

# Account based pension application



Fire & Emergency Services  
**Superannuation Fund**

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## Member details

Member Number

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Given Names

Surname

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Title: Mr/Mrs/Miss/Ms/Other (*circle whichever applies*)

Date of Birth

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Home Address

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Post Code

---

Postal Address

Post Code

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Contact Number (h)

(w)

(m)

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Email Address

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## Reversionary or Spouse details (only complete if pension will be reverting)

Given Names

Surname

---

Title: Mr/Mrs/Miss/Ms/Other (*circle whichever applies*)

Date of Birth

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Home Address

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Post Code

---

Contact Number (h)

(w)

(m)

---

Email Address

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Tax File Number

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I wish to use \$  of my superannuation monies in the Fire and Emergency Services Superannuation Fund to commence an Account Based Pension.

## Investment options

I would like my pension account to be invested as follows:

Investment option	Percentage
Australian Shares option	
Cash option	
Fixed Interest option	
International Shares option	
Moderate option	
Smoothed option	
<b>Total</b> (should add up to 100%)	

Please note that if you select an investment option other than the Smoothed Option, you may not be able to transfer your money into the Smoothed Option at a later date (except in limited circumstances). Refer to the Fund's Product Disclosure Statement for more information.

## Default option

If you do not advise otherwise, your pension account will remain invested in the same manner as your existing accumulation account monies.

## Pension payment details

I would like my pension to be paid as follows:

Frequency	Amount	Date of first payment
<input type="checkbox"/> Weekly	\$	
<input type="checkbox"/> Fortnightly	\$	
<input type="checkbox"/> Monthly	\$	15th of
<input type="checkbox"/> Quarterly	\$	15th of
<input type="checkbox"/> Six monthly	\$	15th of
<input type="checkbox"/> Annually	\$	15th of



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## Nominated financial institution account

Please provide the following account details.

Name of financial institution	<input type="text"/>		
Account Name	<input type="text"/>		
BSB Number	<input type="text"/>	Account Number	<input type="text"/>

## Declaration

- I hereby apply to the Trustees of the Fire and Emergency Services Superannuation Fund to commence payment of my superannuation monies as a pension under the relevant terms and conditions contained in the Act and Regulations governing the Fund.
- I confirm that I have read and understand the Fund's Product Disclosure Statement and the Pension Product Disclosure Statement and agree to be bound by these documents.
- I understand that my personal information will be held by the Fund in order to administer and manage my superannuation. For this purpose, my personal information may pass between the Superannuation Board and its staff, professional advisers, insurers, government bodies, the employer and other parties as required, including the trustee of any other superannuation fund that my superannuation is transferred to.
- I acknowledge that if I have provided my email address in this application form, the Superannuation Board may at its discretion, use it to send information to me.
- I authorise the Superannuation Board to deduct the payments indicated from my pension account and credit them to my nominated financial institution account.
- I certify that the details provided by me in this form are true and correct.

Signature

Date

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Once completed, send this form to:

**Fire and Emergency Services Superannuation Board**  
**PO Box 513**  
**Subiaco WA 6904**