



# 1. Member details (continued)

## Residential address (mandatory)

unit number	street number
<input type="text"/>	<input type="text"/>
street name	
<input type="text"/>	
suburb (if relevant) <b>OR</b> city	
<input type="text"/>	
state	postcode
<input type="text"/>	<input type="text"/>
country	
<input type="text"/>	
phone (business hours)	mobile
<input type="text"/>	<input type="text"/>
email address	
<input type="text"/>	

By providing my email address, I agree to receive any information about my investment (such as transaction confirmations, statements, reports and other materials or notifications required by the Corporations Act) electronically. This may include email notifications advising me when new information regarding my investment is available for viewing online, via hyperlink or via Perpetual Member Portal. I acknowledge you may still need to send me information by mail from time to time.

## Postal address (if different to residential address)

c/- (if applicable)	<input type="text"/>		
po box	unit number	street number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
street name			
<input type="text"/>			
suburb (if relevant) <b>OR</b> city			
<input type="text"/>			
state	postcode		
<input type="text"/>	<input type="text"/>		
country			
<input type="text"/>			

# 2. Employment status

Your application cannot be processed if this section has not been completed.

- I am retired after having reached 60 years of age (or have met another condition of release that allows access to my superannuation benefits).
- I have reached 60 years of age but have not retired and I would like to open a 'transition to retirement' (TTR) pension within the Pension Plan.

### 3. Contribution/rollover details

Please refer to the PDS for information about eligibility, including the transfer balance cap.

**Source of funds being invested (select most relevant option)**

retirement savings <input type="checkbox"/>	employment income <input type="checkbox"/>	business activities <input type="checkbox"/>	sale of assets <input type="checkbox"/>
inheritance/gift <input type="checkbox"/>	financial investments <input type="checkbox"/>	other <input style="width: 100%;" type="text"/>	

**Transfer from WealthFocus Super Plan**

account number

Amount to be transferred

entire balance as a product transfer from WealthFocus Super Plan to the same investment options and allocation in WealthFocus Pension Plan

To receive the waiver of buy/sell spreads you need to transfer to the same investment options in the same amounts as you are currently invested in WealthFocus Super Plan. Do not complete the initial investment column in the 'Investment allocation' section unless you have additional rollovers and/or contributions. If you select product transfer and have completed the initial investment column in the 'Investment allocation' section, the waiver of buy/sell spreads will apply to the transferred amounts from WealthFocus Super Plan and the investment strategy as indicated in that section will be applied only to any additional amounts received for you, which will be subject to the relevant buy/sell spreads.

or

partial amount \$  from  investment option

**Transfer from another super or pension fund**

Please provide the details below. You will also need to complete the 'Transfer authority' form for each rollover being requested. Please indicate below the amount of your rollover.

Previous institution	Policy/Account number	Approximate amount
		\$
		\$
		\$
		\$
		\$
<b>Total</b>		\$

We will only commence your pension after we have received all the rollovers listed above.

### 3. Contribution/rollover details (continued)

**Contributing ordinary (non-superannuation) money.**

Please indicate below the amount of your contributions. These funds will be invested initially in the Perpetual Cash investment option in Perpetual WealthFocus Super Plan and on the same day invested in the Pension Plan according to your investment instructions in the 'Investment allocation' section.

**Contribution eligibility and limits**

Please refer to the WealthFocus Super Plan PDS for information about contribution eligibility and limits. You should speak to your financial adviser about the contribution limits when considering your situation. Contributions made in excess of the limits will attract additional tax.

Contribution type	Amount	Further details
personal contribution	\$	If you are eligible and intend to claim a tax deduction on these contributions you will also need to complete 'Are you claiming a tax deduction for any personal contributions?' below.
spouse contribution	\$	
downsizer contribution	\$	You will also need to complete a 'Downsizer contribution into superannuation' form (available from the ATO).
CGT contribution	\$	You will also need to include a completed 'Capital gains tax cap election' form (available from the ATO).
personal injury payment	\$	You will also need to include a completed 'Contributions for personal injury election' form (available from the ATO).
Covid-19 recontribution	\$	You will also need to include a completed 'Notice of re-contribution of COVID-19 early release amounts' form (available from the ATO).
<b>Total</b>	<b>\$</b>	

**Are you claiming a tax deduction for any personal contributions?**

Please refer to the WealthFocus Super Plan PDS for information about your eligibility to claim a tax deduction for your personal contributions.

