

# ANZ Superannuation Savings Account (ANZ SSA) Personal Application



21 June 2012

## Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

Website [anz.com](http://anz.com)

## 1. PERSONAL DETAILS

Title\*  Mr  Mrs  Ms  Miss  Dr  Other

Surname\*

Given name(s)\*

Date of Birth (dd/mm/yy)\*  /  /  Gender\*  Male  Female

Residential address\*  
(this cannot be a PO Box)

Suburb/Town  State  Postcode

Country

Postal address

Suburb/Town  State  Postcode

Country

Phone Home  Business

Mobile  Fax

Email

\* Mandatory information.

## 2. TAX FILE NUMBER (TFN)

If you do not provide your TFN, some contributions and the untaxed element of a rollover may be taxed further, and some contributions may not be accepted. Please refer to the ANZ SSA Product Disclosure Statement and Additional Information Guide (PDS) for more information.

TFN number

## 3. CONTRIBUTION DETAILS

How would you like to make your investment?

Cheque – please make payable to 'OnePath Life – ANZ Superannuation Savings Account <customer name>'

Rollover – please enclose a copy of the Rollover Benefit Statement

### Contribution type

Please complete contribution type below for contributions via cheque. For further information, refer to the PDS.

Personal contributions	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse contributions on your behalf	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superannuation Guarantee contributions on your behalf	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary sacrifice contributions on your behalf	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign superannuation fund transfer	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CGT small business (complete payer's name below)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Directed termination payment or other amount (complete payer's name below)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For CGT small business, directed termination payment or other amount – please attach the relevant notification and complete payer's name below.

Payer's name

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## 4. ELIGIBILITY TO CONTRIBUTE TO SUPER

Please select one of the following:

- under age 65
- ages 65 – 75 Have you been gainfully employed for at least 40 hours during any 30 consecutive day period in the financial year or are your contributions compulsory employer contributions only?  Yes  No
- age 75\* or over – compulsory employer contributions only.

If none of the above options apply, please contact Customer Services on 13 38 63.

\* Personal and employer contributions may be accepted on or before the 28th day of the month following that in which you turn 75 if you are gainfully employed for at least 40 hours during any consecutive day period.

## 5. INSURANCE OPTION – PERSONAL MEMBERS

Personal members over the age of 15 may apply for up to two units of basic cover. Members working 20 or more hours a week on the date cover commences and who are accepted for cover by the Insurer, will be covered for Death and Total and Permanent Disablement (TPD) insurance cover. Members working less than 20 hours a week who are accepted for cover by the Insurer, will be covered for Death Only insurance cover. Each basic unit of cover costs \$1 per week and is deducted from your account monthly. Please indicate the number of units of cover you wish to apply for by nominating one of the boxes below.

- No insurance cover required
- 1 unit of basic cover\*
- 2 units of basic cover\*

**Note:** If no selection is made no insurance will be provided.

If you work in an excluded occupation, TPD Cover is not available.

\* Please complete the Life Insurance – Application Form.

## 6. EMPLOYER DETAILS (PLEASE PRINT)

Allocated employer number or ABN

Full name of employer

Trading as

Postal address

Suburb/Town

State

Postcode

Country

Authorised contact person (authorised to transact on behalf of employer):

Title

Surname

Given name(s)

Date of Birth (dd/mm/yy)

Gender:

Male

Female

Phone

Business

Fax

Email address

Please note this is for contribution registration purposes only.

Should you wish to open an ANZ Superannuation Savings Account on behalf of your employees an Employer Application form must be completed.

Employer Deposit Book required



**7. NOMINATION OF BENEFICIARY(IES)**

**Non-binding nomination**

I hereby advise the Trustee of my preferences in relation to who should receive my death benefit, and in what proportions. Such payment is subject to any limitations imposed by ANZ SSA or law at the time of payment. I understand that I may alter my nomination at any time by advising the Trustee in writing.

