



ANZ Australian Staff Superannuation Scheme

Portability Transfer Instructions

Use this form if you wish to request the transfer of all or part of your existing account balance to another superannuation fund during your employment with ANZ.

If you need help

For assistance call ANZ Staff Super on 1800 000 086 or refer to the website www.anzstaffsuper.com.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box.



Title Mr Mrs Ms Miss Other

Date of birth / /

Given names

Surname

Residential address (must be advised)

Suburb State Postcode

Postal address (if different to above)

Suburb State Postcode

Daytime Telephone - Mobile -

E-mail

Membership number

Salary number



Step 2 – How do you want to prove your identity?

You will need to provide proof of your identity when you rollover/transfer to another super fund unless you have already provided proof of identity dated within the last three months. You should read the "Apply for a super payout" brochure on www.anzstaffsuper.com to check what proof of ID is required.

Choose () one of the three options below:

I have previously provided proof of identity dated within the last three months.

Use my Tax File Number (TFN)

This option is only available if you want to rollover/transfer your super to a complying super fund including a Self Managed Super Fund (SMSF).

The ANZ Australian Staff Superannuation Scheme might already hold your TFN. If you're not sure if you have previously provided it, you can choose to do so now. You do not have to provide your TFN, but if you do, this will ensure that any benefit you take from the ANZ Australian Staff Superannuation Scheme does not incur additional tax. Please also refer to the "Apply for a super payout" leaflet on the Scheme's website www.anzstaffsuper.com or call ANZ Staff Super on **1800 000 086** for additional information about providing your TFN.

Enter your TFN here

□	□	□	-	□	□	□	-	□	□	□	□
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By providing your TFN, you are authorising us to give this information to your other super fund.

NOTE: We will validate your TFN and personal details with the Australian Tax Office. If we cannot confirm an exact match with the ATO's records, you will be required to provide certified proof of identity (see below) and your payout will be delayed.

I have attached proof of identity documents. For full details on completing proof of identity, refer to the "Completing proof of identity" fact sheet on the Scheme's website www.anzstaffsuper.com or call ANZ Staff Super on **1800 000 086**.

Step 3 – Provide payment instructions

(If you wish to transfer your super fund to more than one fund, copy this section of the form and complete it for each fund, inputting the amount to be transferred to each fund).

1. Have you submitted a Standard Choice Form to ANZ to request that future contributions be redirected to another superannuation fund?

Yes No

2. Have you received confirmation from ANZ People Assist that your request to redirect your future contributions has been processed?

Yes No

3. Please transfer the amount indicated below as follows. *Select one option only*

Transfer all of my leaving service benefit.

OR

\$

□	□	□	□	,	□	□	□	□	□	□	□
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 (Part of my leaving service benefit)

Note: If you have requested a partial transfer and contributions to the Scheme will not cease, and the amount you have requested to transfer will leave a leaving service payout of less than \$5,000, the amount transferred will be limited so your leaving service benefit is \$5,000.

If you have requested a partial transfer and contributions to the Scheme have ceased in accordance with an election under the Choice of Fund provisions and the amount you have requested to transfer will leave a leaving service benefit of less than \$7,500, the amount transferred will be limited so your leaving service benefit is \$7,500.

Unless you instruct us otherwise, please note that this payment will be allocated from any unrestricted non-preserved amount first, then from any restricted non-preserved amount, followed by your preserved amount. We will also use this default order if your instruction is invalid (eg. you don't have any balance in the component you've asked us to draw the payment from).

For partial payments, please specify which components your payment should be allocated from:

(select an option)

Unrestricted non-preserved

Restricted non-preserved

Preserved

\$	□	□	□	□	,	□	□	□	□	□	□
\$	□	□	□	□	,	□	□	□	□	□	□
\$	□	□	□	□	,	□	□	□	□	□	□

Continued over



Step 4 – Sign the form

By signing this form I acknowledge that I have had the opportunity to ask the Trustee for any information that I reasonably require to understand any benefit entitlements I may have, including:

- information about any fees or charges that may apply to the proposed transfer; and
- information about the effect of the proposed transfer on my entitlements.

By signing this form I acknowledge and understand that:

- any death and Total and Permanent Disablement insurance cover I have in the Scheme will cease on the “insurance cessation date” (that is, the date 30 days after when all or part of my account balance is transferred to another superannuation fund or when ANZ or an associated employer ceases to contribute to the Scheme in respect of me, whichever is the earlier).
- my salary continuance insurance cover (if any) will cease on the “insurance cessation date”.
- if I have elected a partial transfer and my account is invested in multiple investment options, my partial transfer will be debited proportionately from my investment options. For example, if I have 50% of my account invested in Balanced Growth and 50% in Cautious, 50% of the partial transfer will be drawn from my Balanced Growth holding and 50% from my Cautious holding.
- I cannot access the preserved component or restricted non-preserved component of my account by transferring it to another superannuation fund as I will need to meet a condition of release to access preserved amounts and I will need to leave employment with ANZ to access any restricted non-preserved amounts.
- if I request a partial transfer and contributions to the Scheme have not ceased in accordance with an election under the Choice of Fund provisions under the Superannuation Guarantee Administration Act 1992 as amended, I must leave at least \$5,000 in my account in the Scheme. If I request a partial transfer in these circumstances and the remaining account balance would be less than \$5,000, the amount transferred will be limited so my leaving service benefit is \$5,000.
- if I request a partial transfer and contributions to the Scheme have ceased in accordance with an election under the Choice of Fund provisions, I must leave at least \$7,500 in the Scheme (i.e. the minimum balance to maintain an account in the Personal Section). This balance will be transferred to the Personal Section of the Scheme. If I request a partial transfer in these circumstances and the remaining account balance would be less than \$7,500, the amount transferred will be limited so my leaving service benefit is \$7,500.
- I am only permitted to request a transfer under the portability regulations if it is more than a year since my previous request (if any). If I have made a previous request to transfer all or part of my account balance less than 12 months prior to this request, my current request will not be processed.
- legislative restrictions may apply to this request.
- if I request a full transfer and contributions to the Scheme have ceased in accordance with an election under the Choice of Fund provisions, my membership of the Scheme will cease and extended death cover will not apply following the cessation of my membership.

