ANZ Super Advantage

Benefit Payment Request (Member) Form

1 April 2009

ING MasterFund ABN 53 789 980 697 RSE R1001525 ING Custodians Pty Limited ABN 12 008 508 496 AFSL 238346 RSE L0000673 ING Life Limited ABN 33 009 657 176 AFSL 238341 RSE L0000673 347 Kent Street, Sydney NSW 2000

Customer Services Phone 13 38 63 Fax 02 9234 6668 Email customer@ing.com.au Website www.anz.com/wealth/super

Inst	rii	ct	10

Instructions																											
Complete the relevant	sect	ions	s, sig	gn aı	nd re	turn	thi:	s for	m to	the	foll	owi	ng a	ddre	ss:												
ANZ Super Advantage ING Life Limited GPO Box 4028 Sydney NSW 2001																											
Reason for benefit pay	men	t red	ques	t																							
I have left my ANZ	Sup	oer A	dva	ntag	e pai	ticip	atin	g em	ploy	er a	nd m	y da	ate o	f cea	ased	emp	loyn	nent	is	D	D	M	M	Υ	Υ	Υ	Υ
I have completed	and	l sul	bmit	ted	a ch	oice	of f	und i	nomi	nat	ion t	o m	y en	nplo	yer, r	nomi	nati	ing	anot	ther	fund	d.					
I am requesting a	par	rtial	ben	efit	oayn	nent	only	/.																			
I am an ANZ Supe	er Ac	dvar	ntage	e Pei	son	al m	emb	er w	ishin	ig to	o clo	se r	ny a	ccou	ınt.												
For any other benefit pa Temporary Australian R														-	cified	Con	npa	ssio	nat	e Gr	ound	ds o	or if	you	are	a fo	rmer
Member number																											
Tax file number*				_				_																			
* If a valid tax file number is	not	prov	ided,	you	may l	oe lia	ble f	or ext	ra tax																		
1. Member details																											
Employer's name (if applicable) Surname																											
Given name(s)																											
Date of birth	D	D	M	M	Υ	Υ	Y	Υ																			
Residential address		L																	JL				_		_	_	
		Ļ							Щ					٤	State			L			Pos	tcoc	de		<u> </u>	_	
Postal address																			ļL	JL			_		_	_	
(if different from above)														9	State						Pos	tcoc	de	_	<u> </u>		
Phone Home														Busi	ness				<u> </u>	ļĻ		<u>ال</u>	_		_		
Mobile													-		Fax	Ш			<u> </u>	ļĻ		JĻ	<u>ال</u>	<u> </u>	<u> </u>		
Email																				JL		IJL					
2. Proof of identity																											
You need to supply a co	ertifi	ed o	сору	for	each	forr	n yo	u se	nd ir	١.																	
I have attached a licence or passpo		ified	d cop	py o	f my	driv	er's		OR			> Bi	rth/	Citiz	hed eensh	ip C	ertif	icat	e or	Cer	ntreli	ink					n d notic

A certified copy is a photocopy which has been compared with the original and endorsed as a true copy by an individual approved to do so, for example a Justice of Peace, legal practitioner, Australia post employee, etc.

(less than one year old) with name and address.

Note: We cannot accept original certified copies by fax or photocopies of certified identification.

3. Employer details — Employer withdrawal request will be o									COI	ntril	outi	ons	s ha	ve	be	en	m	ade	e. P	'ro	ces	sir	ng (of thi
All outstanding contributions mus	st be re	mitte	d to	ING	prio	r to f	orwa	ardir	ng th	is fo	rm.													
Employer's registered name																								
Phone (business)																								
Employee's name																								
Employee's date of commenceme	nt of se	ervice																						
Date of final contribution paid					D	D	M	M	Υ	Υ	Υ	Υ												
Date of termination of service					D	D	M	M	Υ	Υ	Υ	Υ												
Signature of authorised signatory	y (sign	clearl	y wit	hin l	box)																			
(Common Seal, if applicable)												Dat	e											
X												D	D	M	٨	1	Υ	Υ	Y][Y			
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If partial, please state amount rec	quired	\$,].[(gı	ross))												
Name of rollover institution																								
SPIN of the destination product																								
Superannuation Fund No. (SFN) [‡]				_				_			and	d/or												
Australian Business No. (ABN) ‡		_				_				_														
Contact name (if known)																								
Cheque payable to																								
Policy/Reference No.																								
Address																								
											S	tate					Р	osto	code	e [
Phone (business)																								
Please attach a letter of complian	ce if th	e rollo	over	is to	a se	elf-m	ana	ged	supe	er fui	nd.													
* Confirmation from your employer will b	oe reque:	sted.																						

