SuperWrap Personal Super Plan/Pension Plan Withdrawal Request

Use this form to:

Roll over or withdraw funds from your **SuperWrap Personal Super Plan** or **Pension Plan**.

Complete this form by typing directly into the relevant sections, then print off before signing, alternatively complete by using **black pen** – print in clear **CAPITAL LETTERS**. Use crosses [x] in boxes where applicable.



In certain circumstances, we may contact you to verify this request

PRIVACY STATEMENT

Why we collect your personal information

We collect personal information from you so that we can process your withdrawal request. We may also use your information to comply with legislative or regulatory requirements in any jurisdiction, prevent fraud, crime or other activity that may cause harm in relation to our products or services and help us to run our business.

If you do not provide all the information we request, we may not be able to process your withdrawal request.

Disclosing your personal information

We may disclose your personal information to other members of the Westpac Group*, anyone we engage to do something on our behalf such as a service provider, and other organisations that assist us with our business.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in the BT Privacy Policy.

As a provider of financial services, we have obligations to disclose some personal information to government agencies and regulators in Australia, and in some cases offshore. We are not able to ensure that foreign government agencies or regulators will comply with Australian privacy laws, although they may have their own privacy laws. By using our products and services, you consent to these disclosures.

Other important information

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may complain about a breach of the Privacy Act 1988 (Cth), or a registered privacy code and how we will deal with your complaint;
- how we collect, hold, use and disclose your personal information in more detail.

The BT Privacy Policy will be updated from time to time.

Where you have provided information about another individual, you must make them aware of that fact and the contents of this privacy statement.

* "Westpac Group" means Westpac Banking Corporation and its related bodies corporate.

1. ADVISER DETAILS
Adviser name
Adviser number
F
2. INVESTOR DETAILS
Investor number
M
Account type:
Personal Super Plan Pension Plan
Given name(s)
Surname

3. RESIDENCY STATUS

If you are requesting a cash withdrawal, this section is mandatory. Certain conditions apply to temporary residents.

- I am an Australian citizen, New Zealand citizen or permanent resident of Australia.
- I am currently or have previously been in Australia on a temporary resident visa.¹
 - ♦ Visa subclass
 - A temporary resident visa is a visa issued under the Migration Act 1958 that allows a person to remain in Australia during a specified period; until a specified event happens; or while the holder has a specified status. You may be restricted to certain conditions of release if you are or were a temporary visa holder.

4. TAX FILE NUMBER

Please see the declarations at the end of this section regarding providing your Tax File Number ('TFN').

1.			J ,							1
TFN	1									
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ADDITIONAL INFORMATION/DECLARATIONS

We are required to provide you with the following information before you supply your TFN. Your TFN is confidential, and you should be aware of the following details before you decide to provide it.

 We can collect your TFN under the Superannuation Industry (Supervision) Act 1993, from a range of sources including you, your employer or the ATO. You can, however, notify us in writing not to record your TFN.



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- If you do provide your TFN to us, it will only be used for legal purposes. This includes finding or identifying your super benefits (including multiple accounts) in the fund, calculating tax on any benefit you may be entitled to, and providing information to the Commissioner of Taxation. These purposes may change in the future as a result of legislative change.
- It is not an offence if you choose not to quote your TFN. However, if you do not provide us with your TFN, either now or later, you may pay more tax on your benefits than you have to. You may also pay the highest marginal tax rate on employer contributions and the taxable component of rollovers. You will also not be able to make personal contributions to your account. It may also be more difficult to locate or amalgamate your super benefits in the future to pay you any benefits you are entitled to. These consequences may change in the future. Where the contribution has been made in respect of insurance cover, and we are obliged to return the contribution, you will be provided 28 days notice prior to your insurance cover being cancelled if cover has already commenced.
- If you supply us with your TFN, we may provide it to the trustee
 of another super fund or to a retirement savings account provider,
 where that retirement savings account provider or trustee is to
 receive your transferred benefits in the future. We will not pass
 your TFN to such a trustee or retirement savings account provider
 if you tell us in writing that you do not want us to.
- We may, with your consent, use your TFN and other relevant information to search ATO records to locate superannuation amounts held on your behalf by other superannuation funds or by the ATO.
- We may also give your TFN to the Commissioner of Taxation.
 Otherwise your TFN will be treated as confidential.