If no selection is made we will assume you will not be claiming a tax deduction for this amount.

yes, please specify dollar amount of deduction. This is your notice to us of the amount you intend to claim as a tax deduction in relation to section 290–170 of the Income Tax Assessment Act 1997. We will deduct 15% contributions tax from the amount indicated in the next column. We will send you an acknowledgement of the amount you are claiming which you will need to keep for tax purposes.

\$

(If no amount is indicated, we will assume you are claiming the full amount as a deduction.)

no

By completing this section you confirm that you have read, understood and agree to be bound by the terms and conditions of the WealthFocus Super Plan PDS.

## 4. Features

Indicate which optional features you would like applied to your account.

<b>Auto-rebalancing</b>			
	yes	<input type="checkbox"/>	quarterly (default) <input type="checkbox"/> no <input type="checkbox"/>
			half-yearly <input type="checkbox"/>
			yearly <input type="checkbox"/>
<b>Nomination of beneficiary</b>			
If you would like to nominate a beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form.			
	yes	<input type="checkbox"/>	no <input type="checkbox"/>
<b>Nomination of reversionary beneficiary</b>			
If you would like to nominate a reversionary beneficiary to receive your benefit on death complete the 'Nomination of beneficiary' form.			
	yes	<input type="checkbox"/>	no <input type="checkbox"/>
<b>Adviser online access</b>			
Note: your financial adviser can access information about your account online (and may extend to their authorised delegates the same level of online access you have determined for your adviser)			
	view & transact (default)	<input type="checkbox"/>	view only <input type="checkbox"/>
<b>Investment information to be sent in the mail</b>			
Note: most of your investment information is also available online through Perpetual Member Portal			
	online only (default)	<input type="checkbox"/>	online and mail <input type="checkbox"/>
<b>Annual report to be sent in the mail</b>			
Note: the annual report is also available at <a href="http://www.perpetual.com.au">www.perpetual.com.au</a>			
	no (default)	<input type="checkbox"/>	yes <input type="checkbox"/>
<b>Marketing material</b>			
If you would like to receive investment education material and be informed about our products, services and offers			
	yes (default)	<input type="checkbox"/>	no <input type="checkbox"/>

For each optional feature you have elected, please ensure you have read and understood the relevant section in the PDS for that feature.

## 5. Investment allocation

Investment options	short code	investment strategy
	ABP	%
<b>Cash</b>		
Perpetual Cash	APCA	%
<b>Fixed income and credit</b>		
Perpetual Diversified Income	PIPDIN	%
Schroder Fixed Income	PIPDAB	%
Vanguard Australian Fixed Interest Index	PIVGY	%
<b>Property &amp; Infrastructure</b>		
Lazard Global Listed Infrastructure	PIPLGL	%
Vanguard Australian Property Securities Index	PIVGP	%
<b>Australian shares</b>		
Ausbil Australian Active Equity	PIPUBA	%
Fidelity Australian Equities	PIPFID	%
Investors Mutual Australian Share	PIPIMA	%
Perpetual Australian Share	APAS	%
Perpetual Concentrated Equity	PIPCEF	%
Perpetual ESG Australian Share	PIPSRF	%
Perpetual Geared Australian (maximum 30%)	PIPGAF	%
Perpetual Industrial Share	APIS	%
Perpetual SHARE-PLUS Long-Short	PIPSPF	%
Perpetual Smaller Companies	APSC	%
Vanguard Australian Shares Index	PIPVGA	%

Investment options	short code	investment strategy
	ABP	%
<b>International shares</b>		
Barrow Hanley Global Share	APIT	%
MFS Global Equity	PIPMFG	%
Perpetual Global Allocation Alpha	APSG	%
T. Rowe Price Global Equity	PIPTRP	%
Vanguard International Shares Index	PIPVIS	%
Vanguard International Shares Index (Hedged)	PIPVGI	%
Vinva Global Alpha	PIPAAI	%
<b>Multi Asset – conservative</b>		
Perpetual Conservative Growth	APCG	%
<b>Multi Asset – balanced</b>		
Perpetual Diversified Growth	APDG	%
Perpetual Diversified Real Return	PIPDRR	%
<b>Multi Asset – growth</b>		
BlackRock Tactical Growth	PIPUBB	%
Perpetual Balanced Growth	APBG	%
<b>Total</b>		<b>100%</b>

