

Opt into the Defined Benefit Division form



Complete and return the form to your employer

When the Superannuation Officer at your workplace receives this form, they will update your payroll records.

Please use this form if you wish to commence a DBD membership and you meet all the eligibility criteria.

BEFORE COMPLETING THIS FORM

Read the *Defined Benefit Division and Accumulation 2 Product Disclosure Statement (PDS)* and information documents that form part of the PDS to ensure you understand the benefits and risks associated with membership, as well as your options as a UniSuper member.

Your DBD membership will commence from the beginning of the next pay period, after your employer processes this form.

If you want to join the DBD it is compulsory to provide us with your Tax File Number (TFN).

DBD members are not eligible for Income Protection cover. If you have Income Protection through UniSuper and opt-in to the DBD, that Income Protection will be cancelled on the date your DBD membership commences. If you later leave the DBD and want

Income Protection cover in future you may need to provide health evidence to the Insurer. Inbuilt benefits are automatically applied for eligible members. A three-year pre-existing condition (PEC) exclusion applies to inbuilt benefits from the date your defined benefit membership commences.

Once you join the DBD, default member contributions will commence at 7% on an after-tax basis, unless you complete SECTION 3 and SECTION 4 or 5 to alter these.

Reducing your default member contributions is a permanent decision—you can't reverse or reinstate your previous level later on.

By reducing your default member contributions, your retirement savings will be reduced. Before making this decision, we recommend you speak to a qualified financial adviser.

Any changes to your default member contributions will take effect at the start of the next pay period after your employer processes your form.

If you reduce your default member contributions and would like to make additional contributions in the future, you can make voluntary member contributions to your accumulation component or account.

BEFORE-TAX (SALARY SACRIFICE) CONTRIBUTIONS

If you wish to make your default member contributions on a before-tax basis, you'll need a salary sacrifice arrangement with your employer. Before completing this form, check with your Superannuation Officer if they require any additional forms to be completed.

SECTION 1 YOUR DETAILS

▶ Please use BLACK or BLUE BALLPOINT PEN and print in CAPITAL LETTERS. Cross (X) where required.

UniSuper member number

Refer to your most recent UniSuper correspondence or call **1800 331 685**.

Title

 Mr Mrs Ms Dr Professor Other

Surname

Given name

Date of birth (DD/MM/YYYY)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Employer

Want to make some changes?

If you want to update your account preferences, including insurance, investment options, beneficiaries or provide your TFN please make a *Defined Benefit Division/ Accumulation 2 Changing your default options* request available at unisuper.com.au/forms.

Default member contributions

When we reference member contributions in this document, we refer to them as 'default' even if you have chosen to reduce the % amount you contribute.



SECTION 2 OPTING INTO THE DBD

Only eligible members can opt into the DBD. Check the eligibility criteria in the *Defined Benefit Division and Accumulation 2 PDS* or talk to a UniSuper consultant. Your employer will check your eligibility when you submit this form.

I meet the eligibility criteria and wish to opt into the DBD. I understand this is effective from the commencement date of the next pay period after my form is processed by my employer.
Go to SECTION 3

SECTION 3 DEFAULT MEMBER CONTRIBUTIONS

The default level of member contributions is 7% (after tax) or 8.25% (before tax) of your salary. You can also choose to reduce your level of member contributions. Reducing your default member contributions is a permanent decision—you can't reverse or reinstate your previous level later on.

Do you want to make default member contributions?

Yes, the default level

From your after-tax salary (7%)

From your before-tax salary* (8.25%)

Go to SECTION 7

Yes, at a reduced level

From your after-tax salary

From your before-tax salary*

Go to SECTION 4

* You'll need a salary sacrifice arrangement with your employer to do this. Default member contributions from your before-tax salary will be treated as concessional contributions and be subject to 15% contributions tax, and will also count towards your concessional contributions cap. You can only make default member contributions from your before-tax or after-tax salary—not a combination of both.

SECTION 4 LEVEL OF EMPLOYER CONTRIBUTIONS

What level of employer contributions do you receive?

(Select one only)

17%. Go to SECTION 5

14%. Go to SECTION 6

SECTION 5 REDUCING YOUR DEFAULT MEMBER CONTRIBUTIONS (MEMBERS RECEIVING 17% EMPLOYER CONTRIBUTIONS)

What level of default member contributions would you like to make?

