

Asset Super

Our members first

Trustee: A.S.S.E.T. Limited. ABN: 13 003 257 190. AFSL No. 230070
Fund: Asset Super. ABN: 98 061 665 900. SFN: 131 944 944.

Super Transfer Form

Use this application form to transfer super from another superannuation fund into Asset Super.

IMPORTANT: Please use **BLOCK LETTERS** and **black ink** when completing this form and ensure it is signed and dated. You should complete this form if you wish to transfer all or part of your superannuation balance(s) from another superannuation fund to your Asset Super account. If you want to transfer money from more than one fund to Asset Super, please complete a separate form for each fund. You can use photocopies (please make sure you copy both sides of this form) or contact us for extra forms.

NOTE: You should take care before proceeding with a transfer. It is important to consider all the implications, including administration fees, potential exit or termination fees that may be applied by your current fund and the possible loss or reduction of insurance cover. Note that this transfer may close your account. You should ask your current fund for any information you need to fully understand the implications of transferring your benefits.

We recommend you consult a financial advisor to obtain advice that is relevant to your circumstances.

Please complete the details of your account with the old fund, include your Asset Super membership number (if known) and return the form to **Asset Super, Locked Bag 5088, Parramatta, NSW 2124**. If you have any questions about this form please call our Client Service team on 1800 805 981. Asset Super will endeavour to transfer the funds quickly, but some funds are slow to respond and transfers may take up to 6 weeks to complete.

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account from which you are transferring your benefits.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer. For forms and information about whether you are eligible to choose the fund to which your employer contributes, visit the Australian Taxation Office at www.ato.gov.au/super or call 13 10 20.

WHY PROVIDE MY TAX FILE NUMBER?

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is 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 trustee of your superannuation fund may disclose your TFN to another superannuation provider when your benefits are being transferred unless you request it in writing that your TFN not be disclosed.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Completing proof of identity

You will need to provide certified documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

ACCEPTABLE DOCUMENTS – The following documents may be used:

EITHER One of the following documents only:

- Your Australian driver's licence.
- Your passport.

OR One of the following documents:

- Your birth certificate or birth extract.
- Your Australian citizenship certificate.
- Your Centrelink pension card.

AND One of the following documents:

- A letter from Centrelink regarding a Government assistance payment.
- A notice issued by Commonwealth, State or Territory Government or local council within the past two years that contains your name and residential address (e.g. Tax Office notice of assessment or rates notice from your local council).
- A certified photocopy of a card issued to you under a law of a State or Territory, for the purpose of proving age, which contains your photograph.
- A certified photocopy of your national identity card issued by a foreign government, the United Nations or an agency of the United Nations.

We are committed to respecting the privacy of the personal information you give us. Our privacy policy sets out how we do this. If you would like a copy of Asset Super's Privacy Policy, please let us know. We have also published our Privacy Policy on our website at www.assetsuper.com.au

Certification of personal details

All copied pages of ORIGINAL proof of identification 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 'I certify that this is a true copy of the original document' followed by their, printed name, qualification, their signature, the date and a daytime contact number.

The following people 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);
- A medical practitioner, dentist, pharmacist, physiotherapist, or chemist;
- 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 licences;
- a police officer;
- a registrar or deputy registrar of a court;
- a Justice of the Peace;
- a person enrolled as a legal practitioner on the roll of a State or Territory Supreme Court or the High Court of Australia.
- an Australian consular officer or an Australian diplomatic officer;
- a notary public officer;
- a judge of a court;
- a magistrate; or
- a Chief Executive Officer of a Commonwealth court.

1 Your personal details

Mr/Mrs/Ms/other	Your given name/s		
Your surname			Date of birth (DD/MM/YYYY)
Street number or PO Box	Street name		
Suburb/town	State	Postcode	
Email address (BLOCK LETTERS please)			
Telephone number (after hours)	Telephone number (daytime)		
()	()		
Sex	Asset Super member number (if a current member)		
Male <input type="checkbox"/> Female <input type="checkbox"/>			

2 Proof of identity (see notes for proof of identity requirements)

Please tick one box only

- I have attached a certified copy of my driver's licence or passport; **OR**
- I have attached certified copies of both my Birth/Citizenship Certificate or Centrelink Pension Card; **AND** a Centrelink payment letter or Government or local council notice (less than 2 years old) with my name and address; **OR** Certified photocopy of a card issued to you under a law of a State or Territory, for the purpose of proving age, which contains your photograph; **OR** A certified photocopy of your national identity card issued by a foreign government, the United Nations or an agency of the United Nations.

3 Tax file number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, you do not have to provide your superannuation fund with your TFN. Please refer to the notes on the front page regarding the reasons for providing your TFN.

Tax file number

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4 New fund details

Name of new fund

A S S E T S U P E R

Asset membership number (if known)

Phone Number

1 8 0 0 8 0 5 9 8 1

Superannuation fund number

1 3 1 9 4 4 9 4 4

S.P.I.N.

