

ANZ Superannuation Savings Account Easy Transfer Service Form



23 May 2016

Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email customer@onepath.com.au

Website anz.com

CONSOLIDATING YOUR ACCOUNTS

ANZ SSA will accept transfers as well as contributions from you or your employer.

- Please forward this form to your existing financial institution to transfer funds from a non-OnePath superannuation or rollover fund.
- If you intend to claim a tax deduction, please do so prior to rolling out of your existing fund.
- If you want to transfer more than one fund, please photocopy this form. You may be requested by your existing fund to forward details or sign additional documents. Please action this as soon as possible.
- To prevent delays in your transfer please ensure all details are completed and attach your most recent statement from your existing fund as well as proof of identity (see section 2).
- If you intend to request a contributions split, you must submit a Superannuation Contributions Splitting Application Form prior to rolling out of your existing fund.

Please be aware that other funds may apply a fee on exit. If you have recently advised the ATO to pay an amount from the Superannuation Holding Accounts Reserve into your other fund, please do not complete this application until the payment has been credited to your other fund.

If you have any questions about the transfer process of your plan, please call Customer Services on 13 38 63. Alternatively, you may wish to contact a financial adviser.

Other superannuation providers: Please note ANZ SSA is a division of the OnePath MasterFund. The OnePath MasterFund is a complying regulated superannuation fund under the *Superannuation Industry (Supervision) Act 1993*, the Trustee of which is OnePath Custodians Pty Limited (ABN 12 008 508 496).

1. PLAN AND MEMBER DETAILS

Employer name	<input type="text"/>			
Member account number	<input type="text"/>			
Surname	<input type="text"/>			
Given name(s)	<input type="text"/>			
Postal address	<input type="text"/>			
Suburb/Town	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>			
Email address	<input type="text"/>			
Phone	Home	<input type="text"/>	Business	<input type="text"/>
	Mobile	<input type="text"/>	Fax	<input type="text"/>

2. PROOF OF IDENTITY

I have attached a **certified** copy of my current driver's licence or passport

OR

I have attached **certified** copies of **both**:

Birth/Citizenship Certificate or Centrelink Pension Card **AND**

Centrelink payment letter or government notice* (less than one year old) with name/address.

* Notice issued by Commonwealth, State or Territory within the past 12 months that contains your name and residential address. For example:

- Australian Taxation Office Notice of Assessment
- Rates notice from local council.



3. TRANSFER OF FUNDS TO THE ONEPATH MASTERFUND

From

Please transfer my benefits from the following superannuation fund to ANZ SSA.

Use a separate form for each fund being transferred.

Superannuation or Rollover Fund	<input type="text"/>		
Unique Superannuation Identifier (USI)	<input type="text"/>		
Address of paying institution	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text"/>		
Phone number of paying institution	<input type="text"/>		
Policy/Member number	<input type="text"/>		
Date of birth (dd/mm/yy)	<input type="text"/>		
<input type="checkbox"/>	Total value \$	<input type="text"/>	(approximate dollar value)
<input type="checkbox"/>	Partial value \$	<input type="text"/>	

To	
Administrator	<input type="text" value="OnePath Life Limited"/>
Name of fund	<input type="text" value="OnePath MasterFund – ANZ Superannuation Savings Account"/>
Unique Superannuation Identifier (USI)	<input type="text" value="ANZ0415AU"/>
Address of receiving institution	<input type="text" value="GPO Box 4028"/>
	<input type="text" value="SYDNEY"/> State <input type="text" value="NSW"/> Postcode <input type="text" value="2001"/>
Phone number of receiving institution	<input type="text" value="13 38 63"/>

Please forward this form and certified copy of proof of identification to your existing financial institution.



4. DECLARATION AND AUTHORISATION

- I am aware that 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.
- I am aware that this transfer will not change the fund to which my employer pays my contributions.
- I authorise the transfer of all my benefits from the fund listed in Section 3 to ANZ SSA.
- I authorise the transfer of any contributions still to be made by my previous employer which may be received after benefits have been transferred to ANZ SSA.
- I understand that in giving this authorisation, the trustee of my other fund is discharged from all liability in respect of my membership of the other fund once the total of my member's account in the other fund has been transferred.
- To the best of my knowledge, my other fund(s) is a complying superannuation fund under the *Superannuation Industry (Supervision) Act 1993*.
- I understand that, in certain circumstances, the Trustee of the OnePath MasterFund may be required to deduct tax from the untaxed element of any amount transferred.
- I approve the deduction of applicable transfer fees (if any) from the benefits transferred (subject to legislative restrictions).
- I hereby give authority to you to provide all relevant information and any other documentation to the Trustee of the OnePath MasterFund regarding the transfer and to forward a cheque for the transfer amount.
- I understand I will be notified upon receipt of fund(s) transferred from my previous fund(s) into ANZ SSA by OnePath Life.
- I have considered if I will lose any benefits, in particular insurance cover, or whether I will pay any exit or withdrawal fees, or incur any investment costs, or be changing my investment risk or performance and where my future employer contributions will be paid. I have also considered whether I am eligible to obtain adequate insurance in ANZ Superannuation Savings Account.

By completing this form, I also:

- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in ANZ's Privacy Policy which is available at anz.com, or by calling Customer Services.
- I consent to ANZ using and sharing my Tax File Number with members of the ANZ Group to provide services (including account consolidation) and products to me.

I acknowledge that an investment in ANZ Superannuation Savings Account is not a deposit with, or liability of ANZ or its related group companies and, except where otherwise provided in this PDS, none of them stands behind or guarantees the Trustee or the capital performance of an investment in ANZ Superannuation Savings Account, and that investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.

By signing this application I confirm that I have read and understood the declarations, conditions and acknowledgments above.

I, the applicant, whose signature appears below state that the statements made in this Application Form are true and correct.

Name of applicant

Signature of applicant (sign clearly within box)

Date (dd/mm/yy)