



# Completing the request to transfer whole balance of superannuation benefits between funds form

By completing this form, you will request the transfer of the **WHOLE** balance of your superannuation benefits between funds.


This form can **NOT** be used to transfer part of the balance of your superannuation benefits.

This form will **NOT** change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.

## BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.


## WHEN COMPLETING THIS FORM

- Refer to these instructions where a question shows a message like this: 
- Print clearly in **BLOCK LETTERS**.

## AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your fund.

## IMPORTANT INFORMATION

 This transfer may close your account (you will need to check this with your **FROM** fund).

This form can **NOT** be used to:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

## CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

## 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 you are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on 13 10 20.

## THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

## WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may 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%. Your fund may deduct this additional tax from your account.

If your superannuation fund does 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*, 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 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.

## TRANSFERS TO SELF MANAGED SUPERANNUATION FUNDS

You may use this form to transfer your benefits to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out.

In particular, superannuation benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 and retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

## Completing proof of identity

You will need to provide 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:

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

#### OR

<p><b>One of the following documents:</b></p> <ul style="list-style-type: none"> <li>▪ birth certificate or birth extract</li> <li>▪ citizenship certificate issued by the Commonwealth</li> <li>▪ pension card issued by Centrelink that entitles the person to financial benefits.</li> </ul>	AND	<p><b>One of the following documents:</b></p> <ul style="list-style-type: none"> <li>▪ letter from Centrelink regarding a Government assistance payment</li> <li>▪ notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example:               <ul style="list-style-type: none"> <li>– Tax Office Notice of Assessment</li> <li>– Rates notice from local council.</li> </ul> </li> </ul>
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### 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 certified 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.

### WHERE DO I SEND THE FORM?

You can send your completed and signed form with your certified proof of identity documents to either fund.

#### MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at [www.fido.asic.gov.au](http://www.fido.asic.gov.au), or
- Australian Taxation Office website at [www.ato.gov.au/super](http://www.ato.gov.au/super)

For more information about this form, phone the Australian Taxation Office on **13 10 20**.



# Request to transfer whole balance of superannuation benefits between funds

under the *Superannuation Industry (Supervision) Act 1993*

### COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a
- This form is only for whole (not part) balance transfers.

### AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your FROM or TO fund.

### Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  /  /

Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

See 'What happens if I do not quote my tax file number?'

\*Gender Male  Female

\*Contact phone number

### Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

### Previous address

If you know that the address held by your FROM fund is different to your current residential address, please give details below.

Address

Suburb

State/territory  Postcode

### Fund details

#### FROM

\*Fund name

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

#### TO

\*Fund name **Asgard Employee Super Account**

\*Fund phone number

\*Membership or account number

Australian business number (ABN) **90 194 410 365**

Superannuation Product Identification Number (SPIN) **ASG0007AU**

You must check with your TO fund to ensure they can accept this transfer.

### \*Proof of identity See 'Completing 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 or local council notice (<1 year old) with name and address

### Authorisation

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.
- If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- 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.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date  /  /

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

## Disclosure Authority

The purpose of this form is to enable Asgard Capital Management Ltd to follow up your transfer request on your behalf.

Asgard Capital Management Ltd is sensitive to privacy issues, and we treat all personal information we receive with the utmost care. For further information on how we manage information please refer to our Privacy Policy which can be obtained by calling 1800 998 185 or from the website [www.asgard.com.au](http://www.asgard.com.au).

I \_\_\_\_\_ of address \_\_\_\_\_

and date of birth \_\_\_\_\_

Hereby authorise full disclosure of my account information to Asgard Capital Management Ltd.

Upon production of this document, a photocopy, or facsimile, I authorise you to:

- Answer any correspondence from Asgard Capital Management Ltd to the extent necessary to give effect to the proposed transfer.
- Provide any information as requested by Asgard Capital Management Ltd via phone, facsimile or email relating to my accounts held with you.

Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Date:

\_\_\_\_\_