

# AET small APRA fund Closure form



Please complete this form if you would like to close your Fund or appoint a new trustee for your Fund.

Before completing this form, please consult your financial adviser.

Fund name

T H E M A N Z S U P E R A N N U A T I O N F U N D

Fund number

0 0 0 1 4 4 4 1

Member account number

0 0 0 0 4

Title

M R S

Surname

C I C C H I N I

Given name(s)

M A R I S A

## Section 1: Residency details

Please advise (✓) if you are an Australian resident:

☒ Yes, I am an Australian resident

☐ No, I am not an Australian resident. My country of residence is:

## Section 2: Type of closure

Please select one of the following options:

- ☐ I would like to close my Fund and have the assets paid to me as a cash lump sum. Please complete from section 2(a)
- ☐ I would like to close my Fund and rollover the benefits to another superannuation fund. Please complete from section 2(b)
- ☒ I would like to transfer the trusteeship of my fund. Please complete from section 2(c).

### 2(a) Lump sum (cash) closure – direct credit to your account with a financial institution

The closure of your Fund may be a capital gains tax event.

☐ I confirm the following condition of release has been met and I would like to have my benefit paid out to me in cash.

Please (✓) appropriate box

- ☐ I declare that I am over 65
- ☐ I declare that I have terminated employment after reaching age 60
- ☐ I have reached my preservation age and permanently retired
- ☐ I wish to receive a cash payment for other reasons. Please specify:


[illegible][illegible][illegible][illegible]

The rollover of your Fund is a capital gains tax event. Please provide proof of identity.

[illegible][illegible]
$$\begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$
[illegible][illegible][illegible][illegible]

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I have attached a certified copy of:

- ☐ my driver's licence or passport OR ☐ my birth/citizen certificate or Centrelink pension card AND ☐ my Centrelink payment letter or Government or local council notice (less than one year old) with name and address

The transfer of trusteeship of your Fund involves AET retiring as trustee and the appointment of new trustees as set out below.

**New trustee's name**

G	I	U	S	E	P	P	E		A	N	D		M	A	R	I	S	A		C	I	C	C	H	I	N	I				
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Trustee address

[illegible][illegible]

Q	L	D
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4	0	5	1
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Please (✓) the box below if you would like to:

- Section 5: Financial adviser declaration

[illegible][illegible][illegible]

☐ I have confirmed that the receiving party will accept the transfer of assets nominated in section 2. If the receiving institution cannot accept the transfer, this closure request will be cancelled.

X

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If Australian Executor Trustees cannot process my request due to insufficient information, my request will be suspended until such time as I provide all required information.

X 

12, 09, 2016

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M R

Surname

C I C C H I N I

Given name(s)

G I U S E P P E

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RECEIVED

20 SEP 2016

ADMIN SERVICES



Part of the IOOF group

[illegible][illegible][illegible][illegible]

**The rollover of your Fund is a capital gains tax event. Please provide proof of identity.**

[illegible][illegible]
$$\begin{array}{|c|c|} \hline & \\ \hline \end{array} = \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} + \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$
[illegible][illegible][illegible][illegible]

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☐ my birth/citizen certificate or Centrelink pension card AND

☐ my Centrelink payment letter or Government or local council notice (less than one year old) with name and address

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G	I	U	S	E	P	P	E		A	N	D		M	A	R	I	S	A		C	I	C	C	H	I	N	I		
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[illegible][illegible]

Q	L	D
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4	0	5	1
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### Section 3: Asset Instructions

**If you would like to sell the assets of your Fund, please advise the following:**

- ☐ I would like to sell all the assets of my Fund. Please note your Fund's listed assets are required to be sold by your financial adviser.
- ☐ I would like to sell the following assets of my Fund. Please note your Fund's listed assets are required to be sold by your financial adviser.

[illegible]

**If you would like to transfer the assets of your Fund, please advise the following:**

- ☒ I wish to transfer all the assets of my Fund
- ☐ I wish to transfer the following assets from my Fund


Please advise of the transfer method:

- ☐ Issuer sponsored  
☒ Broker sponsored, with:

Participant number

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HIN

[illegible]

Broker's full name

[illegible]

Broker's firm

[illegible]

Broker's contact number

[illegible]

**Please advise of the new registration details:**

Transferee's name

G	I	U	S	E	P	P	E		&		M	A	R	I	S	A		C	I	C	C	H	I	N	I		A	T	F
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Address

[illegible]

Suburb

[illegible]

State

Q	L	D
---	---	---

Postcode

4	0	5	1
---	---	---	---

**Please advise of the new registration details:**

Transferee's name

[illegible]**Address**[illegible]

Suburb

[illegible]

State

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Postcode

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