5. WITHDRAWAL DETAILS
A
Partial cash withdrawal amount
\$
Please withdraw this amount after tax (net)
Sell my assets as necessary to provide sufficient funds to process this request and maintain the minimum balance in my Cash Account ¹ .
Full cash withdrawal and complete account closure ² . All of your assets ³ will be sold
Asset Transfer ³ – Partial (please provide a cover letter with full instructions including Australian Standard Transfer forms where required)
Asset Transfer ³ – Full available cash withdrawal and complete account closure ² (please provide a cover letter with full instructions including Australian Standard Transfer forms where required)
Assets will be sold according to your nominated drawdown strategy. If you use the Preferred Portfolio facility, your assets will be sold on a pro rata basis across all of your investments (whether or not all of your assets are subject to the Preferred Portfolio Facility), otherwise assets will be sold in accordance with your nominated drawdown strategy. If you do not use the Preferred Portfolio facility and you have not made a drawdown nomination, your assets will be sold in the following order: 1. Managed funds starting with the holding having the highest value; 2. Listed securities starting with the holding having the highest value.
² If you have insurance attached to your SuperWrap account please complete section 11.
 Asset: units held in Managed Funds, Term Deposits or Listed Securities in your SuperWrap account.
It is important that personal tax deductions are claimed prior to withdrawals.

This withdrawal is to be a:	
rollover – proceed to section 6	
cash withdrawal	
If you are withdrawing from a pension ac specify additional details below. Your pension will not be processed until you select a pa	ccount, please on withdrawal ayment type.
For tax purposes, please treat my cash without	drawal as:
a lump sum payment an income payment – proceed to section	ı 7
Income payments from your SuperWrap Pension Pla commutations and will not reduce your transfer bala For more information about the transfer balance acc the Australian Tax Office website at www.ato.gov.au	ance account. count, visit
If you select to receive this payment as income the payment must be made to the bank accou income is normally paid otherwise you should cous an original 'Pension Amendment Form' to nom account for income payments.	nt to which your mplete and send
Important note: as the treatment of this withd sum or income payment may have a differe and social security purposes, you should s financial adviser before completing this section or income payment amount will be paid in regular income payments that you have elect the current financial year.	nt result for tax peak with your n. The lump sum addition to the
If you have requested a complete account closure us improve our services by telling us why you are account:	e, please help re closing your
Service issue with BT	
Fees and Charges	
Performance	
Retirement	
Change to my adviser/dealer group	
Product functionality	
Other e.g. Buying a house, consolidation	
Has this closure been recommended by your fir Yes No	nancial adviser?
6. PAYMENT INSTRUCTIONS	
For cash withdrawals, the funds will be deposite previously nominated 'one off' withdrawal bank act you choose an option below.	
Important note: If you are withdrawing from a pension account, you are only able to rollover your pension to commence another superannuation income your reversionary other superannuation monies.	r reversionary come stream.
I am rolling over to another account in Super	Wrap that is:
An existing account with the following Inve	stor number:
M	



