

# Transfer Form



Before signing this Transfer Form, please ensure that you have read the Product Disclosure Statement for AMG Universal Super comprising the Features Booklet (Booklet 1), the Investment Booklet (Booklet 2) and the Application Booklet (Booklet 3) prepared on 1 July 2009. Please complete in pen using BLOCK letters. Print X in boxes where applicable.

## Section 1: MEMBER DETAILS

Surname		Salutation	
<input type="text"/>		<input type="text"/>	
Given Names		Date of birth	
<input type="text"/>		<input type="text"/>	
Street Address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (BH)	(AH)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		Membership Number	
<input type="text"/>		<input type="text"/>	

## Section 2: (FROM) FUND DETAILS

Fund Name			
<input type="text"/>			
Fund Address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone	ABN	SPIN : Superannuation Product ID Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Section 2: (TO) FUND DETAILS

Fund Name			
AMG Universal Super Fund			
Fund Address			
GPO Box 330			
Suburb		State	Postcode
Brisbane		QLD	4001
Telephone	ABN	SPIN : Superannuation Product ID Number	
07 3210 6733	30 009 320 583	PTC0131AU	

## Section 2: PROOF OF IDENTITY

If you have changed your name or are signing on behalf of the member, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two or more names.

Information about suitable linking documents are listed below.

Purpose	Suitable linking document
Change of name:	Marriage Certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of member:	Guardianship papers or Power of Attorney

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of AMG Universal's Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.amgsuper.com.au](http://www.amgsuper.com.au)

## Section 4: YOUR TAX FILE NUMBER (TFN)

I agree to provide my TFN

YES

My TFN is

NO

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, where your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed 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;
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing 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.

## Section 5: DECLARATION

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 do not require any further information.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund. 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.
- I hereby instruct you to transfer the above amount of my benefits from the above named account, fund or policy to Trust Company Superannuation Services Limited as Trustee for AMG Universal Super, a regulated superannuation fund under the Superannuation Industry (Supervision) Act, 1993 and its Regulations.
- I hereby give you the authority to provide all relevant information and to forward the cheque for the transfer :  
(made payable to Trust Company Superannuation Services Limited - AMG Universal Super) to GPO Box 35, Brisbane, Qld 4001

Member to sign here

Date

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## Section 2: IMPORTANT INFORMATION

Things you need to consider when transferring your superannuation. When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

• Fees – your FROM fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees.

• Your TO fund may also charge entry or deposit fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.

• Death and disability benefits – your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

### Completing Proof of Identity

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

### ACCEPTABLE DOCUMENTS

The following documents may be used.

EITHER - one of the following documents only:

- driver's licence issued under State or Territory Law or valid passport.

OR One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles person to financial benefits.

AND One of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example:
  - Tax office Notice of Assessment
  - Rates notice from local council.

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

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 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, Australian Post employee, etc) and date.

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

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five 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 five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive officer of a Commonwealth court.

### WHERE DO I SEND THE FORM?

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

Please return this completed form to AMG Universal Super GPO Box 330 Brisbane QLD 4001

Phone: (07) 3210 6733 Fax: (07) 3228 2633 Email: info@amgsuper.com.au Web: www.amgsuper.com.au

