

GUIDE TO COMPLETING THIS FORM

- > Use this form to transfer all or some of your super benefits to Advance Retirement Savings Account from another Fund. To close your account, please complete the Payment Request Form.
- > Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > In this form, a reference to your 'FROM fund' means the superannuation fund you are transferring benefits from.
- > Before completing this form, we recommend you ensure you have adequate insurance arrangements in place before you cancel any existing insurance cover you may have with your FROM fund.
- > If you want to transfer benefits from more than one FROM fund, please use a separate form for each FROM fund. Original signature is required on each form.
- > You do not need to complete this form if you are transferring your benefits from another Advance Retirement Suite Super/Pension Account.
- > Contact your FROM fund provider to confirm if they have any additional requirements (for example, original certified identification) before they can action this transfer authority.
- > If you do not supply all the required information to process your request, this may delay the actioning of your request with your FROM fund.
- > If your benefits have not been transferred within 6 months of us receiving this form, we will close the request as it is no longer valid.
- > Privacy laws protect your privacy. Read our Privacy Policy for more information. You can obtain a copy from our website advance.com.au
- > **Questions?** Call our Customer Relations team on 1800 819 935 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email investorservices@advance.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. This transfer may close the account you are transferring benefits from. You will need to check this with your transferring fund.

Things to consider when transferring your superannuation

When you transfer your super, some of your entitlements under that fund may cease, so you need to consider all relevant information before you make a decision to transfer your superannuation. Some of the points you may wish to consider are:

- > **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.

1. DETAILS OF FUND TO BE TRANSFERRED

Fund name*

Policy/Account number*

Administration company/trustee's ABN

Name of Administration company/trustee

Administration company's/trustee's address

	State	Postcode
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Country, if not Australia	
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Unique superannuation identifier (if applicable)

Please transfer*

Total Account Value

\$, , . (approximate value)

OR

Partial Account Value

\$, , .

Amounts paid into the policy after 30 June 1983 that I have claimed as a tax deduction.

Nil OR

All OR

\$, , .

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

Fund name

Date left previous employer



2. YOUR DETAILS

Title

Mr Mrs Miss Ms Other

Given name(s)*

Surname*

Date of birth (dd/mm/yyyy)*

Gender*

Male Female

Postal address

State

Postcode

Country, if not Australia

Home phone number

Work phone number

Mobile phone number

Fax number

Email address

Advance account number*

Tax File Number

* Denotes a mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

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 on contributions made to your account in the year, 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. Not providing your TFN may result in a delay in the transfer of your funds.

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 link documents. If you are completing more than one Transfer Authority a separate original certified copy is required for each transfer request. Please note that this form cannot be emailed or faxed to us if you are also providing original certified copies of linking documents.

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

Certification of personal documents

All copied pages of **ORIGINAL** 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.



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3. AUTHORISATION

I request and authorise the transfer of the amount of my superannuation benefits specified in Section 1 to BT Funds Management Limited, as trustee for the account type specified in Section 2. Make cheques payable to Advance (Account type – Name of member). Advance can be contacted on **1800 819 935**.

I make the following statements:

- > I have fully read this form and the information completed is true and correct
- > I am aware that I may ask the trustee of my transferring super fund 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 consent to my Tax File Number being disclosed for the purposes of consolidating my account
- > I discharge the trustee of my transferring super fund from all further liability in respect of the benefits paid and transferred to my account specified in Section 2, and
- > I authorise the trustee of my transferring super fund to provide information about the transfer to Advance.

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Signature

Date (dd/mm/yy)

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IMPORTANT – DON'T FORGET TO ATTACH ORIGINAL CERTIFIED COPIES IF YOU ARE PROVIDING LINKING DOCUMENTS WHEN YOU ARE CHANGING YOUR NAME, OR SIGNING ON BEHALF OF ANOTHER PERSON.

SEND THIS COMPLETED FORM TO US:

Online: Using our secure Document Upload facility on Investor *Online* or AdviserNET (accessed from Forms > Document Upload menu)

By Post: Advance Asset Management
GPO Box B87, Perth WA 6838

By Email: investorservices@advance.com.au

By Fax: (08) 9481 4834

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

FAX
(08) 9481 4834

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT

If you submit online, email or fax, you don't need to post us the original.



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