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_	
I am rolling over to another account in Wrap that is:	Name of financial institution
An existing account with the following Investor number:	
M	Branch name
A new account (please ensure an application form for the	
new account is enclosed)	BSB number
I am rolling over to another institution or self managed super	
fund (SMSF)	Account number
If you are rolling over to an external SMSF you must also complete section 10 'PROOF OF IDENTITY'.	
complete section 10 'PROOF OF IDENTITY'.	Account holder's name(s)
Fund name	
Fund name	
Fund name	
Fund name	Please retain these details on file for future withdrawals (not applicable for rollovers to SMSFs)
	(Hot applicable to Holoro to Ollio)
	Please note this will not update the account for your
State Postcode	regular income payment.
Cheque payee	Disease week a sharing test
	Please post a cheque to*:
Fund ABN or SFN	my registered address
	my financial adviser's office
Unique Superannuation Identifier (USI)	Cheque payee
This is not required for a self-managed super fund	
Member number	* Your withdrawal cheque will be posted to your registered addres
	if you do not make a selection.
If you are rolling over part of your investment, please advise	Please note a rollover to another institution or SMSF can
If you are rolling over part of your investment, please advise us of the preservation components from which your withdrawal is to come:	only be posted to the registered address of the other institution or SMSF.
Unrestricted non-preserved amount \$	UI SIVISI .
	I am recontributing this amount into SuperWrap as a:
Restricted non-preserved amount \$	
Preserved amount \$	Post-tax personal contribution into:
If you do not make a nomination, your rollover will be prorated	M
across your components. FOR A ROLLOVER TO ANOTHER INSTITUTION: SuperWrap	Post-tax spouse contribution into
will make payments to APRA Regulated Funds or	M
retirement savings accounts via SuperStream.	I confirm that my spouse is entitled to the withdrawal benefit
FOR A ROLLOVER TO A SELF MANAGED SUPER FUND: If you have a bank account in the same name as the SMSF and	and I have received direction from my spouse to apply the contribution on their behalf.
you would like the rollover paid to the account, please provide	I acknowledge as part of this process the withdrawal proceeds
the details below. If no bank account details are provided, the rollover will be paid by cheque.	will be held by the trustee and then applied as a contribution
Please note that the Rollover Benefit Statement and cheque	back into SuperWrap in accordance with the instructions outlined above. I understand that the lump sum payment
(where applicable) must be sent to the SMSF's registered address. You can confirm the registered address at	amount noted in section 5 will include a tax free proportion
http://superfundlookup.gov.au/.	that is the same (in percentage terms) as the tax free proportion of the SuperWrap account from which the lump sum payment
Disease you to my houly account or CASOF	is being drawn down. No Contribution fee will be charged.
Please pay to my bank account or SMSF If you are making a cash withdrawal to your bank account or rolling	A recontribution can only be made into a Pension Plan
over to a SMSF we need to confirm your bank account details for this payment or rollover to proceed. This account may be with any	at its commencement.
Australian bank, building society or credit union. For cash withdrawals.	A recontribution can only be a cash transaction; sufficient funds must be made available.
the account must be in the name of the investor or in a joint bank account of which the investor is an account holder. For rollovers to	
a SMSE the account must be in the name of the SMSE	

Nar	me of financial institution
Bra	nch name
	B number count number
Acc	count holder's name(s)
	out inside of italiio(o)
	Please retain these details on file for future withdrawals (not applicable for rollovers to SMSFs)
	ise note this will not update the account for your lar income payment.
leas	se post a cheque to*:
	my registered address
	my financial adviser's office
Che	eque payee
am Pos	Please note a rollover to another institution or SMSF can only be posted to the registered address of the other institution or SMSF. recontributing this amount into SuperWrap as a: st-tax personal contribution into:
M	
Pos M	t-tax spouse contribution into
and con l ac will bac out ame that of the	Infirm that my spouse is entitled to the withdrawal benefit I I have received direction from my spouse to apply the stribution on their behalf. It knowledge as part of this process the withdrawal proceeds be held by the trustee and then applied as a contribution sk into SuperWrap in accordance with the instructions lined above. I understand that the lump sum payment ount noted in section 5 will include a tax free proportion t is the same (in percentage terms) as the tax free proportion he SuperWrap account from which the lump sum payment leing drawn down. No Contribution fee will be charged.
	A recontribution can only be made into a Pension Plan at its commencement.



