid Binding Death Benefit Nomination means your death benefit will be paid to the beneficiary/ies that you nominate.

When you have nominated a beneficiary and the nomination is valid and current, it will be legally binding upon Bendigo Super and Bendigo Super must act in accordance with that nomination. Commonwealth Government Regulations have imposed strict conditions on how a binding death benefit nomination must be made, amended or revoked. Also, family law and a relationship



breakdown can also affect your nomination as the nominated person may no longer be eligible to receive a superannuation death benefit. We recommend you speak to a licensed financial adviser if this may apply to you.

The following conditions apply to binding death benefit nominations of beneficiaries:

- (a) Nominations can only be accepted on a form which is approved by Bendigo Super. This form is an approved form.
- (b) An original signed copy of this form must be provided to Bendigo Super. An electronic version (fax or email) can be accepted.
- (c) Each beneficiary must be either your Legal Personal Representative (on behalf of your estate) or a dependant for superannuation purposes. Your Legal Personal Representative is the person or organisation you appoint as the executor of your Will, or who is appointed as the administrator of your estate if you die without a valid Will. If you nominate your Legal Personal Representative, then they will receive your death benefit on behalf of your estate. Currently, your dependants for superannuation purposes are:
  - (i) Your spouse which includes:
    - another person (whether of the same sex or a different sex) with whom the person is in a relationship that is registered under law; and
    - another person (whether of the same sex or a different sex) who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.
  - (ii) Your child or children which includes:
    - an adopted child, a stepchild or an ex-nuptial child of the person; and
    - a child of the person's spouse; and
    - someone who is a child of the person within the meaning of the Family Law Act 1975.
  - (iii) A person with whom you had an "interdependency relationship" immediately before the date of your death. Under superannuation law, an "interdependency relationship" is defined as a close personal relationship between two people who reside together, where one of both provides the other with financial support, domestic support and personal care. Two people can also have an "interdependency relationship" under superannuation law where they have a close personal relationship, but don't live together or support one another because either of them has a physical, intellectual or psychiatric disability (this would include a person who, for example, lives in an institution). There are other circumstances in which an "interdependency relationship" can arise. This will be determined by Bendigo Super in accordance with the legislation.
  - (iv) Any other person who Bendigo Super in its discretion is wholly or partially financially dependent on you at the time of your death.
- (d) If any beneficiary nominated is not your Legal Personal Representative, spouse, child, financial dependant or a person with whom you had an interdependency relationship immediately before the date of your death, your nomination will not be valid. This may include situations where you divorce or leave a de facto relationship after making a nomination.
- (e) If you want to nominate more than four beneficiaries, you must complete and attach an additional form.
- (f) For each beneficiary, you must specify the proportion of your benefit they are to be paid. The total benefit must have been allocated by you on the form (or forms, if you have nominated more than four persons). Please note: if your allocation does not total 100% the entire nomination will be invalid.
- (g) The nomination must be signed by you and in the presence of two witnesses, both of whom must be at least 18 years of age and not nominated as beneficiaries.
- (h) The entitlements of any nominated beneficiary may be subject to family law legislation in relation to superannuation splitting arrangements.
- (i) You should consider revising your nomination whenever your personal circumstances change. This nomination may be amended or revoked at any time by submitting a new approved form.
- (j) A nomination will remain valid for a period of three years if no amendment or revocation is made by you during that period. You may confirm (renew) your nomination within this period by sending a signed, written notice to Bendigo Super. The nomination will be valid for an additional three years from the date of confirmation. If you amend your nomination, the amended nomination is valid for three years from the date the amendment is made.
- (k) Bendigo Super will contact you before the expiry date to give you the opportunity to renew your nomination. However, it is your responsibility to keep it up-to-date and to renew it every three years. If the nomination remains valid and is in effect at the time of your death, then Bendigo Super has no power to vary it.
- (l) Bendigo Super will remind you annually (via your annual member statement) of the details of your nomination and of its expiry date.
- (m) If you do not nominate a beneficiary or your nomination is invalid (including if it is unclear or defective) or your nomination is not renewed or is revoked before its expiry date, Bendigo Super will consider that no nomination applies. Any benefit payable on death will be paid to your Legal Personal Representative on behalf of your estate as a lump sum payment.
- (n) If your Legal Personal Representative cannot be found, then Bendigo Super may pay your benefit to your dependants, or, if they cannot be located, then to another individual, as allowed under superannuation law.
- (o) If your nomination is invalid (i.e. if it is completed incorrectly or further information is required), Bendigo Super will contact you to permit you to re-submit a valid nomination.
- (p) If you would like information about the taxation of death benefits, please refer to the 'How super is taxed' section of the Bendigo SmartStart Super Reference Guide.

