

Seamless Transfer your Member Direct account

Open a Choice Income account without having to sell and re-purchase your holdings in Member Direct preventing the trigger of capital gains and losses.

How Seamless Transfer works

We transfer your Member Direct account balance from your super account to a new Choice Income account. Transferring means you can stay invested and removes any costs associated with transaction costs and market risk. For Seamless Transfer, the whole Member Direct balance must be transferred across – partial transfers of your Member Direct account are not possible.

Important information about Seamless Transfer

- Seamless Transfer is tax free. It does not realise any capital gains or losses. When you Seamless Transfer, any unused realised or unrealised capital losses will no longer be useable to offset future realised capital gains in Choice Income.
- You won't have access to trade, or be able to monitor investments while they're being transferred. This process can take between 6-9 business days. You'll receive an email confirmation when the transfer is complete.
- Seamless Transfer cannot commence when certain types of corporate actions are pending.
- Limit orders must be completed or cancelled before requesting a Seamless Transfer.
- Seamless Transfer can only take place after your Choice Income account is set-up. Your new Choice Income account won't start until all funds have been received (no earnings apply on money during the transfer process and market movements may occur during this period).

- Term deposits are not transferrable with Seamless Transfer. This means we'll break the term deposit(s) if it is not matured before we complete the transfer. Your effective rate of interest will be reduced in accordance with the discount factors available at australiansuper.com/MemberDirect
- Funds in your cash account will be transferred to your Choice Income account without any change.
- Minimum balance requirements on the cash account and investment limits on balances and trades will continue to apply after Seamless Transfer is completed.

Refer Member Direct Terms and Conditions at australiansuper.com/MemberDirectTCs

Financial Advice

Transferring may not be the best option. Please ensure you understand the impact on your tax position and seek financial advice. A professional financial adviser can help you understand whether Seamless Transfer makes sense for you. AustralianSuper can refer you to a financial adviser. For more information on your advice options with AustralianSuper call **1300 300 273** between 8am to 8pm (AEST/AEDT) weekdays or visit australiansuper.com/advice

Privacy Collection Statement

Please read this Privacy Collection Statement to see how AustralianSuper uses your personal information.

AustralianSuper Pty Ltd (ABN 94 006 457 987) of 26/50 Lonsdale Street, Melbourne, Victoria, collects your personal information (PI) to run your super account (including insurance), improve our products and services and keep you informed. If we can't collect your PI we may not be able to do these tasks. PI is collected from you but sometimes from third parties like your employer. We will only share your PI where necessary to perform our activities with our administrator, service providers, as required by law or court/tribunal order, or with your permission. Your PI may be accessed overseas by some of our service providers. A list of countries can be found at the URLs below. Our Privacy Policy details how to access and change your PI, as well as the privacy complaints process. For complete details on the above go to australiansuper.com/CollectionStatement and australiansuper.com/privacy or call us on **1300 300 273**.

Open a Choice Income account

Member Direct



If you're below age 60 you MUST complete the Tax file number declaration form and return it with this form. Please complete in pen using CAPITAL letters. Print to mark boxes.

1. YOUR PERSONAL AND CONTACT DETAILS

Last name	Mr	Ms	Mrs	Miss	Dr				
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
First name/s	Male	Female	Date of birth						
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address									
<input type="text"/>									
Suburb					State		Postcode		
<input type="text"/>					<input type="text"/>		<input type="text"/>		
Postal address (if different to street address)									
<input type="text"/>									
Suburb/Town					State		Postcode		
<input type="text"/>					<input type="text"/>		<input type="text"/>		
Home telephone			Other telephone (eg business)			Mobile			
<input type="text"/>			<input type="text"/>			<input type="text"/>			
Email									
<input type="text"/>									

Please don't contact me about products and services that are not related to my AustralianSuper membership.

2. HAVE YOU FINALISED YOUR TAX DEDUCTIONS?

If you are claiming a tax deduction for personal contributions, have you finalised your tax deductions for your super contributions?

Not applicable (go to step 3) Yes (go to step 3) No You must finalise the tax deduction with your super fund before you transfer your super to your Choice Income account.

3. DO YOU QUALIFY?

Are you eligible to open a Choice Income account? Choose (X) the option that applies to you.