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7. REASON FOR WITHDRAWAL

Please nominate if any of the situations below are relevant, as further details may be required in certain cases. Generally, you are not allowed to withdraw preserved money from a superannuation fund until you reach preservation age and retire or if you are transferring to another institution. Your financial adviser or the Administrator can assist with the special circumstances under which you can withdraw

your preserved money.
Temporary residents can generally only access their preserved super benefits if they become permanently incapacitated, have a terminal medical condition, or have departed Australia permanently and their visa has ceased. Please refer to the 'Additional Information Booklet' for further information, or contact your financial adviser or SuperWrap.
I am transferring to the SuperWrap Pension Plan. Please attach a completed Pension Plan/Non-Commutable Pension Plan Application Form. If you have made personal contributions, the Personal Tax Deduction Notice section must be completed.
I am withdrawing an unrestricted non-preserved amount.
I am withdrawing a restricted non-preserved amount. You must have left the service of the employer who had (or any associates had) at any time contributed to your SuperWrap account and provide a Separation Certificate issued by Centrelink or written confirmation on the Company/Business letterhead, confirming cessation of employment.
I am age 65 or over.
I terminated an employment contract between age 60–64
(inclusive). This means you have ceased gainful employment with an employer after turning 60 (please note that you can still be working).
Date employment / / / / / / / / / / / / / / / / / / /
I have reached my preservation age ¹ and have retired.
This means you have reached your preservation age ¹ , have ceased employment and have no intention of becoming gainfully employed in the future for 10 hours or more per week.
Date of retirement
I am rolling over to another account within SuperWrap.
I am rolling over to another institution or Self Managed Super
Fund (SMŠF).
I am permanently incapacitated. I have attached two SuperWrap Confidential Medical Reports and a personal declaration (these are available from your financial adviser).
I am withdrawing on the grounds of severe financial hardship. I have attached the required documents to make a financial hardship claim. (Please contact your financial adviser for assistance)
I am withdrawing on compassionate grounds. I have attached an original certificate letter from the Australian Taxation Office (ATO) approving the release of these funds.
I am requesting a Departing Australia Superannuation
Payment (DASP). I have attached the required documents to make a DASP claim. (Please contact your financial adviser for assistance).
I am suffering from a terminal medical condition. ²
I have attached two SuperWrap Confidential Medical Reports including one signed by a specialist (these are available from your financial adviser).
¹ To determine your preservation age, please refer to the Additional Information Booklet, available at <u>investorwrap.com.au</u> or

to fund future premiums. This information is intended as a guide only and does not constitute advice. Before making a withdrawal you should speak to your financial adviser about the impacts this could have on your insurance entitlements.

If you are suffering from a terminal medical condition, you may be entitled to more favourable tax treatment on your withdrawal. Please speak to your financial adviser for further information.

O. PERSUNAL IAX DEDUCTION NUTIC	8.	PERSONAL TAX DEI	DUCTION NOTIC)E
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Do you wish to claim or vary a tax deduction on personal contributions made in the current or previous financial year? Note: If you do not complete this section, you confirm that either you have already claimed a tax deduction for these contributions not claim a tax deduction for these contributions. No, I do not intend to claim or vary a tax deduction. Yes, I intend to claim or vary a tax deduction. Please complete and attach a Personal Tax Deduction Notice Form. To obtain a SuperWrap Personal Tax Deduction Form, contact your financial planner or go to www.investorwrap.com.au.

9. ACCOUNT WITH UK SOURCED FUNDS

Have you deposited, transferred or rolled over funds derived from a UK registered pension scheme into your SuperWrap account after 6 April 2006?

- Yes, you are required to complete this section before we can process your withdrawal request No, proceed to section 10

Your National Insurance Number

When did you leave the UK?

Were you a UK tax resident at any time during the current or previous 5 UK tax years?

Yes No

Are you transferring or rolling over to 'qualifying recognised overseas pension scheme' (QROPS)

Yes No

If yes, please provide the receiving fund's HMRC Reference number

I acknowledge that the taxation issues involved with transactions in respect of funds derived from foreign funds (particularly those funds derived from UK's registered pension schemes) are complex and that SuperWrap has strongly recommended that I obtain advice from a qualified adviser regarding the potential consequences before proceeding with this withdrawal or rollover request. I acknowledge that I have received, or otherwise declined, appropriate advice as to the nature and effect of the withdrawal or rollover, and I wish to proceed with the transaction.

