

# **AON MASTER TRUST CORPORATE SUPER**

**Member Kit**

# WHAT TO DO NEXT

**UNLESS OTHERWISE INDICATED, ALL FORMS AND DOCUMENTS ARE AVAILABLE FROM OUR WEBSITE OR BY CONTACTING US (SEE BACK COVER).**

Your employer has nominated Aon Master Trust Corporate Super as the default fund for your employer SG payments and/or your insurance cover.

There are a number of things you can do to maximise your membership.

## ❑ Check your personal details and update them

If any of your personal details need to be updated, you can log in online and change them or complete and return the enclosed *Change member details and options* form.

## ❑ Make personal contributions

You can make regular contributions by cheque or by payroll deductions (if your employer agrees).

- ↳ If by cheque, complete and return a *Lump sum contribution* form each time. Please make any cheque(s) payable to: Aon Master Trust.
- ↳ If via payroll deduction, speak to your employer and find out if they can deduct personal before-tax or after-tax contributions from your salary on an ongoing basis. You can use our online *Salary sacrifice* calculator to find a suitable option(s) for you.

## ❑ Consider your investment option(s)

To choose investment option(s) other than the default you can log in online and make a choice or complete and return the enclosed *Change member details and options* form.

You can switch investments as often as you like at no cost.

## ❑ Consider your insurance option(s)

To select insurance cover other than the default level of cover determined by your employer, see page 6 of your Product Disclosure Statement (PDS) and then complete and return a *Personal statement and declaration of health* (if required) or, if you are transferring your cover from another super fund or retail insurer, an *Individual insurance transfer questionnaire*. We will notify you if further health evidence is required.

To work out estimated premiums and insurance options check our online *Insurance calculator*.

## ❑ Consider keeping your super in one place

You can transfer (roll over) super benefits from previous fund(s) into the Aon Master Trust. Complete and return the *Request to transfer whole balance of superannuation benefits between funds* form (contained in this kit) for each previous fund along with a certified copy of a photo ID for each transfer—see page 2 of the form notes for more information.

## ❑ Consider spouse membership

If your spouse would like to join the Aon Master Trust, they should obtain their own copy of the *Personal Super PDS*, then complete and return the *Personal Super: Member application* form, including the *Spouse details* section.

## ❑ Consider making a death benefit nomination

Complete the *Binding death benefit nomination* form (see next page) to make a binding nomination. To make a non-binding death benefit nomination for your super account, complete the relevant section and return the enclosed *Change member details and options* form, or go online once you receive your username and register for online services.

## ❑ Continue to advise us of any change to personal details and options

If your details or choices change, complete a *Change member details and options* form or log in online and make the changes at [aonmastertrust.com.au](http://aonmastertrust.com.au) once you receive your username and you register for online services.

## Making financial decisions?

If you do not have an adviser and you'd like advice on choosing investment options, deciding on insurance or comparing financial products, call us on **1300 880 588** for more information about financial planning services.

# Change member details and options

New members can use this form to change their member details, insurance or investment options, to nominate or update their beneficiaries or to provide their tax file number to the trustee.

If you have any questions, please call us on **1300 880 588** or email **contactaon@pillar.com.au**. For more information go to our website **aonmastertrust.com.au**.

## YOUR MEMBERSHIP

Please select the appropriate option.

**New member** – your employer has registered you as a new member and you wish to provide the Trust with your personal details and indicate which insurance and investment options you want.

## YOUR REQUEST

Please select the appropriate option.

- Provide or change member details** – complete *Your details, Your new details* and *Your declaration and authorisation*.
- Nominate or update beneficiaries** – complete *Your details, Your non-binding death benefit nomination* and *Your declaration and authorisation*.
- Apply for, opt out or change death, total and permanent disablement and/or income protection insurance options** – complete *Your details, Your insurance options* and *Your declaration and authorisation*.
- Provide your tax file number** – complete *Your details, Tax file number notification* and *Your declaration and authorisation*.
- Change or switch investment options** – complete *Your details, Your investment switch* and *Your declaration and authorisation*.

## YOUR DETAILS

Member number (if known)

       

Title  Given names

Surname

Date of birth         Sex (M or F)  Telephone

Mobile           Email

Postal address

Suburb  State    Postcode

## YOUR NEW DETAILS

Title	Given names*	
<input type="text"/>	<input type="text"/>	
Surname*	<input type="text"/>	
Date of birth*	Telephone	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mobile	Email	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* For changes of name or date of birth please attach a certified photocopy of an original relevant document (eg, copy of marriage, deed poll, name change or birth certificate). Please call us if you need more information.