- I'm 65 or older (go to step 4)
 I've permanently retired from work and reached my preservation age (go to step 4)
 I've changed jobs on or after turning 60 (go to step 4)

If none of the above options apply to you, there are still other circumstances where you may be able to open a Choice Income account. Please call 1300 789 932 for help.

4. ARE YOU OPENING YOUR ACCOUNT WITH SUPER FROM AUSTRALIANSUPER?

Do you want to transfer super from your AustralianSuper account to open a Choice Income account?

Yes (go to step 4a) No (go to step 5)

a) What's your existing AustralianSuper member number?

b) Do you want to transfer your entire balance? Yes* (go to step 5) No (go to either step 4c or 4d)

*This will close your existing AustralianSuper account. Any insurance cover you have with this account will cease.

c) How much money do you want to leave in your AustralianSuper super account?†

\$5,000 \$10,000 Other amount: \$

d) Do you want to transfer a nominated amount to your Choice Income account?† \$

†You need to leave at least \$5,000 in your account or \$10,000 if you have insurance cover.

Please note: The balance transferred to your Choice Income account will be adjusted for fees, costs and returns (which may be positive or negative) and to ensure your super account is left with a balance of at least \$5,000.

Mark this box if you've attached a separate sheet because there wasn't enough space for all your accounts. Please include your member number/s and amount/s you want to transfer.

4. ARE YOU OPENING YOUR ACCOUNT WITH SUPER FROM AUSTRALIANSUPER? (CONT)

4e) Do you want to Seamless Transfer your entire Member Direct account to your new Choice Income account? (Note: partial transfer is not available from Member Direct into Choice Income.) Yes No

By selecting "Yes" I acknowledge that I:

- understand the possible tax outcomes
- have sought tax advice as needed
- understand that any un-matured term deposits will be broken prior to transfer
- understand that I won't have access to trade, or be able to monitor investments, during the transfer process.

By selecting "No" your Member Direct holdings will remain in your super account.

5. ARE YOU OPENING YOUR ACCOUNT WITH SUPER FROM ANOTHER FUND?

For each of the funds you list below, please complete the *Combine your super* form and provide certified copies of your identification for each fund.

Name of fund to transfer	Member number	Amount
		\$
		\$
		\$

Mark this box if you've attached a separate sheet because there wasn't enough space here.

6. PROVIDE YOUR BANK ACCOUNT DETAILS

Name of bank, building society or credit union

BSB number

Account holder's name*

Account number

You may provide a copy of your bank statement so we can check your details to avoid any payment delays.

* This must be a personal account, held solely or jointly in your name.

7. CHOOSE HOW MUCH AND HOW OFTEN TO RECEIVE PAYMENTS

a) How much do you want to receive each year?

You have two options – please choose (X) one option only. See the *Choice Income Product Disclosure Statement*.

Option 1. The minimum amount allowed (including any temporary Government relief available)

Option 2. Specific amount (each financial year) \$

(must be equal to or more than the minimum limits and may be subject to tax.)

Payment is pro-rated for the first year, if you open a Choice Income account after the financial year has started.

How much do you want this specific amount to increase by each year?

None CPI 1% 2% 3% 4% 5% (go to step c)

b) How often do you want to receive payments?

Please make my payments: Fortnightly

If you choose fortnightly payments, they will start from the next available pay date. See the *Choice Income Product Disclosure Statement*.

Please make my payments: Monthly Quarterly Half-yearly Yearly

What month should payments start?

Please choose the payment date: 15th 28th

Next scheduled payment date (as soon as possible).

* You will start to receive payments once your application is fully processed. This can take up to four weeks, or longer in some circumstances.

8. CHOOSE YOUR INVESTMENTS AND WHERE TO DRAW PAYMENTS FROM

a) Do you want to choose how to invest your account?

- Yes** Fill in column A, showing the percentage you want to invest in each option. (go to step 8b)
- No** If you don't make an investment choice your account will be invested in the Balanced option. (go to step 9)

b) Which investment option/s do you want your fees and income payments taken from?

Please choose one option only. If you don't make a choice your account will default to Option 1.

- Option 1: Highest balance** – take payments from the investment option with the highest balance.
- Option 2: Pro-rata** – take payments from each investment option in proportion to the balance in each option.
- Option 3: Payment order** – take payments in the order I choose.
Fill in column B, making sure you only order options you've chosen to invest in and have numbered all your chosen investment options.

