

Super/Pension account Residual Balance Payment request for closed accounts

Asgard

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

i 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.

i 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.

i 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) i

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.

i These advantages may change in the future.



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2. Payment options — mandatory section

Please complete one of the following options.

☒ **Option 1: Rollover to another superannuation or pension fund**

☒ Please indicate if you are rolling to a Self Managed Super Fund (SMSF). Note: By selecting this option, you are confirming that you are a member of the SMSF and the SMSF is a regulated superannuation fund.

Rollover details

Fund name/SMSF name

[illegible]

Fund phone number

Fund/SMSF Australian Business Number

52 732 681 714

Electronic Service Address (ESA) Alias - mandatory for SMSF

[illegible]

Membership or account number - (not required for SMSF)

[illegible]

Unique Superannuation identifier (USI) - (not required for SMSF)

[illegible]

SMSF bank account details – mandatory for rollover to SMSF

Financial Institution name

[illegible]

Branch

[illegible]

Bank account name

T	M	T	A	T	T	O	N	P	I	L	A	T	F	T	A	T	T	O	N	S	U	P	E	R	F	U	N	D
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BSB number

$$\begin{array}{|c|c|c|} \hline 1 & 8 & 2 \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline 5 & 1 & 2 \\ \hline \end{array}$$

Bank account number

9	6	9	4	5	3	1	1	7
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- i** If you are purchasing a pension, you need to have reached your preservation age (for a pre-retirement pension) or satisfy one of the conditions in section 3.
- i** If you are rolling over to a Self Managed Super Fund (SMSF):
 - You will need to complete and upload or post this form to us for processing, together with an original certified copy of identification.
 - TFN is required. The rollover will be rejected if this form is submitted without the member's TFN.
 - For security purposes, we will require a recent (issued within the 3 months) certified copy of an original bank statement for the SMSF bank account, showing the SMSF account name, BSB and account number.

➡ Proceed to section 4.

☐ **Option 2: Transfer to another Asgard account**

Account number (if known): - -

- i** If you don't currently have an open account, your financial adviser can open an account online or you, or you can complete and attach an application from a current Product Disclosure Statement.

➡ Proceed to section 4.

☐ **Option 3: Cash withdrawal**

☐ Credit the benefit to my financial institution account as detailed below

Name(s) bank account is held in

[illegible]

The Bank account name must be held in your name, or if it is a joint account, you must be one of the bank account holders.

BSB number

____ - _____

Bank account number

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➔ Proceed to section 3.



[illegible]

i 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).

Tick the condition that applies to you.

☐ 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.

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

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

- #### 4. Declaration — mandatory section

- 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.

Date / /

[illegible]

Asgard