## YOUR INSURANCE OPTIONS

Please select the appropriate option(s) and fill in the amount of insurance cover required.

If your employer has chosen an insurer other than AIA Australia, you may have other specific insurance options. Please check your *Product Disclosure Statement* before completing this section.

**Additional insurance will not be in force until you have been accepted by the insurer and advised by us in writing.**

<input type="checkbox"/> Death cover	\$ <input type="text"/> (voluntary cover)
	<input type="checkbox"/> Increase* <input type="checkbox"/> Transfer of external insurance cover**
<input type="checkbox"/> Total & permanent disablement cover	\$ <input type="text"/> (voluntary cover)
	<input type="checkbox"/> Increase* <input type="checkbox"/> Transfer of external insurance cover**
<input type="checkbox"/> Income protection cover	Your taxable salary \$ <input type="text"/> (complete amount)
	Maximum benefit period (select one box only)
	<input type="checkbox"/> Up to 2 years <input type="checkbox"/> Up to 5 years <input type="checkbox"/> To age 65
	Waiting period (select one box only)
	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
	<input type="checkbox"/> I would like to insure myself for an additional <input type="text"/> % (up to 10%) of pre-disability income to be paid into my super fund.

- ⊘ Income protection cover is only available if you are gainfully and permanently employed for a minimum of 15 hours per week.
- ⊘ If you opt out of cover or you cancel your insurance cover, you will need to provide health evidence satisfactory to the insurer if you apply for an increase in cover in the future.

If you wish to cancel or opt out of your insurance cover, please tick the options you wish to cancel below.

<input type="checkbox"/> Death cover	<input type="checkbox"/> TPD cover	<input type="checkbox"/> Income protection
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\* You must also complete and send a *Personal statement and declaration of health* form available on our website, or call us on 1300 880 588.

\*\* Please ensure that you complete and return an *Individual insurance transfer* form available on our website to avoid delays in processing your insurance application.

## YOUR INVESTMENT SWITCH

Complete the appropriate columns to change the investment options for your current account balance and/or future cashflow. Your decision is important and it may significantly affect the amount of benefit you receive. Please read the Important information below.

You will receive confirmation by letter once your investment switch is effected.

### Important information

#### Current account balance

- ✎ The options you choose must total 100% of your current account balance.
- ✎ You cannot allocate less than 5% of your current account balance to a chosen option.
- ✎ Account balances are not automatically rebalanced. The proportion of your chosen investment allocations may change over time based on unit price fluctuations.

#### Future cashflows including rollovers

- ✎ The options you choose must add up to 100%.
- ✎ The minimum allocation to any one option must be 5% of each cashflows.

Pre-mixed	Current account balance	Future cashflow	Sector (continued)	Current account balance	Future cashflow
High Growth – Index	<input type="text"/> %	<input type="text"/> %	International Shares – Diversified	<input type="text"/> %	<input type="text"/> %
High Growth – Active	<input type="text"/> %	<input type="text"/> %	International Shares – Core	<input type="text"/> %	<input type="text"/> %
Growth – Index	<input type="text"/> %	<input type="text"/> %	International Shares – Core (\$A hedged)	<input type="text"/> %	<input type="text"/> %
Growth – Active	<input type="text"/> %	<input type="text"/> %	International Shares – Emerging Markets	<input type="text"/> %	<input type="text"/> %
Balanced – Index	<input type="text"/> %	<input type="text"/> %	International Shares – Opportunities	<input type="text"/> %	<input type="text"/> %
Balanced – Active	<input type="text"/> %	<input type="text"/> %	Property – Australian Index	<input type="text"/> %	<input type="text"/> %
Capital Stable – Index	<input type="text"/> %	<input type="text"/> %	Property – Diversified	<input type="text"/> %	<input type="text"/> %
Capital Stable – Active	<input type="text"/> %	<input type="text"/> %	Property – Global Listed (\$A hedged)	<input type="text"/> %	<input type="text"/> %
Secure – Index	<input type="text"/> %	<input type="text"/> %	Alternative – Diversified	<input type="text"/> %	<input type="text"/> %
Secure – Active	<input type="text"/> %	<input type="text"/> %	Fixed Interest – Australian Index	<input type="text"/> %	<input type="text"/> %
<b>Sector</b>			Fixed Interest – International Index (\$A hedged)	<input type="text"/> %	<input type="text"/> %
Australian Shares – Index	<input type="text"/> %	<input type="text"/> %	Fixed Interest – Diversified	<input type="text"/> %	<input type="text"/> %
Australian Shares – Diversified	<input type="text"/> %	<input type="text"/> %	Fixed Interest – Australian	<input type="text"/> %	<input type="text"/> %
Australian Shares – Core	<input type="text"/> %	<input type="text"/> %	Fixed Interest – International (\$A hedged)	<input type="text"/> %	<input type="text"/> %
Australian Shares – Socially Responsible	<input type="text"/> %	<input type="text"/> %	Cash	<input type="text"/> %	<input type="text"/> %
Australian Shares – Opportunities	<input type="text"/> %	<input type="text"/> %	Diversified – Maple-Brown Abbott	<input type="text"/> %	<input type="text"/> %
International Shares – Index	<input type="text"/> %	<input type="text"/> %	<b>Total</b>	<b>100%</b>	<b>100%</b>
International Shares – Index (\$A hedged)	<input type="text"/> %	<input type="text"/> %			

