Opt into the Defined Benefit Division form

UniSuper

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 opt in to Defined Benefit Division (DBD) membership from Accumulation 1 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 available pay period after this form has been processed and your account will be transferred from Accumulation 1.

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 available pay period after this form is processed.

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)	
Employer	

Want to make some changes?

You can update your account preferences, including insurance, investment options, beneficiaries or provide your TFN via your online account or by visiting **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.

Fund: UniSuper ABN 91 385 943 850 Trustee: UniSuper Limited ABN 54 006 027 121 AFSL 492806
Administrator: UniSuper Management Pty Ltd ABN 91 006 961 799 AFSL 235907
Address: Level 1, 385 Bourke Street, Melbourne Vic 3000
Issue date: 1 July 2026

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 from Accumulation 1. I understand this is effective from the commencement date of the next available pay period after this form is processed.
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)

☐ 4.00% after tax (4.70% before tax)

☐ 3.00% after tax (3.55% before tax)

☐ 2.00% after tax (2.35% before tax)

☐ 1.00% after tax (1.20% 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)

☐ 5.55% after tax (6.55% before tax)

☐ 4.55% after tax (5.35% before tax)

☐ 3.55% after tax (4.20% before tax)

☐ 2.55% after tax (3.00% 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:
  - upon commencing my DBD membership, my account will be transferred from Accumulation 1
  - 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
  - if I am eligible for and receive default insurance cover when I join the DBD, insurance premiums will be deducted from my accumulation account and I can cancel this cover at any time
  - the 'Your duty to take reasonable care' information in the *Insurance in your super* document applies
  - I will remain a member of the DBD 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.
- 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 DBD under the UniSuper Trust Deed and UniSuper Regulations.

Signature

Date

DD *MM* *YYYY*

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** for more options - including chat.
- 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 employee's 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 two years from the date they join the DBD eligible role. (DD/MM/YYYY)

Pay period start date (DD/MM/YYYY)

New default member contribution rate %

FTE Annual Salary $

Service Fraction % %

Academic ☐

General ☐

☐ 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