## 6. Pension payment details (must be completed)

I would like to receive my pension payments:

monthly
  quarterly
  half yearly
  yearly

I would like my pension payment amount to be:

minimum
  maximum (only applicable to TTR pensions) or  
 specify an amount (before tax) of: \$  pa or \$  per payment

I would like to receive my first pension payment on the:

27th of  (month)  (year)  
 (subject to all documents being received seven business days in advance)

I would like my specified payments to automatically increase each year (not applicable to TTR pensions):

no  
 yes, by an amount of 1%  2%  3%  4%  5%  
 yes, in line with CPI

## 7. Payment bank account details

Please provide your bank account into which all payments are deposited. The account can be in your name or a joint account of which you are one of the account holders.

**Bank account**



## 8. Authorised representative

Would you like to appoint an authorised representative? Before appointing an authorised representative, refer to the PDS.

no  please go to the next section

yes  please complete the details below.

If you appoint an authorised representative, they will not have access to view your investment via Perpetual Member Portal. Your authorised representative can transact using the relevant form or a letter of instruction.

### authorised representative details:

first name(s)

last name

po box  unit number  street number

street name

suburb (if relevant) **OR** city

state  postcode  country

signature of authorised representative

date  /  /

## 9. Fixed term adviser service fee

Your adviser (the fee recipient) is seeking your consent to the payment of a fixed term and/or one-off adviser service fee from your account.

The fixed term adviser service fee will commence on the start date you specify below and will end a maximum of 12 months later.

Fixed term adviser service fees are calculated on your investment balance at the end of each month and paid monthly by withdrawal of units at the end of each month.

The maximum one-off adviser service fee payable is 3% of your account balance. The maximum total fixed term adviser service fee payable is 3% per annum of your account balance.

### Fixed term adviser service fees (including GST)

Start date  /  /  (maximum 60 days from the date this form is signed)

Amount (including GST)  % (The maximum fixed term adviser service fee is 3% pa of your account balance)

The fixed term adviser service fee is to be paid as a deduction based on your investment strategy.

Based on your current account balance, an estimate of the adviser service fee payable over the fixed term is \$

An explanation of the method used to workout the estimate.

### one-off adviser service fee (including GST)

\$

The one-off adviser service fee is to be paid as a deduction based on your investment strategy.

**Important:** Units are redeemed from your account on the day we receive this consent form and the advice fee is paid to your financial adviser the following month. You may withdraw your consent up until the end of the month in which you provide this form. If you do so, the advice fee will be credited to your account at the unit price effective on the date you withdraw your consent. Any instruction received after 3pm will be processed on the following business day.

The maximum one-off fee is 3% of your account balance.

**Services provided for the above fee**

Services must relate to personal financial advice provided in relation to your Pension account.

Please outline or attach the services that the account holder is entitled to receive for the fixed term and/or one-off adviser service fee. These must fall within the range of services listed below. Please indicate below if using an attachment.

Advisers are able to charge adviser service fees for the following services provided in relation to your Perpetual WealthFocus Pension Plan account:

- account establishment and commencement
- periodic review of your account
- strategic superannuation advice
- management and administration of your account
- superannuation investment portfolio advice
- superannuation contribution strategy
- insurance in superannuation strategy
- superannuation withdrawal advice and management

We can refuse a request to pay adviser service fees under a fixed term fee arrangement or a one-off fee.

## 10. Special instructions


## 11. Financial adviser use only

### Financial adviser details, personal advice and adviser service fee


I declare to the Trustee and the Promoter that:

- my registered business or dealer group (as the case may be) is lawfully authorised to advise on, and deal in, the financial product offered in the PDS under an Australian Financial Services Licence (AFSL). In providing personal advice in relation to the financial product(s) requested under this Application Form, I have considered the Target Market Determination for the financial product(s) as part of providing the personal advice.
- I will advise the Trustee/Promoter in writing when my relationship with my client is terminated.