### Step 3 Binding death benefit nomination of beneficiaries

Nomination status*	New nomination <b>OR</b>	Amendment <b>OR</b>	Revocation (do not complete Step 4)
--------------------	--------------------------	---------------------	-------------------------------------

How many beneficiaries do you wish to nominate?

This is form \_\_\_\_\_ of \_\_\_\_\_ used for this nomination  
(If you want to nominate more than four beneficiaries, you must complete and attach an additional form).

#### Step 4 Nominated beneficiary details (Please refer to 'Step 2 Conditions' for information on eligible beneficiaries)

In the event of my death, I direct Bendigo Super to pay my death benefit from the Plan in accordance with the following direction:

☐ Pay 100% of my death benefit to my legal personal representative (on behalf of my estate). Do not complete beneficiary details below.

**OR**

Pay my death benefit to my beneficiary/ies as outlined below.

Beneficiary 1

Relationship to member\*:

Spouse/de facto (including same-sex couples)	Child	Interdependency Relationship	Financial Dependent
--	-------	------------------------------	---------------------

% of benefit*	.	%
---------------	---	---

Title*	Surname*
--------	----------

Given name(s)\*

Date of birth*	/	/					Sex*	Male	Female	
----------------	---	---	--	--	--	--	------	------	--------	--

Residential address\*

[illegible][illegible]

Email

Beneficiary 2

Relationship to member\*:

Spouse/de facto (including same-sex couples)	Child	Interdependency Relationship	Financial Dependent
--	-------	------------------------------	---------------------

% of benefit*	.	%
---------------	---	---

[illegible]

Given name(s)\*

Date of birth*	/	/					Sex*	Male	Female	
----------------	---	---	--	--	--	--	------	------	--------	--

Residential address\*

[illegible][illegible]

Email



### Beneficiary 3

Relationship to member\*:

Spouse/de facto (including same-sex couples)	Child	Interdependency Relationship	Financial Dependent
--	-------	------------------------------	---------------------

% of benefit*	.	%
---------------	---	---

Title*	Surname*
--------	----------

Given name(s)\*

Date of birth*	/	/					Sex*	Male	Female
----------------	---	---	--	--	--	--	------	------	--------

Residential address\*

[illegible]

Contact phone number

Email

### Beneficiary 4

Relationship to member\*:

Spouse/de facto (including same-sex couples)	Child	Interdependency Relationship	Financial Dependent
--	-------	------------------------------	---------------------

	% of benefit*	.	%
0-10%	10%	10%	10%
11-20%	20%	20%	20%
21-30%	30%	30%	30%
31-40%	40%	40%	40%
41-50%	50%	50%	50%
51-60%	60%	60%	60%
61-70%	70%	70%	70%
71-80%	80%	80%	80%
81-90%	90%	90%	90%
91-100%	100%	100%	100%

Title*	Surname*
--------	----------

[illegible][illegible][illegible][illegible]

Contact phone number

[illegible]

Total nominations must equal 100.00%

[illegible]

Step 5 Member declaration

- I have read and understood the conditions in Step 2 of this form.
- I must be at least 18 years of age to complete a Binding Death Benefit Nomination and if I am under the age of 18, this nomination will be signed by my parent/guardian on behalf of me;
- I understand that this nomination is binding and that Bendigo Super must pay my death benefit to my nominated dependants and/or Legal Personal Representative as specified on this form;
- I understand that my nomination will not be valid unless I sign and date this form in the presence of two independent witnesses, each of whom is at least 18 years of age and neither of whom is nominated to receive my death benefit;
- I understand that my nomination will not be valid unless I ensure that both witnesses sign and date the independent witnesses' declaration of this form at the same time as I do and in each other's presence;
- I understand that my nomination must be in favour of one or more of my dependants or my Legal Personal Representative;
- Each dependant that I nominate must be my dependant at the date of nomination and at the date of my death;
- My nomination will not be in effect until it has been received and accepted by Bendigo Super;
- My nomination will expire three years after the date it is first signed or last confirmed or amended;
- I can revoke my nomination at any time in accordance with Bendigo Super's procedures;
- It is my responsibility to ensure my Binding Death Benefit Nomination remains valid and current; and
- Bendigo Super accepts no responsibility for an incorrect nomination or completion of this form.