- I acknowledge that SuperWrap is required to report within the required timeframe to HM Revenue & Customs (HMRC) payments and rollovers made from the fund. I understand that UK tax liabilities may arise as a result of a payment or a rollover made (eg a rollover to a non-QROPS) and that I will be responsible for ensuring the QROPS status of the receiving fund and the payment of any UK tax liability that may arise as a result of the rollover.
- Reportable payments may include amounts that have not originated from my original UK pension transfer. The UK law may deem that these amounts relate exclusively to my UK pension transfer amount until the total of all payments from my account exceeds that amount.



² If you withdraw your entire superannuation benefit you will lose

any insurance you currently have. If you want your insurance to

continue you will need to leave sufficient balance in your account

from your adviser.

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 I acknowledge that SuperWrap has not made any promise, representation, or provided or purported to provide any advice, or inducement in relation to the proposed transaction, whether the HMRC considers SuperWrap or any other fund to be a QROPS or the consequences of the transaction (including but not limited to the potential tax and reporting consequences under the UK laws). I acknowledge the risks associated with change in laws or rules applicable to a QROPS from time to time with or without notice to me and that a fund's QROPS status may change subject to the UK law or rules. I agree that the withdrawal or rollover request and process may be subject to any such changes and risks. I acknowledge that the HMRC may have the discretion to impose restrictions in respect of my UK sourced funds and/or require the fund to comply with its requirements that may affect my UK sourced funds. I agree and acknowledge that to the maximum extent permitted by law, the trustee and administrator of SuperWrap (and their officers, employees, contractors, agents, related bodies corporate and advisers) will not be liable to me or any person for any liability or costs that I may incur in any way connected (directly or indirectly) with the proposed withdrawal or rollover request (including but not limited to potential tax liabilities). 	Have you confirmed that sufficient funds are available to cover the withdrawal and any other payments due – including pension, fees etc? Have you selected the Cash Out or Rollover option in section 5? If you are withdrawing from a Pension, have you indicated whether the withdrawal is an Income or Lump Sum payment? Do you wish to claim or vary a tax deduction for personal contributions under section 8? If you have previously deposited, transferred or rolled over funds derived from UK registered pension schemes, have you completed all questions under section 9? Have you Signed and Dated this request in section 13? If you are rolling over: Have you provided the address of the rollover institution in section 6 (in particular the fund registered address is required for SMSFs)? Have you provided the fund ABN and USI in section 6 (in particular the ABN is required for SMSFs)? If you are requesting to roll over to an external SMSF have you: a) completed section 10, and b) attached certified proof of identity documents. If you are rolling over to another account within SuperWrap, have you either:
10. PROOF OF IDENTITY	 a) provided the investor number for the account to which your benefit is being rolled (if you have an existing SuperWrap
This section is mandatory if you are rolling over to a SMSF.	account), or b) attached an application form to start a new SuperWrap account
See 'Completing proof of identity' for more information.	(if you are setting up a new account for this purpose)?
I have attached a certified copy of my primary photographic identification document.	If you are withdrawing cash: Have you provided your bank account details or requested a
OR	cheque payment in section 6? If you would like your bank details held on file, have you indicated
I have attached certified copies of both:	this in section 6?
 A primary non-photographic identification document, and A secondary identification document. 	13. DECLARATION AND SIGNATURE
11. INSURANCE AND ACCOUNT CLOSURE	I agree that all information provided in this form is true and correct. In addition:
Closing your SuperWrap account will automatically cancel any	FOR A PARTIAL WITHDRAWAL
insurance policies being paid for through your SuperWrap account (including flexi linked policies). If you would like to continue your insurance outside of SuperWrap, please speak with your financial adviser or contact the customer service team on 1300 360 899 to discuss your options prior to submitting this form and closing your account.	If I have not checked the box to instruct a drawdown of my assets, I agree to ensure there are sufficient funds available in the Cash Account above the minimum balance to process this withdrawal. I understand that if there are insufficient funds and I have not checked the box to instruct a drawdown, then my instruction for a partial withdrawal will not be acted on. If I have checked the box to instruct a drawdown of my assets, I agree that my investment holdings will be sold down as set out in footnote 1 of section 5 to the extent
If you have insurance through your SuperWrap account, please select one of the following options:	necessary to make funds available to meet the withdrawal request and maintain the minimum balance in my Cash Account.
Transfer insurance to my new Wrap account	FOR A FULL WITHDRAWAL
If you are transferring your insurance to a new Wrap or SuperWrap account please provide the account number. Please note this cannot be transferred to a pension account. M Cancel insurance policies attached to my account upon receipt	I agree that all investment holdings will be sold down unless otherwise instructed. I understand that I will be unable to redeem any investments in a suspended fund or funds (ie a fund with suspended transactions on a full or limited basis which may also have suspended issuing prices). However, I agree that the withdrawal will proceed in relation to all other investments.
of this form, including any flexi linked policies held outside	FOR A ROLLOVER
of my SuperWrap account. 12. CHECKLIST Have you provided your account details in sections 1 and 2? Have you provided details of your residency status in section 3? If you have not done so previously, have you provided your Tax File Number in Section 4? Have you selected a withdrawal amount in section 5?	I am aware I may ask 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 have obtained or do not require such information. I consent to my tax file number being disclosed for the purposes of consolidating my account. I discharge SuperWrap of all further liability in respect of benefits paid and transferred to the fund nominated in section 6 of this form. 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.
Thave you selected a withdrawal allount in section 3!	