Where a fixed term adviser service fee has been agreed with the member (see the 'Fixed term adviser service fee' section of this application form):

- I will promptly notify the Trustee in writing if I am no longer entitled to receive the adviser service fee.
- I consent to the Trustee acting as my agent to collect any adviser service fee agreed in the 'Fixed term adviser service fee' section of this application form.
- I confirm that the services to be provided to the account holder for the fixed term fee arrangement or one-off fee arrangement fall within the range of services listed, for which advisers are able to charge adviser service fees.

financial adviser name																	
phone (business hours)						phone (after hours)											
mobile						fax											
postal address																	
email																	
AFSL licensee name																	
AFSL number																	
adviser number																	
or dealer group																	
dealer branch																	
financial adviser signature											date		/		/		



## 12. Declaration and signature (must be completed)

I declare and agree that:

- I have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for WealthFocus Pension Plan and confirm I accept this offer in Australia
- all of the information provided in my application is true and correct
- I have read, understood and agree to be bound by, any additional restrictions in the PDS and any incorporated material and I agree to be bound by the provisions of the Trust Deed (as amended from time to time)
- I have read and understood the privacy disclosure as detailed in the PDS. I consent to my personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I consent to the Trustee disclosing this information to my financial adviser (named in this form) in relation to the investments described in this form. Where the financial adviser named in this form no longer acts on my behalf, I will notify the Trustee of the change
- if I have received the PDS from the internet or other electronic means that I received it personally or a print out of it, accompanied by or attached to this application form
- If applicable, in the case of contributions, that I have:
  - read and understood the contribution eligibility rules in the WealthFocus Super Plan PDS and that I am eligible to make or have contributions made for my benefit
  - met a condition of release
  - not yet lodged my income tax return for the current year of income and not yet commenced a superannuation income stream based in whole, or part, on the contributions for which I am claiming a personal tax deduction
- where I have agreed to pay my financial adviser an adviser service fee, this fee is for financial advice received relating to my investment in the Pension Plan
- I have provided my financial adviser with acceptable identification documentation as described in the following section OR I am not investing through a financial adviser, and therefore have included certified copies of acceptable identification documentation as described in the following section.

I acknowledge and agree that:

- the fixed term adviser service fee specified in the 'Fixed term adviser service fee' section of this form will be deducted for a maximum of 12 months from when the fixed term adviser service fee commences. Consent may be withdrawn (terminating the fixed term adviser service fees arrangement) or varied at any time during the fixed term adviser service fee arrangement by notice in writing to my financial adviser or the Trustee
- the fixed term adviser service fee arrangement may continue where the Trustee is advised by the outgoing AFS licensee or financial adviser that the services under the fixed term adviser service fee arrangement are to be provided by a new AFS licensee or financial adviser and that I have consented to that transfer
- the information contained in the PDS is not investment advice or a recommendation that the Pension Plan and/or any investment option is suitable having regard to my investment objectives, financial situation or particular needs
- the Trustee is required to provide information, including my TFN, to the Australian Taxation Office (ATO) and will obtain information from the ATO in relation to my superannuation account
- the Trustee may be required to pass on my personal information or information about my investment to the relevant regulatory authorities, including for compliance with income tax law and the Anti-Money Laundering and Counter-Terrorism Act 2006 or associated regulation and any tax-related requirements for tax residents of other countries
- the Trustee may contact me where required by using the email address provided on the application form. I will notify the Trustee of any change to my email address. I understand that failure to advise such a change may result in me not receiving correspondence relating to my investment
- neither the Trustee, PIML, nor any of their related entities guarantees the repayment of capital or the performance of the Pension Plan or any investment option.

Before you sign this application form, the Trustee or financial adviser is obliged to give you a PDS (which is a summary of important information relating to the Pension Plan). The PDS will help you to understand the product and decide if it is appropriate to your needs.

signature of member		date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
print name				

### Perpetual Geared Australian Share investment option

(You must read and tick the boxes below if you have chosen to invest in the Perpetual Geared Australian Share investment option)

- I have thoroughly read the 'Understanding investment risk' section of the PDS and the 'Investment limits' section of the Investment Menu. I understand the greater risks associated with my selection of the Perpetual Geared Australian Share investment option and that it has a suggested investment timeframe of seven years or more.