For your binding death benefit nomination to be valid, please ensure that you sign and date this form in the presence of two independent witnesses, each of whom is at least 18 years of age and neither of whom is nominated to receive your death benefit. Please also ensure that both witnesses sign and date the independent witnesses' declaration section of this form (Step 5) at the same time as you do and in each others presence, otherwise your binding death benefit nomination will be invalid.

Signature

Date

/  /

If you are under 18 we require a parent/guardian to sign this form here:

Parent/  
guardian  
signature

Date   /  /  

Parent/guardian  
full name:

## Step 6 Independent witnesses' declaration

**Witness 1** – I declare that I am at least 18 years of age, I have not been nominated as a beneficiary and that this Binding Death Benefit Nomination was signed and dated by the member in my presence and in the presence of the other witness.

/   /

**Witness 2** – I declare that I am at least 18 years of age, I have not been nominated as a beneficiary and that this Binding Death Benefit Nomination was signed and dated by the member in my presence and in the presence of the other witness.

□ □ □ / □ □ / □ □ □ □ □ □

Note: the form must be witnessed by both witnesses at the time it is signed by the member.

Contact details:

Bendigo Superannuation Pty Ltd

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Fax: 03 6215 5800

Email: [super@betashares.com.au](mailto:super@betashares.com.au)

Website: [www.betashares.com.au/super](http://www.betashares.com.au/super)

# Bendigo SmartStart Request to Transfer Form

# Bendigo Superannuation

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Use this form to transfer some or all of your super balance from another superannuation fund to Bendigo SmartStart Super or Bendigo SmartStart Pension. This form will NOT change the fund to which your employer pays your contributions. If you would like your employer to make contributions into this account, you must complete the Standard Choice Form which is available on our website.

Please complete this form in **black** or **blue** ink using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

\* Indicates a **mandatory field**. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

## Step 1 Member personal details

Member number (if known)	<input type="text"/>	Title	<input type="text"/>
Surname*	<input type="text"/>	Given name(s)*	<input type="text"/>
Other/previous names#	<input type="text"/>		
Home Phone*	<input type="text"/>	Work Phone	<input type="text"/>
Mobile*	<input type="text"/>		
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:* Male	<input type="checkbox"/> Female <input type="checkbox"/>

Under the Superannuation Industry (Supervision) Act 1993, Bendigo Superannuation Pty Ltd (Bendigo Super) is authorised to collect your tax file number (TFN), which will only be used for legal purposes and in accordance with the law. You should read Bendigo Super's privacy policy, available at [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy), which contains information about how we deal with personal information including the TFN. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you do not provide your TFN, tax penalties may apply. Your FROM fund may also require your TFN to process the transfer.

TFN

### Current residential address (PO Box is not acceptable)

Residential address*	<input type="text"/>															
	<input type="text"/>															
Town/Suburb*	<input type="text"/>										State*	<input type="text"/>	Postcode*	<input type="text"/>		

### Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Residential address	<input type="text"/>															
Town/Suburb	<input type="text"/>										State	<input type="text"/>	Postcode	<input type="text"/>		

# If you have recently changed your name, please provide a certified copy of a Marriage Certificate, Deed Poll or Change of Name certificate from the Births, Deaths and Marriage Registration Office.

## Step 2 Fund details

If you have multiple superannuation accounts, you must complete a separate form for each account you wish to transfer.

**Important note:** Please ensure you contact your FROM fund to obtain information about any fees (including exit or withdrawal fees) that may apply. If you chose to leave your FROM fund, you may also lose any insurance entitlements (such as death and disability benefits) you have.

### a) FROM

Fund name*																															
Fund administrator																															
Fund address*																															
Town/Suburb*																					State*			Postcode*							
Fund phone number											Member/account number *																				
Fund Australian Business Number (ABN)*																															
<b>*Please also complete ONE of the following:</b>																															
Unique Super Identifier (USI)																															
Electronic Service Address (ESA) for Self Managed Super Funds only																															

### b) TO

Fund name **Bendigo SmartStart (Bendigo SmartStart Super and Bendigo SmartStart Pension both form part of The Bendigo Superannuation Plan)**

Fund phone number **1800 033 426**

Member number (if known)

Australian Business Number (ABN) **57 526 653 420** Unique Superannuation Identifier **STL0050AU**

### c) Amount to be transferred (If you do not make a selection your request will be treated as a whole balance transfer)

☐ Whole balance (account in the FROM fund will be closed)

**OR**

☐ Partial balance      \$  ,  ,  .