## YOUR NON-BINDING DEATH BENEFIT NOMINATION

If you wish to make a binding nomination, please use the *Binding death benefit nomination* form on our website [aonmastertrust.com.au](http://aonmastertrust.com.au).

In the event of your death while you are a member of the Trust, the benefit provided under the rules of the Trust is usually payable by the trustee to one or more of your dependants or to your estate. Dependants are limited by law to your spouse, your children and any other persons who are financially dependent on you or in an interdependency relationship with you. Your nomination of preferred beneficiaries below will only be used as a guide by the trustee in deciding who should receive your death benefit.

If you do not have any dependants please cross this box.

If you do have dependants, we recommend that you list them as your preferred beneficiaries or your legal personal representative/executor for payment of your death benefit below. However you are not required by law to do so. You may change this nomination at any time. Attach a letter if you wish to nominate more than four beneficiaries.

Your percentage nominations must amount to 100% of your benefit.

### Beneficiary 1

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Beneficiary 2

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Beneficiary 3

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Beneficiary 4

Name in full

Date of birth

Relationship

Percentage of benefit (%)

### Legal personal representative/executor

Name in full (if it is a corporate body, provide official name)

Percentage of benefit (%)

Postal address

Suburb

State

Postcode

## TAX FILE NUMBER (TFN) DECLARATION

I understand that I do not have to provide my TFN. I am choosing to provide my TFN to the trustee:

- so that the trustee can accept my non-concessional contributions to super and so that any subsequent contributions and benefit payments may be taxed at concessional rates
- to facilitate the administration of my superannuation account, and to facilitate any other actual or proposed uses authorised by superannuation or taxation legislation.

Your TFN will be provided to any new fund to which you may later transfer, unless you advise us otherwise.

Tax file number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## PRIVACY

### Personal information

The personal information that the Aon Master Trust collects is used to process your application, administer your account and provide you with benefits and options and conduct research about how to improve Aon Master Trust services and products.

Unless required or authorised by law, we will only provide your personal information to authorised service providers and other Aon companies who use the information to administer your account and provide services to you. For more information about privacy, including a copy of the Aon Master Trust privacy policy, call us on **1300 880 588** or visit [aonmastertrust.com.au](http://aonmastertrust.com.au).

## YOUR DECLARATION AND AUTHORISATION

I declare that:

- as a member of the Aon Master Trust I will be bound by the trust deed and the rules thereunder
- I received a copy of the Product Disclosure Statement (PDS) when I joined the Aon Master Trust. I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time
- I have read the PDS which is designed to help me understand the product and to enable me to make an investment and/or insurance choice that is suitable for me
- my nomination of preferred beneficiaries is not legally binding on the Trustee. I also understand that I can change this nomination at any time and any subsequent nomination cancels this nomination
- that information contained in this form may be 'sensitive' under the Privacy Act 1988 and I consent to this information being made available to the Trust's consultant, administrator, legal adviser(s) and any other relevant third party, including my adviser.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Binding death benefit nomination

You can use this form to make a binding death benefit nomination in Aon Master Trust Corporate Super. You cannot revoke or renew a binding death nomination using this form.

If you have more than one account for which you wish to make binding death benefit nominations, you will have to complete *Binding death benefit nomination* forms for each of them. Please complete all the sections and ensure that the witnesses sign and date the form appropriately.