If I remain a member of the Scheme after this request has been processed:

- if I am an Employee Section (Section A) member, I may apply for my insurance cover to be reinstated twelve months after the insurance cessation date in relation to this request. The terms and conditions in relation to reapplying for insurance cover are set out below.
- if I am an Employee Section C member, I cannot apply for my insurance cover for death and Total and Permanent Disablement to be reinstated in Employee Section C. However, I may elect to transfer the Employee Section and apply for insurance cover for death and Total and Permanent Disablement in the Employee Section twelve months after the insurance cessation date in relation to this request. If I transfer to the Employee Section and apply for insurance cover, the terms and conditions in applying for insurance cover in these circumstances are set out below.
- if I am a Personal Section (Retained Benefit Account Section) member, I cannot apply for my insurance cover for death and Total and Permanent Disablement to be reinstated. However, I may request that ANZ or an associated employer recommence contributions to the Scheme in respect of me in accordance with the Choice of Fund provisions and if I do so, I will become an Employee Section member and may apply for insurance cover twelve months after the insurance cessation date in relation to this request. The terms and conditions in relation to applying for insurance cover in these circumstances are set out below.
- if I reapply for insurance cover in the Employee Section (having remained in the Employee Section or having transferred from Employee Section C or the Personal Section):
 - I will not automatically be granted insurance cover for death and Total and Permanent Disablement;
 - I will need to provide satisfactory health evidence as required by the Insurer and any insurance cover for death or Total and Permanent Disablement will only commence after the Insurer has accepted my application after reviewing my health evidence.
 - I will need to reapply for salary continuance insurance cover in the Scheme and any salary continuance insurance cover will only commence after the Insurer has accepted my application after reviewing all relevant medical and other evidence.
- if my membership of the Scheme ceases when this request is processed, I may reapply for membership of the Scheme in the future while an employee of ANZ or an associated company of ANZ and request that ANZ or an associated employer recommence contributions to the Scheme in respect of me in accordance with the Choice of Fund provisions and, if I do so:
 - I will only be eligible to join the Employee Section of the Scheme;
 - I will not automatically be granted insurance cover for death and Total and Permanent Disablement on joining the Employee Section
 - I will need to provide satisfactory health evidence as required by the Insurer and any insurance cover for death or Total and Permanent Disablement will only commence after the Insurer has accepted my application after reviewing my health evidence; and

Continued over



Step 4 – Sign the form (continued)

- I will need to reapply for salary continuance cover in the Scheme and any salary continuance insurance will only commence after the Insurer has accepted my application after reviewing all relevant medical and other evidence.
- I understand that there may be a delay in payment if my details have changed or I have not provided satisfactory proof of identity.
- this document is a summary only and the Scheme's Trust Deed and Rules apply to the extent of any inconsistency.

Release of the Trustee from liability

I, being a member of the Scheme, fully and completely release and discharge the Trustee and its directors and officers, and any former trustees, directors and officers of the Scheme, on the transfer of all or part of my account balance from the Scheme to the superannuation fund nominated below from all liability (including any claim, action, damage, loss, cost, charge, expense, outgoing or payment) in respect of the amount transferred and the cessation of death, Total and Permanent Disablement and salary continuance insurance cover.

I have read the "Protecting members' privacy" statement on this form (see below) and I consent to the collection, use, storage and disclosure of my personal information as described in the "Protecting members' privacy" statement on this form.

Signature

Date

X

/ /

Send your completed form together with your proof of identity to:

ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001

Emails and faxes are not acceptable.

Your request will usually be processed within 3 business days of us receiving your fully completed form and any required attachments (including valid proof of identity where necessary).

Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001
Telephone: 1800 000 086
Facsimile: 03 9245 5827
Email: anzstaffsuper@superfacts.com

The Trustee's Privacy Policy Statement is available on the Scheme's website www.anzstaffsuper.com or from ANZ Staff Super by calling **1800 000 086**. You can also access the Scheme Administrator's privacy policy on the Scheme's website.

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Change Personal Details

Step 1 – Complete your new details

Complete the boxes below to change your personal details (only input for changes otherwise leave blank)

Input new name

Input new Postal address

Suburb

State

Postcode

Step 2 – Attach documentation if your personal details have changed

Name and Date of birth changes – see the 'Completing proof of identity' fact sheet on the website www.anzstaffsuper.com.

Address changes – attach a copy of a recent bill, mail item or driver's licence that displays your new residential or postal address.

If the required supporting documentation is not provided, the payment of your benefit will be delayed.

Step 3 – Sign the form

Sign the form to authorise your changes and confirm provision of supporting documentation.

- I have attached a certified copy of my marriage certificate, deed poll or change of name certificate to support my name change.
- I have attached a copy of a recent bill or mail item to support my postal address change.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