 \dagger You must retain a minimum balance of \$5,000.

 $\mbox{\ddagger}$ Either or both of these must be completed prior to your withdrawal being processed.

6. Cash payment
Are you a permanent resident or citizen of Australia or New Zealand, or holder of a subclass 405 or 410 visa?
Yes No (please tick box)
If you answered 'No' to this question, please read this important information:
From 1 April 2009, an individual who has, at any stage, been a temporary resident and is not a citizen or a permanent resident of Australia or New Zealand, is only able to withdraw their superannuation benefits under limited conditions of release, including: death, terminal medical condition, permanent incapacity, temporary incapacity, unclaimed money payment, and departed temporary resident.
For superannuation payments only, your benefit may be preserved and if so can only be paid as permitted under superannuation law. Any preserved benefit will be kept in the Fund unless you advise of another rollover fund. Please note that the amount withdrawn is net of all applicable fees and charges that may apply.
Total cash payment* Partial cash payment* – If partial, please state amount required \$
Before tax After tax Note: If you withdraw part of your account balance, a minimum of \$5,000 must be retained in your account.
Please complete section 7 below.
Permanent incapacity – please contact Customer Services on 13 38 63 for the additional requirements.
Retirement – I declare that: I am aged 55 years and over and have ceased an arrangement of gainful employment and do not intend to become gainfully employed again either on a full-time or part-time basis.
I am 60 years and over and have ceased an arrangement of gainful employment with my employer since attaining 60 years.
 I am 65 years and over. * If you would like your cash payment to be directly credited into your financial institution account, please complete section 8.
7. Investment funds to be withdrawn (partial withdrawals only)
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\$, ,
\$, ,
\$, ,
\$, ,
If no nomination is made, withdrawals will be made from your investments in the same proportion as your future contributions.
8. Direct credit facility (cash payments only)
Cash payments only can be credited directly into your financial institution account. Please provide your full details below.
Note: Allow up to five days for clearance (direct crediting may not be available on the full range of account types. Please check with your financial institution).
Name of financial institution
Account name
Bank (BSB number)
Account number

Note: ANZ will take care to ensure that your benefit payments are made in accordance with this authority. However, we accept no responsibility for any loss which occurs as a result of incorrect bank details you provide to us. If the bank rejects the payment of your benefits into the bank account you have provided, we will make the payment to you by cheque.

9. Cheque payme	nts																				
Please send a ch	eque	e to	my	pos	ital a	addre	ess b	elo	v:												
Name																					
Address																					
													Sta	te		F	Post	code			

10. Tax file number (TFN) notification

Please provide your TFN on page 1. You or your employer may already have provided your TFN to ANZ Super Advantage. If not, we are required to tell you the following details before you provide your TFN. Your TFN is confidential and you should know the following before you decide to provide it to us:

- > The Trustee is authorised to collect your TFN under the taxation and superannuation laws.
- > If you do provide your TFN to us, we will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any Superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the government co-contribution, lost member reporting and monitoring of contribution caps.
- > If you do provide your TFN to us, we may provide it to the trustee of another superannuation fund or a Retirement Savings Account (RSA) provider where the Trustee or RSA provider is to receive your transferred benefits in the future.
- > We will not pass your TFN to any other fund if you tell us in writing that you do not want us to pass it on.
- > Your TFN will be treated as confidential.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give us your TFN, either now or later:

- > We may not be able to accept member contributions and you may be liable to pay additional tax on concessional contributions.
- > You may pay more tax on your benefits than you have to (you may get this back at the end of the financial year in your income tax assessment).
- > It may be difficult to locate or amalgamate your superannuation benefits in the future.
- > You could miss out on any govenment co-contribution payment (if eligible).
- > You will not be able to split your eligible contributions with your spouse.