### Step 3 Member declaration

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I authorise Bendigo Super to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I understand and acknowledge the implications of transferring my benefit from my superannuation provider of my FROM fund into Bendigo SmartStart Super or Bendigo SmartStart Pension, including loss of any insurance cover held in my FROM fund.
- I authorise Bendigo Super to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension (subject to legislative restrictions).
- I understand that a Capital Gains Tax ('CGT') liability may arise and be deducted from my benefit prior to the transfer.
- I consent to my Tax File Number (TFN) being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I am aware I may ask the superannuation provider of my FROM fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I authorise the superannuation provider of my FROM fund to provide Bendigo Super with all relevant details of my membership, a copy of my rollover benefit statement and any other information required by law to affect this transfer.

I request and consent to the transfer of superannuation, as described above, and authorise the superannuation provider of each fund to give effect to this transfer.

\* Name (Print in CAPITAL LETTERS)

Signature#

Date

 /  / 

If you are under 18 we require a parent/guardian to sign this form here:

Parent/  
guardian  
signature#

Date

 /  / 

Parent/guardian  
full name:

**#If you are signing on behalf of the applicant, please provide a certified copy of Guardianship papers or Power of Attorney.**

#### Contact details:

Bendigo Superannuation Pty Ltd

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Fax: 03 6215 5800

Email: [super@betashares.com.au](mailto:super@betashares.com.au)

Website: [www.betashares.com.au/super](http://www.betashares.com.au/super)

# Bendigo SmartStart

## Member Advice Fee Form

# Bendigo

## Superannuation

Use this form to add, change or renew a Member Advice Fee, as negotiated with your financial adviser, for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

By completing this form, you are providing us with written consent for advice fees to be deducted from your super and/or pension account. You may withdraw your consent at any time by notifying us in writing.

Advice fees can only be deducted from your super and/or pension account if they relate to advice you receive about your super or pension benefits, insurance cover held within super, and/or investments.

A separate form will need to be completed for each account you hold in Bendigo SmartStart Super and/or Bendigo SmartStart Pension.

### Step 1 Member details

Member number	<input type="text"/>						
Title	<input type="text"/>	Surname	<input type="text"/>				
Given name(s)	<input type="text"/>						
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 2 Advice fees

I want to: (Tick one)

- ☐ Set up a new Member Advice fee – One-off (complete Section A)
- ☐ Set up or change Member Advice Fee- Ongoing\* (complete Section B)
- ☐ Renew my existing Ongoing Member Advice Fee arrangement\* (complete Section C)

#### Section A – Member Advice Fee – One off

As agreed with my nominated financial adviser, I consent to the below one off fee to be deducted from my account for financial advice.

\$  ,    .   (max \$5,500 inclusive of GST per request)

Please select the services being provided (required for Bendigo SmartStart Super and Bendigo SmartStart Pension):

- |   |  |
|---|--|
| <input type="checkbox"/> Review of your account               | <input type="checkbox"/> Strategic superannuation advice |
| <input type="checkbox"/> Investment advice on your account    | <input type="checkbox"/> Contribution strategy           |
| <input type="checkbox"/> Insurance in superannuation strategy | <input type="checkbox"/> Withdrawal advice               |

#### Section B – Member Advice Fee – Ongoing

Commencement date^  /  /

Consent end date (required)  /  /

\*the commencement date must be a future date or the date we accepted and processed the form, whichever is later.

The consent end date is the date when all ongoing Member Advice Fees will end if we have not received your annual consent to continue. Your consent to an ongoing Member Advice Fee arrangement ends 150 days after the next anniversary date.

#### Percentage-based

% Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance.

Your adviser has estimated a fee of \$

This Member Advice Fee will be calculated daily by applying the percentage above against your daily account balance, deducted monthly from your account and paid to your financial adviser.

OR

### Dollar-based

\$ , . Up to a maximum of \$5,500 per annum (inclusive of GST) of your account balance.

This Member Advice Fee will be pro-rated based on the number of days in the month, deducted monthly from your account and paid to your financial adviser.