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YOUR REQUEST CANNOT PROCEED IF THIS SECTION IS NOT SIGNED

Signature of Investor	
	Date (dd/mm/yy)
	/ /
Signatory's full name (please print)	

BT Funds Management Limited ABN 63 002 916 458 is the trustee and issuer of SuperWrap, which is part of Retirement Wrap

You can submit this form by:

ABN 39 827 542 991.

fax

mail SuperWrap, GPO Box 2337, Adelaide SA 5001

(08) 8422 4415

@

email wrapforms@btfinancialgroup.com

COMPLETING PROOF OF IDENTITY

You will need to provide documentation with this transfer request to prove you are the person to whom the super entitlements belong. Your identification documents may be verified by the fund through an electronic service provided by the Government of Australia.

ACCEPTABLE DOCUMENTS

The following primary and secondary identification documents may be used.

EITHER

A certified copy of any ONE of the following primary photographic identification:

- · driver's licence issued under state or territory law
- passport issued by the Commonwealth that has not expired within the past two years

0R

Any ONE of the following primary non-photographic identification documents:

- birth certificate or birth extract issued by a State or Territory of Australia
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

Any ONE of the following secondary identification documents:

- notice issued by the Commonwealth, State or Territory government within the past twelve months that records the provision of financial benefits and contains your name and residential address. For example:
 - letter from Centrelink regarding a government assistance payment
- notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address
 - notice of an ATO assessment
- notice issued by a local government body or utilities provider within the previous three months.
 For example:
 - rates notice from local government

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

AND

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 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.



IN CONFIDENCE – when completed

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The following persons can certify copies of the originals as true and correct copies:

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- · a Chief Executive Officer of a Commonwealth court
- · a registrar or deputy registrar of a court
- a Justice of the Peace
- · a notary public officer
- · a police officer
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- a permanent employee of Australian Postal Corporation with two or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous services with one or more financial institutions
- finance company officer with two 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 two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years continuous membership.

WHERE DO I SEND THE FORM?

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

MORE INFORMATION

For more information about super, visit the

- Australian Securities and Investments Commission website at <u>www.moneysmart.gov.au</u>
- ATO website at www.ato.gov.au/super

For more information about this form, phone the ATO on 13 10 20.



IN CONFIDENCE – when completed

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