

Prime Super Income Streams Member Application Form

This form is issued together with a Product Disclosure Statement (PDS) dated 4 January 2010. The Prime Super Allocated & Non-Commutable Allocated Income Stream are a division of Prime Super, a resident regulated superannuation fund within the meaning of *Superannuation Industry (Supervision) Act 1993* (SIS). Prime Super is not subject to a direction under section 63 of SIS.



Part of your Community

Prime Super
 ABN 60 562 335 823
 RN 1000276

Trustee
 Prime Super Pty Limited
 ABN 81 067 241 016
 AFSL 219723
 RSE L0000277

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM (SAMPLE LETTERS) A B C D

1. Your Personal Details

I wish to transfer my account balance in Prime Super to the Prime Super Allocated Income Stream or the Non-Commutable Allocated Income Stream.

This Application is for: (Please Tick One) Allocated Income Stream
 or
 Non-Commutable Allocated Income Stream

Title (Please Tick One) Mr Mrs Miss Ms Dr Membership Number (If already a Prime Super member)

Surname

Given Names

Street Address

City/Town/Shire

Phone Number (BH) Phone Number (AH) Mobile

Email (UPPER and lower case where applicable)

Do you wish to Nominate a Reversionary Beneficiary? (Please Tick One) Yes No

Title (Please Tick One) Mr Mrs Miss Ms Dr Membership Number (If a Prime Super member)

Surname

Given Names

Street Address

City/Town/Shire

Phone Number (BH) Phone Number (AH) Mobile

Email (UPPER and lower case where applicable)

Date of Birth

Please supply a copy of your:
 • Drivers Licence or
 • Birth Certificate or
 • Passport. As Proof of age

(*Certified* means that the copy has been signed by a Justice of the Peace as a true copy of the original.)

Gender Male Female

State Postcode

Fax

Are you Self Employed? (Please Tick One) Yes No

Date of Birth

Gender Male Female

State Postcode

Fax

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5. Beneficiaries Note: The total allocations to all beneficiaries must add up to 100%.

You may wish to nominate beneficiaries to receive the balance of your Income Stream account should you die while a member of Prime Super.

Please note that if you have nominated a reversionary beneficiary, they will receive the benefit of your Income Stream. Beneficiaries will only be paid if there is no reversionary beneficiary or the reversionary beneficiary has died. Please refer to the PDS for further information.

Having read the PDS, I wish to nominate the following beneficiaries to receive the balance off my Income Stream account should I die and there is no reversionary beneficiary eligible to receive my benefit subject to the relevant law at the time of my death.

Beneficiary One

Title (Please Tick One) ✓		Surname		Date of Birth	
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="text" value="DDMMYYYY"/>
Given Names				Gender	
<input type="text"/>				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to you? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)					
<input type="text"/>					
Street Address / RMB / PO Box					
<input type="text"/>					
City / Town / Shire					
<input type="text"/>					
Phone Number (BH)		Phone Number (AH)		Mobile	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
State				Postcode	
<input type="text"/>				<input type="text"/>	
Fax					
<input type="text"/>					

Beneficiary Two

Title (Please Tick One) ✓		Surname		Date of Birth	
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="text" value="DDMMYYYY"/>
Given Names				Gender	
<input type="text"/>				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to you? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)					
<input type="text"/>					
Street Address / RMB / PO Box					
<input type="text"/>					
City / Town / Shire					
<input type="text"/>					
Phone Number (BH)		Phone Number (AH)		Mobile	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
State				Postcode	
<input type="text"/>				<input type="text"/>	
Fax					
<input type="text"/>					

Beneficiary Three

Title (Please Tick One) ✓		Surname		Date of Birth	
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="text" value="DDMMYYYY"/>
Given Names				Gender	
<input type="text"/>				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to you? Spouse / Defacto / Child / Financially Dependent / Interdependency Relationship / Legal Personal Representative (Please Specify)					
<input type="text"/>					
Street Address / RMB / PO Box					
<input type="text"/>					
City / Town / Shire					
<input type="text"/>					
Phone Number (BH)		Phone Number (AH)		Mobile	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
State				Postcode	
<input type="text"/>				<input type="text"/>	
Fax					
<input type="text"/>					

The Trust Deed of the Fund gives the Trustee discretion to determine who will receive your death benefit should you die while a member of the Fund. This nomination of beneficiaries is not binding on the Trustee, however, the Trustee will normally pay your death benefit to your preferred beneficiary (or Legal Personal Representative) subject to the law. You can change your nomination of beneficiary at any time. A new nomination will cancel any previous nomination of beneficiary you have made. The Trustee has the discretion to see instructions from the court if a beneficiary cannot be clearly determined.