A S S 0 1 0 0 A U

Address of new fund

L O C K E D B A G 5 0 8 8

Suburb/town

P A R R A M A T T A

State

N S W

Postcode

2 1 2 4

5 Old fund details

Please tick one box only

I would like Asset Super to arrange the transfer of my **WHOLE** benefit from my old fund **OR**

I would like Asset Super to transfer **PART** of my benefit from my old fund

Amount to be transferred \$, , .

Name of old fund

Membership number in old fund

Fund Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)

Fund address – street number or PO Box

Street name

Suburb/town

State

Postcode

Telephone number

6 Instruction to the trustee of my old fund

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits and do not require any further information.
- I discharge the superannuation provider of my old fund of all further liability in respect of the benefits paid and transferred to Asset Super.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- I consent to the use and disclosure of information contained in this form in accordance with Asset Super's Privacy policy.

Please send the cheque, payable to Asset Super, Locked Bag 5088, Parramatta NSW 2124.

Signature of member



Date (DD/MM/YYYY)

7 Compliance notice

A.S.S.E.T. Limited, the Trustee of the Australian Superannuation Savings Employment Trust (Asset Super), certifies that:

- Asset Super is able to accept contributions from employers and members.
- Asset Super is a Regulated Fund and currently complies with the Superannuation Industry (Supervision) Act 1993 and Regulations and other APRA guidelines.
- The Asset Super Trust Deed allows benefits of any amount to be accepted as rollovers.
- Rollovers to Asset Super will be preserved in accordance with the Superannuation Industry (Supervision) Act 1993 and Regulations. Any unrestricted non-preserved portion of the rollover will remain unrestricted in Asset Super and may be cashed out by the member at any time.
- Asset Super's Superannuation Fund Number: 131944944.
- Asset Super's Superannuation Product Identification Number (SPIN): ASS0100AU.
- Asset Super's Australian Business Number (ABN): 98 061 665 900.
- Asset Super's RSE Registration Number: R1000023.
- A.S.S.E.T. Limited's Australian Financial Services Licence Number: 230070.
- A.S.S.E.T. Limited's Australian Business Number (ABN): 13 003 257 190.
- A.S.S.E.T. Limited's RSE Licence Number: L0000062.
- Cheques should be made payable to: Asset Super.

Please send cheques, contribution details and any Rollover Benefit Statements to:

Asset Super, Locked Bag 5088, Parramatta NSW 2124

If you have any questions or require further information, please contact our Client Services team on 1800 805 981 between 8.00am and 8.00pm (A.E.S.T), Monday to Friday, or by email at asset@assetsuper.com.au, or visit our website at www.assetsuper.com.au



John Paul
Chief Executive Officer
Asset Super

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Insurance Transfer Form

Complete this application form if you wish to apply to transfer your insurance from another superannuation fund into Asset Super

If you are rolling over an existing super account to Asset, you may also apply to transfer your death only or death & Total and permanent disablement (TPD) cover from that account. Any transfer cover will be subject to the same terms that applied under the old fund and will be expressed as a Fixed amount of cover in addition to your current Asset insurance. Costs will be calculated from the Fixed Cover table in the Super Members Product Disclosure Statement.

Eligibility

To be eligible to transfer your insurance you need to be:

- "At work" performing your normal duties and working hours when you apply; and
- Rolling over your old super account to Asset and cancelling your insurance in your old fund.

Requirements

Before we can set up transfer cover you will need to provide us with written evidence from your previous fund specifying the amount of cover and any restrictions, limitations and /or additional premium loadings that applied to that insurance. Unless agreed otherwise, those same terms will continue to apply to the transferred portion of cover with Asset.

The requirements are:

- Completion of this application form to the satisfaction of the Trustee; and
- A copy of your latest member statement or letter from your old fund showing the insurance to be transferred.

Mr/Mrs/Ms/other	Your given name/s		
<input type="text"/>	<input type="text"/>		
Surname	Asset Account Number		
<input type="text"/>	<input type="text"/>		
Old Fund Name	Old Fund Account Number		
<input type="text"/>	<input type="text"/>		
Sum Insured to be transferred			
Death \$	<input type="text"/>	TPD \$	<input type="text"/>
Please tick one box only			
1. Are you restricted by illness or injury from carrying out your normal duties of your occupation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been paid or are you eligible to be paid a TPD benefit or been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered YES to questions 1 or 2 above you are not eligible for an insurance transfer.			
3. Is your cover with your previous fund subject to any restrictions, limitations and /or additional premium loadings.			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered YES to question 3 please advise full details and provide written advice of the acceptance terms from your previous fund (see requirements section above).			
I confirm that I am eligible to apply for transfer insurance and the information I have supplied in this application form is true and correct at the date of signing.			
Signature of member		Date (DD/MM/YYYY)	
<input type="text"/>		<input type="text"/>	
YOUR TRANSFERRED INSURANCE WILL NOT START UNTIL YOUR APPLICATION IS ACCEPTED IN WRITING BY ASSET			