### Section C - Renew existing Ongoing Member Advice Fee arrangement

I consent to renew my Ongoing Member Advice Fee arrangement as per below:

Consent end date	/	/		
------------------	---	---	--	--

### Percentage-based

% Up to a maximum of 2.2% per annum (inclusive of GST) of your account balance.

Your adviser has estimated a fee of \$

This Member Advice Fee will be calculated daily by applying the percentage above against your daily account balance, deducted monthly from your account and paid to your financial adviser.

**OR**

### Dollar-based

\$ , . Up to a maximum of \$5,500 per annum (inclusive of GST) of your account balance.

This Member Advice Fee will be pro-rated based on the number of days in the month, deducted monthly from your account and paid to your financial adviser.

\*If you are invested in the Bendigo MySuper investment option, we cannot deduct any ongoing Member Advice Fees.

### Step 3 Adviser details & declaration

[illegible]

AFSL number \_\_\_\_\_ Dealer code \_\_\_\_\_

[illegible]

Adviser code

I confirm that fees have been fully explained to the member and that any advice fees charged to their Super and/or Pension accounts relate only to advice about the member's superannuation or pension benefits, insurance and/or investments in Bendigo SmartStart.

Adviser signature

Date \_\_\_\_\_

11/11/2019 11:11:11 AM

## Step 4 Member declaration

I have read and understood Bendigo Superannuation Pty Ltd's (Bendigo Super) Privacy Policy which is available at [www.betashares.com.au/privacy-policy](http://www.betashares.com.au/privacy-policy) and agree that Bendigo Super and Betashares Group may collect, use and disclose my personal information for the purposes of administering my account and providing relevant services to me in accordance with the law.

In accordance with terms that I have agreed with my financial adviser, I consent to the deduction of the one-off or ongoing (as applicable) Member Advice Fee(s) from my account for financial advice, in accordance with the selection I have made in this form (see above). I authorise Bendigo Super to charge the selected Member Advice Fee against my account. This fee, if charged on my super and/or pension account is for advice I have or will receive about my superannuation/pension benefits, insurance and investments.

Any agreed Member Advice Fee will be charged to my account and paid in full to the financial adviser, until (as applicable) I instruct Bendigo Super in writing to cease payment, the one-off fee is paid or my ongoing Member Advice Fee consent expires or is withdrawn.

Where I have chosen to deduct ongoing fees from my super and/or pension account, I understand the consent for Bendigo Super to pay the ongoing Member Advice Fee to my adviser will cease 150 days after the next anniversary date for my ongoing fee arrangement, unless I have provided new written consent for this to be renewed or canceled earlier.

I understand I can withdraw my consent for the ongoing fee arrangement at any time by notifying my adviser or Bendigo Super in writing.

In relation to electronic instructions (email, fax) from me, I agree and acknowledge that Bendigo Super:



- Will not accept electronic instructions unless it is accompanied by my scanned or faxed signature;
- Is not responsible for any loss or delay that results from a transmission not being received by Bendigo Super;
- Will only process electronic instructions if they are received in full and have been fully signed by me;
- Will not accept a receipt confirmation from the sender's facsimile machine or computer as evidence of receipt of the instruction's unless the confirmation receipt clearly applies, on its face, to the specific instructions transmitted electronically (e.g. these instructions appear on the same page as the confirmation) and is not able to be tampered with;
- Will not compensate me for any losses relating to electronic instructions except to the extent of any negligence or bad faith on the part of Bendigo Super, unless required by law; and
- Does not take responsibility for any fraudulently or incorrectly completed or signed electronic instructions. In the event of any such fraud, I agree to release Bendigo Super from, and indemnify Bendigo Super against, all losses and liabilities whatsoever arising from Bendigo Super acting reasonably in good faith in accordance with any instructions received electronically bearing my member number and a signature purportedly mine.

Member Signature

Date

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**Contact details:**

Bendigo Superannuation Pty Ltd

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Email: [super@betashares.com.au](mailto:super@betashares.com.au)

Website: [www.betashares.com.au/super](http://www.betashares.com.au/super)

The trustee of Bendigo Superannuation Plan ABN 57 526 653 420 is Bendigo Superannuation Pty Ltd ABN 23 644 620 128 AFSL 534006.

## Contact us

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**On the phone** 1800 033 426

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**Email** [super@betashares.com.au](mailto:super@betashares.com.au)

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**Online** [www.betashares.com.au/super](http://www.betashares.com.au/super)

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