If you have any questions, please call us on **1300 880 588** or email **contactaon@pillar.com.au**. For more information go to our website **aonmastertrust.com.au**.

## IMPORTANT INFORMATION

- By making a binding death benefit nomination, in the event of your death while you are a member of the Aon Master Trust the trustee will pay your superannuation benefits to the beneficiaries that you wish to provide for, in the proportions you have nominated. See the section *Your binding nomination* for more information.
- By making this binding death benefit nomination you invalidate any previous binding or non-binding/discretionary nominations that you might have made while a member of the Aon Master Trust.
- This nomination will be binding on the trustee only if it is considered valid (see over) and when it is received and acknowledged by the trustee.
- If you have completed your form incorrectly your binding death benefit nomination will not be in force until a correctly completed form is received and acknowledged by the trustee.
- This nomination (once received and acknowledged by the trustee) will be valid for the account you have nominated on the form.
- If for any reason this nomination is considered invalid (see over), it expires or is revoked, it will not be binding on the trustee of the Aon Master Trust and the trustee retains the discretion of distributing your death benefit according to the terms of the Aon Master Trust trust deed.
- Your nominated beneficiaries will receive lump sum payments in the proportions you have nominated in your *Binding death benefit nomination* form.
- You should consult a licensed adviser before making any decisions regarding a binding death benefit nomination, as there are significant tax and estate planning consequences.
- In the event that your personal circumstances change you may need to review your binding death nomination, if any.
- Please note that fax or photocopies of this form will not be accepted. Please send the original to the address given at the bottom of the form.

## YOUR DETAILS

Please tick only if your employer has registered you as a new member of Aon Master Trust Corporate Super and you do not have a member number.

New member—your employer has registered you as a new member and you wish to make a binding death nomination on your account

Member number (if known)

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Title	Given names
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Surname

Date of birth	Sex (M or F)	Telephone
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Mobile	Email
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Postal address

Suburb	State	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

## YOUR BINDING NOMINATION

For this binding death benefit nomination to be considered valid and binding on the trustee:

- ⊘ it must have been completed in the prescribed form and received and acknowledged by the trustee
- ⊘ it must not have expired/lapsed or been superseded by a new binding death benefit nomination
- ⊘ the nominated beneficiary or beneficiaries must be in one or more of the categories below **at the time of nomination and at the time of death benefit assessment:**
  - > a spouse (legal, same-sex or opposite-sex de facto)
  - > child (including an adopted step or ex-nuptial child or a child of your spouse)
  - > wholly or partially financially dependent on you
  - > in an interdependency relationship with you
  - > legal personal representative(s) (LPRs)
- ⊘ your signature must be witnessed and signed appropriately by two persons over the age of 18 who are not beneficiaries nominated by you
- ⊘ your instructions regarding the distribution of your benefit must be clear
- ⊘ the percentage of benefits you allocate to your beneficiaries must add up to 100%
- ⊘ you must be a member of the Aon Master Trust at the time of death.

Please read the Important information on the first page and the factsheet Binding death benefit nominations on our website [aonmastertrust.com.au](http://aonmastertrust.com.au) before completing this form.

Please complete details of your beneficiaries below including the percentage of your benefit allocated and ensure you show their relationship to you.

### Beneficiary 1

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse  Child  Financial dependant  Interdependant  LPR

### Beneficiary 2

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse  Child  Financial dependant  Interdependant  LPR

### Beneficiary 3

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse  Child  Financial dependant  Interdependant  LPR

## Beneficiary 4

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse     Child     Financial dependant     Interdependant     LPR

## Beneficiary 5

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse     Child     Financial dependant     Interdependant     LPR

## Beneficiary 6

Name in full

Date of birth

Percentage of death benefit

 % (complete percentage)

Relationship

 Spouse     Child     Financial dependant     Interdependant     LPR

## YOUR DECLARATION AND AUTHORISATION

I declare that:

