

# Advance – Super Transfer Authority

Complete this Application in **BLOCK LETTERS** and

- post it to Advance, GPO Box B87, Perth WA 6838
- do not use this form if you wish to close your existing Account
- use a separate form for each fund being transferred
- we will accept photocopies with an original signature

**Note:** Privacy laws protect your privacy. Please read our Privacy Brochure for more information. A copy can be obtained from Investor Services.

**Questions?** Call Investor Services on **1800 819 935** or email [investorservices@advance.com.au](mailto:investorservices@advance.com.au)

### Important Information

What will happen to my future employer contributions?

Using this form to transfer your benefits won't change the fund into which your employer currently pays your contributions and may close the account you are transferring benefits from. Speak to your employer about changing your employer contribution to this fund.

### Things to consider when transferring your superannuation

The following may apply when changing funds, so you need to consider all relevant information before you make a decision to transfer your superannuation:

- **Entitlements** – After you have transferred your superannuation benefits from a fund, entitlements (including any insurance cover) under that fund may cease
- **Fees** – The fund you are exiting must give you information about administration and exit and/or withdrawal fees. Ask your previous fund for further information about fees before completing this form.

### Tax file number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number but there may be tax consequences. Please see section 2 for more information about what will happen if you do not quote your TFN.

### Proof of identification

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong. Please see section 3 for more information about the types of identification we will accept.

## 1. Details of fund to be transferred

Fund name

Policy/Account number

Administration company/trustee's ABN

Name of Administration Company/Trustee

Administration Company's/Trustee's address

 State  Postcode 

Super product identifier number (if applicable)

Please transfer  Total Account Value \$  (approximate value)

OR  Partial Account Value of \$



### 3. 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 notice (<1 year old) with name/address

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 entitle you to financial benefits.

**AND**

One of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory 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 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 link 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 person 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.

#### 4. Authorisation

I request and authorise the transfer of the amount of my superannuation benefits specified in section 1 to Asgard Capital Management Limited, as trustee for the account type specified in section 2. Make cheques payable to Asgard – Advance (Account type – Name of member). Advance can be contacted on 1800 819 935.

I make the following statements:

- I have fully read this form and the information completed is true and correct;
- I am aware that I may ask the trustee of my transferring super fund 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 trustee of my transferring super fund from all further liability in respect of the benefits paid and transferred to my account specified in section 2; and
- I authorise the trustee of my transferring super fund to provide information about the transfer to Advance.

Title

Surname

Given names

Signature

Date

**Important** – Don't forget to attach certified copies of your proof of identity documents.

## TO WHOM IT MAY CONCERN

### CERTIFICATE OF COMPLIANCE

We certify that:

1. The Advance Retirement Savings Account (the 'Account') is a resident regulated superannuation fund (within the meaning of the *Superannuation Industry (Supervision) Act 1993*) ('SIS'), Superannuation Fund Number 511 893 065 RSE R1005561 (the 'Fund'), which is also a complying superannuation fund under section 45 of that Act. The Fund ABN is 43 950 829 383.
2. The Advance Retirement Savings Account Superannuation Product Identification Number ('SPIN') is ASG0028AU.
3. The Trustee of the Account is Asgard Capital Management Ltd.
4. The Account has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of SIS.
5. Your employer can pay superannuation contributions to the Fund by making a cheque payable to Asgard – Advance RSA and forwarding the cheque together with the employee name, account number and contribution type to the address below. Your employer then forwards this attached with a cheque to:

Advance  
GPO Box B87  
Perth WA 6838



For and on behalf of the Trustee  
Asgard Capital Management Ltd