

Super/Pension Transfer authority



Please complete this application in **BLOCK LETTERS** and:

- post it to Asgard PO Box 7490, Cloisters Square, Perth WA 6850
- use a separate form for each fund being transferred
- we will accept photocopies with an original signature

Note: Privacy laws protect your privacy. Please read our Privacy Brochure for more information. A copy can be obtained from the Contact Centre.

Questions? Call the Contact Centre on **1800 998 185** or email asgard.investor.services@asgardwealthsolutions.com.au

Important information

What will happen to my future employer contributions?

Using this form to transfer your benefits won't change the fund into which your employer currently pays your contributions and may close the account you are transferring benefits **from**. Speak to your employer about changing your employer contribution to this fund.

Things to consider when transferring your superannuation

The following may apply when changing funds, so you need to consider all relevant information before you make a decision to transfer your superannuation:

- **Entitlements** – After you have transferred your superannuation benefits from a fund, entitlements (including any insurance cover) under that fund may cease
- **Fees** – The fund you are exiting must give you information about administration and exit and/or withdrawal fees. Ask your previous fund for further information about fees before completing this form.

Tax file number (TFN)

Under the Superannuation Industry (supervision) Act 1993, you are not obliged to disclose your tax file number but there may be tax consequences. Please see section 2 for more information about what will happen if you do not quote your TFN.

Proof of Identification

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong. Please see section 3 for more information about the types of identification we will accept.

1. Details of superannuation benefits to be transferred

Fund

Policy/account number

Name of administration company/trustee

Administration company/trustee's ABN

Administration company's/trustee's address

 State Postcode

Super product identification number (if applicable)

Please transfer

Total account value

\$

(approximate value)

OR

Partial account value of

\$

1. Details of superannuation benefits to be transferred (continued)

If you are leaving an employer who has contributed to the Fund and you have any restricted non-preserved benefits, complete the details below:

Name of previous employer

[Grid of 30 empty boxes for name of previous employer]

Date left previous employer

[Grid of 6 empty boxes for date left previous employer]

2. Your details

Title Surname

[Grid of 30 empty boxes for title and surname]

Given names

[Grid of 30 empty boxes for given names]

Residential address (PO Box is not acceptable)

[Grid of 30 empty boxes for residential address, including State, Country, and Postcode fields]

Postal address

[Grid of 30 empty boxes for postal address, including State, Country, and Postcode fields]

Phone (Business)

[Grid of 12 empty boxes for business phone number]

Phone (Home)

[Grid of 12 empty boxes for home phone number]

Phone (Mobile)

[Grid of 12 empty boxes for mobile phone number]

Facsimile

[Grid of 12 empty boxes for facsimile number]

Email

[Grid of 30 empty boxes for email address]

Account number

[Grid of 12 empty boxes for account number]

Date of birth

[Grid of 8 empty boxes for date of birth]

Account type (tick one):

[Checkboxes for Separately Managed Accounts - Funds (SMA - Funds), Managed profiles, Elements, eWRAP]

Super Account type ABN 90 194 410 365 (tick one)

[Checkboxes for Super, Employee Super*, Allocated Pension, Term Allocated Pension]

* SMA - Funds and Managed Profile Accounts only

Other Asgard accounts (tick one):

[Checkboxes for Asgard Rollover Service ABN 47 948 096 909, Asgard Corporate Superannuation Service ABN 69 099 508 025]

Tax file number

[Grid of 11 empty boxes for tax file number]

Tax file number

What happens if I do not quote my tax file number (TFN)?

You are not obligated to provide your TFN to us. However, if you do not provide your TFN, you will be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional tax rate of 15%. We may deduct this additional tax from your account. If we do not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

3. Proof of identity

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 notice (<1year old) with name/address

The following documents may be used.

EITHER

One of the following documents only:

- driver's licence issued under State or Territory law
- passport.

OR

One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles you to financial benefits.

AND

One of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address.

For example:

- Tax office Notice of Assessment
- Rates notice from local council.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date. The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court

TO WHOM IT MAY CONCERN

CERTIFICATE OF COMPLIANCE

We certify that:

1. the Asgard Superannuation Account, Asgard Employee Superannuation Account, Asgard Elements Superannuation Account, Asgard eWRAP Super Account, Asgard Allocated Pension Account, Asgard Elements Allocated Pension Account, Asgard eWRAP Allocated Pension Account, Asgard Term Allocated Pension Account, Asgard Elements Term Allocated Pension Account and Asgard eWRAP Term Allocated Pension Account (each an 'account') are all part of a resident regulated superannuation fund (within the meaning of the Superannuation Industry (Supervision) Act 1993) ('SIS'), SFN 262 047 944 RSE R1055580, which is also a complying superannuation fund under section 45 of SIS. The fund's ABN is 90 194 410 365.
2. the Asgard Superannuation Account (including the Asgard Elements Superannuation Account) Superannuation Product Identification Number ('SPIN') is ASG0002AU. The Asgard Allocated Pension Account (including the Asgard Elements Allocated Pension Account) and Asgard Term Allocated Pension Account (including the Asgard Elements Term Allocated Pension Account) SPIN is ASG0003AU. The Asgard Employee Superannuation Account SPIN is ASG0007AU. The Asgard eWRAP Super Account SPIN is ASG0020AU. The Asgard eWRAP Allocated Pension Account and Asgard eWRAP Term Allocated Pension Account SPIN is ASG0019AU.
3. the Asgard Corporate Superannuation Service ('ACSS') is a complying superannuation fund under Section 45 of SIS – SFN 135 386 940 RSE R1055573. The SPIN is ASG0004AU. The fund's ABN is 69 099 508 025.
4. the Asgard Rollover Service ('ARS') is a complying approved deposit fund under Section 47 of SIS – SFN 161 663 940 RSE R1055597. The SPIN is ASG0001AU. The fund's ABN is 47 948 096 909.
5. the trustee of the accounts, ACSS and ARS is Asgard Capital Management Ltd.
6. none of the accounts or ACSS have been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of SIS.
7. your employer can pay superannuation contributions to the fund by making a cheque payable to Asgard – ASA, AESA, Elements or eWRAP – Super (as the case may be) and forwarding the cheque together with the employee name, account number and contribution type to the address below. Or an employer can use an employer contribution remittance advice form which is available from the Asgard Contact Centre on 1800 998 185. An employer then forwards this form attached with a cheque to:

Asgard
PO Box 7490, Cloisters Square
Perth WA 6850



For and on behalf of the Trustee
Asgard Capital Management Ltd

Call us on 1300 Asgard

Sydney
Level 12
400 George Street
Sydney NSW 2000

Melbourne
Level 7
530 Collins Street
Melbourne VIC 3000

Perth
Level 38, Central Park
152 St George's Terrace
Perth WA 6000

Brisbane
Level 16A, Central Plaza One
345 Queen Street
Brisbane QLD 4000

Adelaide
Level 2
51 Pirie Street
Adelaide SA 5000