I acknowledge and accept that, if the value of my investment in the Perpetual Geared Australian Share investment option has risen above or fallen below my nominated percentage allocation (or the default percentage allocation if I do not make a nomination) at my nominated review date (or the default frequency if I do not make a nomination) it will be automatically rebalanced to my nominated percentage allocation (or default percentage allocation) across my investments. I acknowledge that the buy/sell spread will apply to this rebalancing transaction.

**Important notes:**

- If signing under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power. The power of attorney, or a certified copy, must be sent to us, if not previously provided.
- The Trustee has the absolute discretion to accept or reject any application.
- Members should retain a copy of the PDS and relevant incorporated material.
- A business day is a working day in Sydney.

**Final checklist**

Have you

- Completed all sections of your application form?
- Signed your application form?
- If required, completed a tax file number declaration form?
- Provided your financial adviser with your customer identification documents requested in this application form?
- OR if you don't have a financial adviser have you enclosed your certified customer identification documents?

Please send your completed application form to:

**Perpetual WealthFocus Super and Pension**  
**Reply Paid 92151**  
**Parramatta NSW 2124**

### 13. Identification verification (must be completed)

The identity documentation requested below is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your application without this information.**

#### Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are applying directly with us** - You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** - You may provide a certified copy with your application OR have your financial adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

#### PART I – Primary ID documents

**Provide ONE of the following:**

- current Australian State/Territory driver's licence containing your photograph
- Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- current foreign passport or similar travel document containing your photograph and signature

OR

#### PART II – should only be completed if you do not own a document from Part I

**Provide ONE of the following:**

- Australian birth certificate
- Australian citizenship certificate
- concession card such as a pension, health care or seniors health card issued by Services Australia (excludes Medicare cards)

**AND provide ONE valid document from the following:**

- a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

#### PART III – should only be completed if you do not own document(s) from Part I OR Part II

**BOTH documents from this section must be provided**

- foreign driver's licence that contains a photograph of you and your date of birth
- national ID card issued by a foreign government containing your photograph and your signature

*Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

## How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018 (Cth).

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

### IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents **OR**
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

## Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1		Document 2	
verified from	<input type="checkbox"/> original	<input type="checkbox"/> certified copy	<input type="checkbox"/> original	<input type="checkbox"/> certified copy
document name/type	<input type="text"/>		<input type="text"/>	
document issuer	<input type="text"/>		<input type="text"/>	
issue date	<input type="text"/>		<input type="text"/>	
expiry date	<input type="text"/>		<input type="text"/>	
document number	<input type="text"/>		<input type="text"/>	
accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted	<input type="checkbox"/> N/A	<input type="checkbox"/> sighted

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- I will not knowingly do anything to put the Trustee or the Promoter in breach of the AML/CTF Laws
- I will notify the Trustee or the Promoter immediately if I become aware of anything that would put the Trustee or the Promoter in breach of the AML/CTF Laws
- the information provided in relation to residency status for tax purposes is reasonable considering the identity documentation provided.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>



# Nomination of beneficiary

Use this form to make a nomination of beneficiary for your superannuation benefits to be paid upon your death. This is an optional feature.

Please complete all pages of this form in black ink using BLOCK letters. Mark boxes with an (X) where applicable.

## 1. Personal details

<p>Title</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="text"/></p> <p>first name(s)</p> <p><input type="text"/></p> <p>last name</p> <p><input type="text"/></p> <p>member number</p> <p><input type="text"/></p>	<p>If you have more than one account held in Perpetual WealthFocus Super Plan and Pension Plan, please list the member numbers that this nomination applies to below.</p> <p><input type="checkbox"/> This nomination is to apply to all my existing Perpetual WealthFocus Super Plan and Pension Plan accounts, or</p> <p><input type="checkbox"/> This nomination applies to the member numbers listed below:</p> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<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"/>	<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"/>
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## 2. Nomination

We offer the following options for nominating a beneficiary to receive your superannuation benefit in the event of your death:

- A **reversionary beneficiary nomination** where your pension will generally revert to your nominated beneficiary automatically on your death provided they are a 'dependant' for tax purposes at that time.
- A valid **binding nomination** is a legal instruction, whereby the Trustee is legally obligated to pay your superannuation benefits according to the binding nomination.
  - A **non-lapsing binding nomination** does not expire (it will continue until further instructed).
  - A **lapsing binding nomination** is valid for three years after it was signed by the member. A new form must be signed and delivered to the Trustee if you wish to continue your nomination. If no valid nomination is made the Trustee will pay your benefit to a dependant(s) or your Legal Personal Representative. Your binding lapsing nomination will also cease to have effect if you subsequently marry, remarry or divorce.