	Investment option	A: % to invest in	B: Payment order
PreMixed options	High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Socially Aware	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Indexed Diversified	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Conservative Balanced	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Stable	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
DIY options	Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	International Shares	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Property	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Diversified Fixed Interest	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	Cash	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
	TOTAL MUST ADD UP TO 100%	<input type="text"/> <input type="text"/> <input type="text"/> %	

You can't choose to draw your payments from Member Direct.

9. NOMINATE BENEFICIARIES

Please choose (X) one option only. See the *Choice Income Product Disclosure Statement*.

Option 1. Reversionary nomination

Last name	Mr	Ms	Mrs	Miss	Dr			
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
First name/s	<input type="text"/>							
Relationship to you	Date of birth							
<input type="text"/>	D	D	M	M	Y	Y	Y	Y

Option 2. Binding nomination

Please complete the *Binding death benefit nomination* form at the back of the *Choice Income Product Disclosure Statement* and attach it to this application.

Option 3. Non-binding nomination

Full name	Relationship	Residential address	% of benefit
	<input type="checkbox"/> Spouse <input type="checkbox"/> Interdependant <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant		<input type="text"/> <input type="text"/> <input type="text"/> %
	<input type="checkbox"/> Spouse <input type="checkbox"/> Interdependant <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant		<input type="text"/> <input type="text"/> <input type="text"/> %
	<input type="checkbox"/> Spouse <input type="checkbox"/> Interdependant <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant		<input type="text"/> <input type="text"/> <input type="text"/> %
	<input type="checkbox"/> Spouse <input type="checkbox"/> Interdependant <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant		<input type="text"/> <input type="text"/> <input type="text"/> %
	<input type="checkbox"/> Spouse <input type="checkbox"/> Interdependant <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant		<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Legal personal representative (or executor of your estate)			<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL MUST ADD UP TO 100%			<input type="text"/> <input type="text"/> <input type="text"/> %

Mark this box if you've attached a separate sheet because there wasn't enough space here.

10. GIVE YOUR FINANCIAL ADVISER ACCESS TO YOUR ACCOUNT DETAILS

If you have a financial adviser, you can give them access to your Choice Income account below. If not, go to step 12.

Name of financial adviser

Name of business

Email

Telephone

AFSL number (if known)

If your adviser is from Industry Fund Services (IFS), your adviser's access to your account will automatically expire three years after the date you signed this form.

11. PROVIDE PROOF OF YOUR IDENTITY

Please complete (X) one of the options below.

Option 1 – I want to use electronic verification

By giving you my Medicare, driver's licence or Australian passport details below, I authorise the use of my personal details (including the information below) for the purpose of electronic data verification. I understand that my information will be subject to an information match request in relation to relevant official record holder information and a corresponding information match result will be provided via the use of third party systems.

Fill out any TWO of the following, and (X) Option 1 box above.

1. Full name as appears on my Medicare card

My Medicare number is

My reference number on this card is

Valid to

M M 2 0 Y Y

2. Full name as appears on my Driver's Licence

My Australian Driver's Licence number is

State of issue

Expiry date

D D M M 2 0 Y Y

3. My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

Option 2 – I want to attach paper copies of certified documentation

I have attached my certified proof of identity to this application.

Please ensure that you provide photocopies of your original identification documents and that they are correctly certified.

Each page must be certified as a true copy. For instructions on who can certify documents, go to australiansuper.com/IDHelp

Use electronic verification if paper copies of certified documentation are incorrectly certified or unable to be read

I authorise the use of my personal details for the purpose of electronic data verification if the paper copies of my certified documentation are incorrectly certified or unable to be read. I understand that my information will be subject to an information match request in relation to relevant official record holder information and a corresponding information match result will be provided via the use of third party systems.

12. SIGN THIS FORM

- I have read the Privacy Collection Statement and I understand how AustralianSuper will use my personal information. AustralianSuper's Privacy Collection Statement is on page 41 of the PDS and online at australiansuper.com/CollectionStatement
- The information is correct: To the best of my knowledge, the information I have provided on this form is correct.
- The information will be used to open the account: The personal information I have provided will be used to open my account.
- At australiansuper.com/privacy I can read the full details on the collection and use of personal information.
- My account will be set up based on the choices I've made as fully explained in the *Choice Income Product Disclosure Statement*.

Sign here



Print full name

Date

D D M M 2 0 Y Y