The purposes for which we can use your TFN and the consequences of not providing it to us may change in the future as a result of changes to the law.

11. Declaration and signature

Your benefit payment request will be processed as quickly as possible. If applicable, it cannot be processed until your employer tells us that you have ceased employment or have elected Choice of Fund and forwards any outstanding contributions. Your final account balance cannot be calculated until the day payment is actually made. The amount that will be paid depends on the current value of your account, your employer forwarding any outstanding amounts, investment earnings or losses and any taxes and fees that may apply to your account.

The balance of your account will remain invested in the investment fund(s) you chose or in the default investment fund that applies until your account is paid.

If you have any concerns you should discuss these with your financial adviser.

By completing this form:

- > I authorise the collection, use and disclosure of my personal information for the purpose of the management and administration of those ING products and services in which I have invested or for which I wish to apply as outlined in the Privacy statement in the ANZ Super Advantage Product Disclosure Statement Member Book. I understand that unless I consent to the collection, use and disclosure identified in the Privacy statement, ING will not be able to process my application or deliver the relevant products or services.
- > I accept that ING may send me information about its products or services from time to time. I understand that I may notify ING of my decision not to receive further information by contacting ING directly.
- > I accept that where my employer (or former employer) has appointed a financial adviser for this plan, my personal information will be provided to the financial adviser in order to undertake the management and administration of the plan.
- > I authorise my financial adviser (where I have nominated a financial adviser) to receive and access my personal information for the purposes of managing my investment. Where there is a change to this authority or relating to my adviser, I will notify ING of the change.
- > I declare that I am not bankrupt or insolvent under administration and that the information provided by me in this form is true and correct. I request the Trustee, ING Custodians Pty Limited ABN 12 008 508 496 and ING Life Limited ABN 33 009 657 176 to act upon and give effect to the directions given by me in this notice.
- > I acknowledge that should I, or my estate, receive a payment from ING Custodians in full satisfaction of my benefits under the policy and/or the Fund, ING Custodians will have fully discharged their obligations under the Trust Deed governing the Fund and the policy, and that any payment made to or in respect of me shall be net of any lump sum tax paid, as required by law, to the Australian Taxation Office.
- > If I provide my TFN, I have read and acknowledged the TFN information in section 10.

Signature of member (sign clearly within box)	Date
X	D D M M Y Y Y

Know your customer – identification requirements



1 April 2009

You can do one of two things to provide evidence of client verification to us:

> Advisers only - complete our Identification Form available at www.ing.com.au which verifies you have collected sufficient identification from your client. Please note, you are not required to send in originals or copies of identification if you use this form. We will also accept the IFSA/FPA or dealer group branded identification forms.

Or

- > Advisers and individuals not using the services of an adviser send in certified copies* (not originals) of the following:
- one primary photographic identification document Or
- one primary non-photographic identification document **and** one secondary identification document.

Please note: we cannot accept certified copies by fax.

Acceptable forms of identification

Primary photographic identification document

- > Current Australian or foreign driver's licence
- > Australian passport (current or expired less than two years ago)
- > Foreign government issued passport that also contains the holder's signature
- > Proof of Age document issued by a State or Territory
- > Foreign government issued identity card containing the holder's signature

Primary non-photographic identification document

- Australian birth certificate
- > Certificate of Australian citizenship
- > Foreign government issued birth certificate
- > Foreign government issued certificate of citizenship
- > Centrelink pension or health care card

Secondary identification document

- > Commonwealth, State or Territory government issued document showing name and residential address and the provision of financial benefits
- > Tax Office issued document showing name and residential address and an amount payable that was issued within the preceding 12 months
- > Local government or utility issued document showing name and residential address and the provision of services that was issued within the preceding three months

If under the age of 18, a notice from a school principal containing the name and residential address and the period of attendance at that school that was issued within the preceding three months.

Documents not in English must be accompanied by an English translation prepared by an accredited translator.