(Select one only)

4.45% after tax (5.25% before tax)

3.00% after tax (3.55% before tax)

1.00% after tax (1.20% before tax)

4.00% after tax (4.70% before tax)

2.00% after tax (2.35% before tax)

0.00% (zero)

Go to SECTION 7

SECTION 6 REDUCING YOUR DEFAULT MEMBER CONTRIBUTIONS (MEMBERS RECEIVING 14% EMPLOYER CONTRIBUTIONS)

What level of default member contributions would you like to make?

(Select one only)

6.55% after tax (7.70% before tax)

4.55% after tax (5.35% before tax)

2.55% after tax (3.00% before tax)

5.55% after tax (6.55% before tax)

3.55% after tax (4.20% before tax)

Go to SECTION 7

SECTION 7**MEMBER DECLARATION AND SIGNATURE**

➤ Please read this declaration before you sign and date your form.

- I declare that the information I've given on this form is true and correct.
- I have confirmed my eligibility with UniSuper and understand my employer will check their criteria.
- I understand my employer will reject this request if I do not meet their eligibility criteria.
- I understand that in order to join the DBD I must provide my TFN to UniSuper.
- I acknowledge that I've read and understood the information in the current *Defined Benefit Division and Accumulation 2 PDS* (and the documents that are incorporated by reference into the PDS).
- I authorise my employer to deduct default member contributions indicated on this form from my salary.
- I authorise my employer to make employer contributions to UniSuper's Defined Benefit Division in accordance with the UniSuper Trust Deed and UniSuper Regulations.
- I understand that:
 - Any Income Protection cover that I have through UniSuper will be cancelled on the date that my DBD membership commences and if I later leave the DBD and want Income Protection cover in future I may need to provide health evidence to the Insurer
 - 'Your duty to take reasonable care' information in the *Insurance in your super* document applies
 - I will remain a member of the Defined Benefit Division until my membership of that Division ceases in accordance with the UniSuper Trust Deed and UniSuper Regulations
 - my decision to reduce my default member contributions is irrevocable and I won't be able to reinstate my previous level at a later date
 - if I reduce my default member contributions, the amount of my retirement benefit will be reduced
 - if I make default member contributions from my before-tax salary I'll pay 15% contributions tax on these contributions
 - the level of default member contributions I elect to make on this form will apply to the default member contributions I make with all UniSuper participating employers.
 - if I am eligible for and receive default insurance cover when I join the DBD, insurance premiums will be deducted from my accumulation account unless I choose to opt out of receiving this cover before it commences.
- I consent to my personal information being used in accordance with UniSuper's Privacy Policy.
- I agree to meet my obligations as a member of the Defined Benefit Division under the UniSuper Trust Deed and UniSuper Regulations.

Signature

Date

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>DD</small> | <small>MM</small> | <small>YYYY</small> |

Submitting this form:

Give this completed form to your employer's Superannuation Officer, or the person responsible for super at your workplace, as soon as possible.

Need help?

For more information:

- visit unisuper.com.au/contact-us, or
- call **1800 331 685**.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call **1800 331 685**.

OFFICE USE ONLY — (TO BE COMPLETED BY YOUR EMPLOYER)

To be completed by a Superannuation Officer or the person responsible for super at your workplace.

Note for employer: When you receive this form, check the employees eligibility to opt into the DBD. If they are not in an eligible role, do not process the form. Return it back to the employee.

Member number

Payroll number

Employer number

Employer name

Is this employee in an eligible role for DBD membership?

No. Reject form

Yes. Proceed.

Date employee commenced eligibility to opt into the DBD.

This must be no more than 2 years from the date they join the DBD. (DD/MM/YYYY)

Pay period start date (DD/MM/YYYY)

New default member contribution rate

 %

The after-tax rate must be input on the UniSuper administration system.

Has contribution rate been added to administration system?

No

Yes. Date system updated (DD/MM/YYYY)

The employer agrees to meet its obligations regarding the Defined Benefit Division under the UniSuper Trust Deed and UniSuper Regulations in respect of this employee.

Name of Superannuation Officer or representative

Signature of Superannuation Officer or representative

Date

DD MM YYYY

Employer date stamp