

# 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](mailto:customer@ing.com.au)  
Website [www.anz.com/wealth/super](http://www.anz.com/wealth/super)

### Instructions

Complete the relevant sections, sign and return this form to the following address:

ANZ Super Advantage  
ING Life Limited  
GPO Box 4028  
Sydney NSW 2001

#### Reason for benefit payment request

- I have left my ANZ Super Advantage participating employer and my date of ceased employment is
- I have completed and submitted a choice of fund nomination to my employer, nominating another fund.
- I am requesting a partial benefit payment only.
- I am an ANZ Super Advantage Personal member wishing to close my account.

For any other benefit payment requests (such as Severe Financial Hardship, Specified Compassionate Grounds or if you are a former Temporary Australian Resident) please contact Customer Services on 13 38 63.

Member number

Tax file number\*    -    -

\* If a valid tax file number is not provided, you may be liable for extra tax.

### 1. Member details

Employer's name (if applicable)

Surname

Given name(s)

Date of birth

Residential address

Postal address (if different from above)

Phone Home           Business

Mobile           Fax

Email

### 2. Proof of identity

You need to supply a certified copy for each form you send in.

- I have attached a **certified copy** of my 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 or Local Council notice (less than one year old) with name and address.

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.

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

**3. Employer details — Employer must complete if employer contributions have been made. Processing of this withdrawal request will be delayed if this is not complete.**

All outstanding contributions must be remitted to ING prior to forwarding this form.

Employer's registered name

Phone (business)

Employee's name

Employee's date of commencement of service

Date of final contribution paid

Date of termination of service

**Signature of authorised signatory** (sign clearly within box)

(Common Seal, if applicable)

**Date**

**4. Tax questionnaire**

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 please ensure you have completed and returned a 'Notice of intent to claim a tax deduction for super contributions or vary a previous notice' form (attached) and have received acknowledgement from the Trustee **before you submit** this Withdrawal Form.

**5. Rollover**

Total rollover     I have left the service of my ANZ Super Advantage participating employer and wish to transfer to ANZ Super Advantage Personal\*     Partial rollover†  
(Please complete section 5)

If partial, please state amount required \$     ,     .   (gross)

Name of rollover institution

SPIN of the destination product

Superannuation Fund No. (SFN)‡  -   -   and/or

Australian Business No. (ABN) ‡  -    -

Contact name (if known)

Cheque payable to

Policy/Reference No.

Address

State    Postcode

Phone (business)

Please attach a letter of compliance if the rollover is to a self-managed super fund.

\* Confirmation from your employer will be requested.  
 † You must retain a minimum balance of \$5,000.  
 ‡ Either or both of these must be completed prior to your withdrawal being processed.





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## 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)

X

**Date**

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# 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](http://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.

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## 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](http://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:

- 1 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.

### 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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