- * A certified copy is a document that has been certified as a true copy of the original by one of the following:
- a person enrolled on the roll of a Supreme Court or the High Court as a

legal practitioner

- a judge, registrar or deputy registrar of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a justice of the peace
- a notary public
- a police officer
- an agent of Australia Post in charge of supplying postal services to the public
- a permanent employee of Australia Post with two years' continuous service employed in supplying postal services to the public

- an Australian consular or diplomatic officer
- an officer with two years' continuous service with one or more financial institutions
- a finance company officer with two years' continuous service with one or more finance companies
- an officer or authorised representative of an AFSL holder with two years' continuous service
- a member of the Institute of Chartered Accountants in Australia,
 CPA Australia or National Institute of Accountants with two years' continuous membership.

Please note: The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee, etc) and date.

Deduction for personal super contributions

How to complete your Notice of intent to claim or vary a deduction for personal super contributions

This form should only be used for personal contributions made after 1 July 2007.

WHO SHOULD COMPLETE THIS NOTICE?

You should complete this notice if you:

- intend to claim a tax deduction for your personal contributions, or
- want to vary a previous notice of intent you gave your super fund.

Your super fund may request the information in this notice:

- when you make your contribution
- at the end of the financial year, or
- as part of another form.

When you decide whether to claim a deduction for super contributions, you should consider the effect on your super co-contribution eligibility.

For more information about super co-contributions and tax deductions, refer to *Super co-contribution* (NAT 10596).

WHEN SHOULD I COMPLETE THIS NOTICE?

You must lodge a notice of intent to claim a deduction with your super fund before whichever of the following occurs first:

- the day you lodge your income tax return for the year the contributions were made, or
- the end of the income year after the income year in which you made the contributions.

This does not apply, if you are varying a notice as a result of us not allowing a deduction and you are reducing the amount of a previous notice by the amount that is disallowed.

For more information about deductions for personal super contributions, refer to *Claiming deductions for personal super contributions* (NAT 71975).

In this publication when we refer to a super fund, we mean:

- a super fund
- a retirement savings account, or
- an approved deposit fund.

HOW DO I COMPLETE THIS NOTICE?

Section A: Your details

Provide your personal details so your super fund can identify you, including your:

- 1 tax file number (TFN)
- 2 name
- 3 date of birth
- 4 postal address, and
- 5 daytime phone number (including the area code).

You don't have to provide your TFN to your super fund. However, if your fund does not have your TFN, they may not be able to accept your contributions. Providing your TFN will also assist your fund in correctly identifying you.

Section B: Super fund's details

Provide your super fund's details including their:

- 6 fund name
- 7 fund Australian business number (ABN), and
- 8 member account number that has received your personal contributions.

You can find your super fund's ABN in your product disclosure statement or member statement. You can also search for their details on the *Super Fund Lookup*. This is available at www.abn.business.gov.au



Section C: Contribution details

9 Personal contributions details

Provide the financial year you made, or intend to make, the personal contribution to your super fund.

Provide the amount of the personal contribution that you made, or intend to make, that are covered by this notice. If you have made, or intend to make, more than one contribution in the year, this amount does not have to cover every contribution. But you should not include any amounts covered by a previous notice for the year unless you are varying the amount to be deducted.

If you are making a variation to an earlier notice to reduce the amount you intend to deduct, place an 'x' in the applicable box to indicate that you are making a variation.

Show the amount of the contributions you want to claim as a tax deduction. If you are varying the amount covered by a previous notice, the amount cannot be greater than the amount recorded on the original notice.

Section D: Declaration

Read the declaration that applies to you. If it is correct, print your full name, sign and date the declaration.

Choose one of the following:

- If you have not previously notified your super fund that you are intending to claim a tax deduction for the personal contributions you have detailed in this notice, you need to complete the **Intention to claim a tax deduction declaration**, or
- 2 If you wish to vary a previous notice of intent, you need to complete the Variation of previous deduction notice declaration. You can apply for a variation if
 - you have not yet lodged your income tax return and it is on or before 30 June in the financial year following the year you made the contribution, or
 - we have disallowed your claim for a deduction and you are applying to reduce the amount claimed as a deduction by the amount that we have disallowed.