You should make your nomination(s) in the space provided below, up to a maximum of six (6) nominations including your estate. You should amend or revoke your preferences as personal circumstances change, e.g. you marry, divorce or have a child/children.

A **dependant** includes a spouse, or a child and any other person with whom you have an interdependency relationship or who, in the opinion of the Trustee, is financially dependent on you at the time of your death.

**Spouse** includes a person who, although not legally married to you, lives with you on a bona fide domestic basis in a relationship, as a couple (whether the persons are the same sex or different sex).

**Child** includes an adopted child, a step child or an ex-nuptial child.

Name of nominated beneficiary	Address	Relationship to member	Date of birth (dd/mm/yy)	Proportion of death benefit %
1			/ /	%
2			/ /	%
3			/ /	%
4			/ /	%
5			/ /	%
				and/or estate %
<b>Total (must add up to 100%)</b>				<b>100</b> %



**8. DECLARATION AND SIGNATURE**

- I declare that the information I have provided is true and complete to the best of my knowledge and belief, and (if not already a member) I apply to OnePath Custodians Pty Limited (the Trustee) for membership of ANZ Superannuation Savings Account (ANZ SSA) and agree to be bound by the rules and provisions of ANZ SSA's Trust Deed.
- I am aware that the payment of superannuation benefits is subject to the provisions of the Trust Deed, the *Superannuation Industry (Supervision) Act 1993* and regulations and other relevant laws, and that in particular, benefits cannot be paid out until I am 65, or have reached my preservation age and have retired, except in the event of death, permanent incapacity or other special circumstances provided by the *Superannuation Industry (Supervision) Act 1993*.
- I acknowledge that an investment in ANZ SSA is not a deposit with, or liability of ANZ or its related group companies and, except where otherwise provided in the PDS, none of them stands behind or guarantees the Trustee or the capital performance of an investment in ANZ SSA and that investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.
- I acknowledge that I have read and understood the ANZ SSA PDS.

By completing this form I also:

- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of my application and, if accepted, the management and administration of those products and services in which I have invested or for which I wish to apply as outlined in the PDS. I understand that unless I consent to the collection, use and disclosure identified in the Privacy section in the PDS, OnePath Custodians will not be able to process my application or deliver the relevant products or services
- understand that the Trustee may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of OnePath's information; organisations maintaining OnePath's information technology systems; authorised financial institutions; organisations providing mailing and printing services and my financial adviser
- accept that OnePath and ANZ may send me information about their products or services from time to time. I understand that I may notify you of my decision not to receive further information by contacting you directly
- authorise my financial adviser to receive and access my personal information for the purpose of managing my investment. Where there is any change to this authority or relating to my adviser, I will notify you of the change
- acknowledge that OnePath may be required to pass on my personal information or information about my investment to any law enforcement, regulatory agency or court where required by any such law or regulation in Australia or elsewhere
- acknowledge that I am not aware and have no reason to suspect that my investment is derived from, related to or used to fund, money laundering, terrorism financing or other similar activities and my instructions in relation to my investment will not result in ANZ or any of its related group companies breaching any related laws or regulations in Australia or any other country
- declare, in the case of contributions, that I have read and understood the contribution eligibility rules contained in the PDS and that I am eligible to make or have contributions made on my behalf and will notify the Trustee if I am no longer eligible

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

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

Name of applicant	Signature of applicant ( <i>sign clearly within box</i> )	Date ( <i>dd/mm/yy</i> )
<input type="text"/>	<input type="text" value="X"/>	<input type="text" value="/ /"/>

**9. FINANCIAL ADVISER DETAILS (IF APPLICABLE)**

(Insert client name)

has applied for ANZ Superannuation Savings Account on the (dd/mm/yy)

Signature of financial adviser (*sign clearly within box*)      Financial adviser's stamp/details

<input type="text" value="X"/>	<input type="text"/>
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Financial adviser code