

ANZ Superannuation Transfer Form – Overseas benefit



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Customer Services

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Date faxed (dd/mm/yyyy)

Number of pages faxed

Qualifying Registered Overseas Pension Schemes (QROPS) number: QROPS500295 (relevant to UK transfers only)

1. APPLICANT DETAILS

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of Birth (dd/mm/yyyy)

Residential address

State Postcode

Postal address

State Postcode

Phone (daytime)

Tax file number (TFN) (Please refer to the relevant Product Disclosure Statement (PDS) for information on providing your TFN.)

Employer plan name (if applicable)

2. REQUEST FOR TRANSFER OF FUNDS TO THE ONEPATH MASTERFUND

From

I hereby instruct you to transfer the following amount to the OnePath MasterFund:

Approximate amount

\$

in Australian dollars (\$AU) (minimum: initial investment \$2,000, or additional investment \$1,000)

Fund details

Name of overseas fund

Member/Policy number

Address of overseas fund

State Postcode

Country

Phone number of overseas fund

To

Fund details

ANZ product (e.g. ANZ OneAnswer Personal Super)

Financial institution

Fund name

Address of receiving institution

State Postcode

Country



3. APPROVAL TO TRANSFER

By completing this form I:

- acknowledge that I have read, understand and consent to be bound by the provisions of the PDS of the product to which I am transferring funds.
- am aware I need to become a member of the OnePath MasterFund in order for my overseas benefit to be transferred to the OnePath MasterFund.
- consent to information contained in this form being used by the Trustee to process my transfer. For this purpose, my personal information may pass between the Trustee of the OnePath MasterFund, professional advisers, insurers, government bodies and other parties as required, including the Trustee of any other super fund that my super is transferred to. I can access my information by contacting the Privacy officer of the OnePath MasterFund.
- 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. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at anz.com
- I consent to OnePath using and sharing my Tax File Number with members of the ANZ Group to provide services (including account consolidation) and products to me.
- confirm I have read and understood that OnePath MasterFund cannot accept a transfer that exceeds the contributions caps prescribed for Australian superannuation funds. For details on the contribution caps please refer to your product's PDS or speak with your financial adviser.
- understand the trustee is not able to accept my transfer without me providing a valid TFN.
- understand that the benefits transferred will no longer be subject to the rules and legislation (including any protection) of the country or scheme from where the transfer has originated.
- acknowledge that a tax liability could arise in the country from which I am transferring funds, in relation to payments made in respect of me while I am a resident of that country (or have been a resident of that country at any time previously). I understand, where appropriate, that the overseas authorities will bill me directly for any such tax and that I will be responsible for payment of such tax.
- understand that the trustee of the OnePath MasterFund accepts no responsibility for any tax payable in another country in relation to any payments made in respect of me.
- understand that if I elect to transfer part or all of my benefit in the OnePath MasterFund (which may include a UK transfer amount) to another superannuation fund in the future, it is my responsibility to check whether the new fund has been accepted as a QROPS. (Only relevant to UK transfers).
- am aware I should seek financial or taxation advice before I authorise the transfer of my fund.

Name of applicant

Signature of applicant

Date (dd/mm/yyyy)