To be effective, you must sign your binding nomination before two witnesses who are each at least 18 years old, and who are not nominated as a beneficiary.

- A **non-binding nomination** is simply your recommendation to the Trustee as to whom it may pay your superannuation benefit. It is not binding on the Trustee, and the Trustee will use discretion when determining who to pay benefits to. This type of nomination does not require witness signatures.

**Nomination type:**  reversionary beneficiary  non-lapsing binding  lapsing binding  non-binding  
(only choose one)

**IMPORTANT** – before you complete the following table:

- If this **nomination requires witnessing**, please post this form as we need an **original form – please do not send via email**.
- To establish a valid nomination ensure **no alterations** are made on this form.
- Column **D in the table (Share of death benefit) must total 100%**.
- You can nominate your legal personal representative or one or more of your dependants as defined under Superannuation Law.

If you have insufficient room to list all beneficiaries, please complete an additional 'Nomination of beneficiary form' and attach to this form.

A) Nominated beneficiary (full name)	B) Relationship to you	C) Date of birth	D) Share of death benefit
<b>Legal Personal Representative (Your Estate)</b>	N/A	N/A	<input type="text"/> %
first name(s) <input type="text"/> last name <input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependent <input type="checkbox"/> financial dependant	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
first name(s) <input type="text"/> last name <input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependent <input type="checkbox"/> financial dependant	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
first name(s) <input type="text"/> last name <input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> interdependent <input type="checkbox"/> financial dependant	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %
		<b>TOTAL</b>	<b>100%</b>

### 3. Declaration

By making the nomination in this form, I understand that I must send this form to the Trustee.

**Reversionary beneficiary nomination, binding and non-binding nominations:**

- I understand that when this form is accepted by the Trustee, it will replace and revoke any existing nominations. I understand that I can revoke, amend, or make a new beneficiary nomination by completing another form.
- Where I have made **binding nominations**, I direct the Trustee to distribute the benefit payable to me in the event of my death in accordance with this form. I understand this nomination will be binding on the Trustee only if validly completed. I agree that the Binding Benefit Nomination Rules in the trust deed apply to my nomination.
- Where I have made **non-binding nominations**, I recommend the Trustee exercise discretion to distribute the benefit payable to me in the event of my death by considering the beneficiaries named in this form. I understand this nomination is not binding on the Trustee.

**Signature of member (in black ink)**

**Note: This form cannot be signed under Power of Attorney**

<input type="text"/>	
full name	declaration date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

**Witness declaration (required for all binding nominations and where an existing binding nomination is being revoked or replaced with a non-binding nomination)**

**Witness 1**

I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.

full name

date\*

 /  / 

**\*In order to make a valid nomination, the witness date and declaration date MUST be the same.**

**Witness 2**

I declare that I am over the age of 18 and this nomination was signed by the member in my presence and the presence of the other witness on the declaration date.

full name

date\*

 /  / 

**\*In order to make a valid nomination, the witness date and declaration date MUST be the same.**

**IMPORTANT – For nominations that require witnessing:**

- We require an **original** form – only post this form, please do not send via email.
- This form must be signed by the member and both witnesses **at the same time**.

**Checklist**

**Please note this form cannot be accepted if alterations are made. In the event of an error please complete a new 'Nomination of beneficiary form'.**

**To ensure that your nomination is processed correctly, please check you have:**

- completed all of your personal details and your beneficiaries' details
- in section 2, column D (Share of death benefit) written amounts that total to 100%
- signed and dated the declaration
- your two witnesses' completed details and signatures (where required – see above)

**Nominations requiring witnessing must be mailed to:**

Perpetual WealthFocus Super and Pension  
Reply Paid 92151  
Parramatta NSW 2124

**Nominations not requiring witnessing can also be emailed to:**

superandpension@perpetual.com.au

**Beneficiary nominations**

To receive the death payment, your nomination must be one of the following categories at the date of your death:

- your spouse (legal, same sex or opposite sex de facto)
- your child (including an adopted, step or ex-nuptial child or a child of your spouse)
- in an interdependency relationship with you. An interdependency relationship exists between two people if they have a close personal relationship, live together and one or each of them provides the other with financial support, domestic support and personal care. If a close personal relationship exists but the other requirements for interdependency aren't satisfied because of a physical, intellectual or psychiatric disability, then there is also an interdependency relationship
- a person who is wholly or partially financially dependent on you
- your Legal Personal Representative (LPR). Your LPR is a person who is the executor of your will or an administrator of your estate.