You can only vary a previous notice of intent to **reduce** the amount you are claiming as a personal deduction.

HOW DO I CLAIM OR VARY MY DEDUCTION?



Send this completed notice to your super fund.

Your super fund will send you an acknowledgment. Once your notice of intent to claim a deduction has been acknowledged, you cannot revoke or withdraw it, but you can apply to reduce it.

You must have received acknowledgment from your super fund before you lodge your income tax return. Once you have lodged your tax return you cannot apply to vary the amount you are claiming as a personal deduction, except if we have disallowed your claim for the deduction.

6

MORE INFORMATION

For more information about personal super contributions, refer to *Claiming deductions for personal super contributions* (NAT 71975).

To obtain a copy of our publications or for more information:

- visit our website at www.ato.gov.au
- phone 13 10 20 between 8.00am and 6.00pm, Monday to Friday, or
- write to us at

PO Box 3100 PENRITH NSW 2740

If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.

If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone 13 36 77. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on 1300 555 727.

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Australian Taxation Office Canberra April 2008

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Australian Government Australian Taxation Office Notice of intent to claim or vary a deduction for personal super contributions

WHEN COMPLETING THIS STATEMENT

■ Print clearly in BLOCK LETTERS using a black pen only.	completing this notice. Please refer to them for more
Use BLOCK LETTERS and print one character per box. SM/7/7/H/8/7/10/10/10/10/10/10/10/10/10/10/10/10/10/	information about how to complete and lodge this notice.
Place X in ALL applicable boxes.	
Section A: Your details	
1 Tax file number (TFN)	
	lowever, if your fund does not have your TFN, they may not be
able to accept your contributions. Providing your TFN will also	
2 Name	
Title: Mr Mrs Miss Ms Other Mrs Family name	
First given name Other given	names DINDONONONONONONONONONONONO
3 Date of birth / Month / Year	
4 Current postal address	
Suburb/town/locality	State/territory Postcode
Country if outside of Australia	(Australia only) (Australia only)
5 Daytime phone number (include area code)	
Section B: Super fund's details	
6 Fund name	
7 Fund Australian business number (ABN)	
8 Member account number	
6 Member account number	
Section C: Contribution details	
9 Personal contribution details	
Financial year ended 30 June 20	
My personal contributions to this fund covered by this notice	\$
Is this notice varying an earlier notice? No Yes	
The amount of these personal contributions I will be claiming.	

Section D: Declaration

Complete and sign one of the following statements that applies to you

INTENTION TO CLAIM A TAX DEDUCTION

Use this declaration if you have **not** previously lodged a notice with your super fund for these contributions.

I am lodging this notice before both of the following dates:

- the day that I lodged my income tax return for the year stated in section C, and
- the end of the income year after the year stated in section C.

At the time of completing this notice:

- I intend to claim the personal contributions stated in section C as a tax deduction.
- I am a member of the super fund stated in section C
- my super fund stated in section B still holds these contributions
- this super fund has not begun to pay a superannuation income steam based in whole or part on these contributions,
- I have not included these contributions in an earlier notice

The information given on this notice is correct and complete.

Send your completed notice to your super fund.

Name (Print in BLOCK LETTERS)	
Signature	
	Date
	Day Month Year
OR	
VARIATION OF PREVIOUS DEDUCTION NOTICE	
Use this declaration if you have already lodged a notice	
with your fund for these contributions and you wish to	
reduce the amount stated in that notice.	
I intend to claim the personal contributions stated in section	a Casa tay daduction
·	
I wish to vary my previous notice for these contributions by	reducing the amount I advised in my previous notice.
I confirm that either:	
■ I have not yet lodged my income tax return for the relevant before 30 June in the financial year following the year the	
the Tax Office has disallowed my claim for a deduction fo	
stated in my previous notice by the amount that has been	· · · · · · · · · · · · · · · · · · ·
The information given on this notice is correct and complet	e.
Name (Print in BLOCK LETTERS)	
Signature	
	Dete
	Date Day Month Year

we only provide a format for you to provide the information to your super fund.

Do not send it to us. The information on this notice is for you and your super fund. We don't collect this information;