- ☒ this nomination will apply to my nominated account within the Aon Master Trust
- ☒ this nomination will supersede any previous binding or non-binding/discretionary nomination I may have made while a member of the Aon Master Trust
- ☒ my nomination will be valid for three years from the day after the date of signature
- ☒ for my nomination to be considered binding on the trustee:
  - > the nomination must have been received and acknowledged by the trustee
  - > any beneficiaries nominated by me must be considered dependants under Superannuation Law or be my legal personal representative at the time of nomination and at the time of a death benefit assessment
  - > my instructions must be clear and the proportions of the benefit assigned to each beneficiary must add up to 100% of my benefit
  - > the form must be witnessed and signed appropriately by two people who are not listed as my beneficiaries and who are over the age of 18
  - > no court orders should apply to my account at the time of death benefit assessment
  - > the nomination must remain current, and
  - > I must be a member of the Aon Master Trust at the time of death.
- ☒ I may renew my nomination at any time by a further three years as long as my nomination remains current by sending a letter to the trustee, or by completing and sending in a renewal notice
- ☒ In the event of my death, if any family members, next of kin or legal personal representative should contest the terms of my nomination or if any legal proceedings should arise from my nomination, then the trustee will recoup the cost of resolving the dispute, including litigation from the benefit payable to me by the Trust
- ☒ if this nomination is deemed invalid or incomplete, it expires or if it not be received and acknowledged by the trustee, then the trustee retains the discretion to pay my death benefits according to the terms of the Aon Master Trust trust deed.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## WITNESS DECLARATION

Your signature must be witnessed by two persons over the age of 18 who are not your nominated beneficiaries.

I declare that:

- ☒ I am over the age of 18
- ☒ the member signed and dated this document in my presence.

### Witness 1

Name in full

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Witness 2

Name in full

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1 July 2011

To whom it may concern

**AON MASTER TRUST CORPORATE SUPER  
COMPLIANCE ADVICE**

This letter confirms that **Aon Master Trust Corporate Super** is part of the Aon Master Trust ('the Trust') (ABN 68 964 712 340). It is a resident regulated superannuation fund as defined under Section 10(1) of the Superannuation Industry (Supervision) Act 1993. The trustee of the Aon Master Trust is Aon Superannuation Pty Limited (ABN 83 057 982 822, AFSL 237465).

The **Aon Master Trust** was established by a trust deed dated 25 June 1990 and is able to accept contributions on your behalf from your employer and rollovers/transfers from other complying funds.

In the event that the Trust's complying status is revoked the trustee would receive notice to that effect under section 63 of the Superannuation Industry (Supervision) Act 1993. The trustee confirms that it has not received nor does it expect to receive any such notice.

Yours sincerely



**Jennifer Dean**  
Fund Secretary

For and on behalf of the trustee of the Aon Master Trust, Aon Superannuation Pty Limited

Please note that this letter can be provided to the fund you are transferring from or to your employer to confirm that the Trust is a complying superannuation fund. Superannuation Fund Numbers (SFNs) are no longer used and the relevant identifiers are given below.

ABN: 68 964 712 340

SPIN: AON0201AU

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# Completing the request to transfer whole balance of superannuation benefits between funds form

By completing this form, you will request the transfer of the **WHOLE** balance of your superannuation benefits between funds.

This form can **NOT** be used to transfer part of the balance of your superannuation benefits.

This form will **NOT** change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.

## BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

## WHEN COMPLETING THIS FORM

- Refer to these instructions where a question shows a message like this:
- Print clearly in **BLOCK LETTERS**.

## AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your fund.

## IMPORTANT INFORMATION

This transfer may close your account (you will need to check this with your **FROM** fund).

### This form can **NOT** be used to:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

## CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

## WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on **13 10 20**.

## 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.

## WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

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 TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

## TRANSFERS TO SELF MANAGED SUPERANNUATION FUNDS

You may use this form to transfer your benefits to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 and retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

## 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
- 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 the 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, Australia 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.

#### ➔ MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at [www.fido.asic.gov.au](http://www.fido.asic.gov.au), or
- Australian Taxation Office website at [www.ato.gov.au/super](http://www.ato.gov.au/super)

For more information about this form, phone the Australian Taxation Office on **13 10 20**.



# Request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993

## COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a ➔
- This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your **FROM** or **TO** fund.

## Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  /  /

Tax file number

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

➔ See 'What happens if I do not quote my tax file number?'

\*Gender Male  Female

\*Contact phone number

## Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

## Previous address

➔ If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Address

Suburb

State/territory  Postcode

## Fund details

### FROM

\*Fund name

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

⚠ If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

### TO

\*Fund name

\*Fund phone number

\*Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

⚠ You must check with your **TO** fund to ensure they can accept this transfer.

## \*Proof of identity ➔ See 'Completing proof of identity'

I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (<1 year old) with name and address

## Authorisation

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.
- If the **TO** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- 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.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date  /  /

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

**This page has been left blank intentionally.**



**Administrator**

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