**Your Privacy**

Privacy laws apply to our handling of personal information.

We will collect, use and disclose your personal information in accordance with our privacy policy. You have a right to seek access to information which we hold about you, although there are some exceptions to this.

The applicable privacy policies are publicly available at <https://www.eq.com.au/global/privacystatement> and [www.perpetual.com.au/wealthfocus-pension-updates](http://www.perpetual.com.au/wealthfocus-pension-updates) or you can obtain a copy free of charge by contacting us.



# Transfer authority

## 1. Applicant details

You must complete a separate transfer authority for each fund you are transferring from.

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>	date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		
first name(s)	<input type="text"/>													
last name	<input type="text"/>													
tax file number (TFN) <sup>1</sup>	<input type="text"/>													
<small><sup>1</sup> You are not obliged by law to disclose your TFN, but there may be tax consequences if you do not provide it.</small>														
gender	male <input type="checkbox"/>	female <input type="checkbox"/>												
phone (business hours)	<input type="text"/>						phone (after hours)	<input type="text"/>						
phone (mobile)	<input type="text"/>													
residential address	<input type="text"/>													
suburb (if relevant) or city	<input type="text"/>						state	<input type="text"/>			postcode	<input type="text"/>		
country	<input type="text"/>													
If the address held by your 'FROM' fund is different to your current address, please give details below.														
previous address	<input type="text"/>													
suburb (if relevant) or city	<input type="text"/>						state	<input type="text"/>			postcode	<input type="text"/>		
country	<input type="text"/>													

## 2. Fund details

FROM (old fund)	TO (new fund)
fund name	fund name Perpetual WealthFocus
	Superannuation Fund – Pension
fund postal address	fund phone number 1 8 0 0 0 1 1 0 2 2
fund phone number	client number (if known)
membership or account number	account number (if known)
Australian business number (ABN)	Australian business number (ABN) 4 1 7 7 2 0 0 7 5 0 0
Unique superannuation identifier	Unique superannuation identifier P E R 0 4 0 3 A U

### Transfer amount

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of  the total value or  partial value

of my benefit in the above superannuation fund or policy to:

**Equity Trustees Superannuation Limited , Perpetual WealthFocus Pension Plan, Reply Paid 92151, Parramatta NSW 2124**

## 3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- consent to my TFN being disclosed for the purposes of consolidating my superannuation benefits
- discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my 'TO' fund.

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.

first name(s)	<input type="text"/>
last name	<input type="text"/>
signature	<input type="text"/>
date	<input type="text"/> / <input type="text"/> / <input type="text"/>



## Perpetual WealthFocus Pension Plan

Product Disclosure Statement issue number 18 dated 10 November 2025

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458

# Compliance letter

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual WealthFocus Pension Plan is part of a complying fund.

To Whom It May Concern,

Level 14, Angel Place  
123 Pitt Street  
Sydney NSW 2001  
Australia

[www.perpetual.com.au](http://www.perpetual.com.au)

### **Perpetual WealthFocus Superannuation Fund**

Australian Business Number (ABN): 41 772 007 500

RSE Registration No. R1057010

Unique Superannuation Identifier (USI): PER0403AU (Perpetual WealthFocus Pension Plan)

Perpetual WealthFocus Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 26 May 1995 (as amended) (Trust Deed). The Trustee of the Fund is Equity Trustees Superannuation Limited.

The Trust Deed of the Fund complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 and Regulations.

Yours faithfully

**As Trustee for Perpetual WealthFocus Superannuation Fund  
Equity Trustees Superannuation Limited**

### **Client Services**

Phone 1800 011 022

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757, RSE Licence L0001458, AFSL 229757) as Trustee of the Perpetual WealthFocus Superannuation Fund ('the Fund') (ABN 41 772 007 500; RSE Registration R1057010).