

Super/Pension account Residual Balance Payment request for closed accounts



Use this form to provide payment instructions for funds remaining in your closed account.
Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.
Send the completed form to us via one of the following methods:

- email a copy to residualbalance@btfinancialgroup.com
- fax to (08) 9481 4834
- post to Asgard, PO Box 7490, Cloisters Square WA 6850

- ❗ If you email or fax this form, you don't need to post us the original. However, if supporting documents are required, you'll also need to post us the original signed copy of this form along with original supporting documents.
- ❗ Do not complete this form if you wish to make a partial withdrawal or close your open account. Please complete a Payment Request form available from your financial adviser or our Customer Relations team.
- ❗ If we don't receive payment instructions from you the funds may be classified as unclaimed and transferred to the Australian Taxation Office (ATO).

Questions? Call our Customer Relations team on 1800 998 185 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email client.support@asgard.com.au

Note: Privacy laws protect your privacy. Read our Privacy Policy for more information. A copy can be obtained from our website at www.asgard.com.au

1. Account details — mandatory section

Account number: 0500268 - D2 - 01 Date of birth: 27, 07, 1964

Title: MR Surname: TATTON

Given names: TERRY REGINALD

Postal address: 14 ROWAN PL
FIGTREE State: NSW Postcode: 2525

Phone (Business): Phone (Home):

Phone (Mobile): Facsimile:

Email:

This is my new address and contact details, can you please update my account details for all future correspondence.

My tax file number (TFN) is: 137 - 208 - 384

Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN, which will be used for legal purposes only. This includes finding or identifying your super benefits in Asgard super, calculating tax on super payments and providing information to the ATO. These purposes may change in the future. We may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you ask us in writing not to disclose your TFN to any other superannuation provider.

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 as a result of no TFN contributions tax
- 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.

❗ These advantages may change in the future.



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Financial Institution name and branch name

Grid of boxes for financial institution name and branch name

To be able to access preserved benefits, you need to satisfy one of the conditions in section 3.

1 If you did not provide the necessary identification documents when opening or closing your account, to comply with Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) laws, you will need to complete and supply us with an Identification Form for Deferred Individuals (along with certified copies of identification documents).

3. Release of preserved benefits

Tick the condition that applies to you.

Retirement1

- I have reached my preservation age, I have ceased employment and do not intend ever again to work more than 10 hours per week.
I am over 60 and I have ceased an employment arrangement on or after reaching age 602.

Date ceased employment (dd/mm/yyyy)

Grid of boxes for date ceased employment

1 For more information on your preservation age please refer to the relevant disclosure document for your account, visit www.ato.gov.au or speak with your financial adviser.

I am over 651

Compassionate grounds1 (Special conditions apply, refer to your financial adviser or call our Customer Relations team.)

1 Please attach your Australian Taxation Office (ATO) approval letter allowing you to access your preserved benefits based on compassionate grounds.

Permanent incapacity — please also complete and attach a Permanent Incapacity Claim form

Terminal medical condition — please also complete and attach a Terminal Medical Claim form

- 1 These conditions are only available to persons who are Australian or New Zealand citizens, or permanent residents. By signing this form, you declare that, where you have nominated this condition, you are an Australian or New Zealand citizen or permanent resident.
2 Contributions and investment earnings after the date you ceased employment will remain preserved until you meet one of the other criteria or meet the same criterion again. Selecting this condition may restrict your ability to request a full cash withdrawal.

4. Declaration — mandatory section

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 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 the Trustee of all further liability in respect of the benefits paid and transferred to in section 2 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
for rollovers to a SMSF, I confirm that:
- I am a member, trustee or director of a corporate trustee of the SMSF
- the SMSF I am rolling over to is a regulated superannuation fund
I confirm that I have read and agree to the information stated in this form.

Signature

Signature box

Date grid

Name (only required if other than the account holder has signed above)

Name grid

Trustee: BT Funds Management Limited ABN 63 002 916 458 RSE L0001090 AFSL 233724
Custodian and Administrator: Asgard Capital Management Ltd (Asgard) ABN 92 009 279 592 AFSL 240695
Asgard Independence Plan - Division 2 ABN 90 194 410 365
Customer Relations team 1800 998 185, PO Box 7490, Cloisters Square, WA 6850



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