

Authorisation to transfer superannuation benefits between funds

Use this form if you want to transfer monies from your previous superannuation fund to your existing Zurich superannuation plan.

Important notes

Please make sure you sign the authorisation over the page. Please complete all details on this form. Transfers cannot be made if the previous fund details are different from the information you complete on this form. If transferring from more than one fund, photocopies of this form will be accepted.

We recommend that you talk to your adviser if the superannuation accounts you wish to transfer:

- have any life cover attached
- were recommended to you by an adviser or
- if you expect that further employer contributions may be made to your previous fund, for example, if you are still working casually in that industry and your employer contributions can only be made to that fund.

The fund from which you are transferring may require you to attach identification to this form. We recommend that you contact your existing fund to ask about their identification requirements before sending them this form. Zurich's identification requirements are detailed in Section 8 of this form.

1 Personal details						
Zurich Superannuation Plan SPIN ZUR0473AU						
Zurich Retirement Plan SPIN ZUR0471AU						
Zurich Master Superannuation Fund Unique Superannuation Ic	Zurich Master Superannuation Fund Unique Superannuation Identifier (USI) 336 328 383 93 987					
Zurich investment number						
Title Surname	Given name(s)					
Male Female	Da	te of birth	/	/		
Residential address			State		Postcode	
Contact details Work ()	Home ()				
Mobile	Email					
2 Transferring fund details						
To ensure this transfer occurs as promptly as possible ple	ease complete as	much info	rmation a	s possible		
Fund name	•			•		
Transferring Superannuation Fund Unique Superannuation Identifier (USI)						
Policy number/Membership number						
Address of fund			State		Postcode	
Telephone number ()						
Approximate account balance \$	OR Par	tial Transfer	of \$			
Name of administration company (if known)						
Name of employer contributing to this fund						
Date I left that employer (if applicable) / /						
My personal details when I belonged to the previous fur						
(a) If any of your details are the same as the new fund you don't have to write them again.						
(b) If there has been a name change, please provide certified evidence of the name change.						
Title Surname	Giv	ven name(s)				
Address			State		Postcode	

3 Transfer amount	f ship postion is not completed your total found value will be transferred						
Total fund value \$	f this section is not completed your total fund value will be transferred. Partial fund value \$						
4 Applicant's authoris	ation						
I request and authorise the T							
• I understand that the Trustee been transferred	I understand that the Trustee of my previous fund is discharged from any further liability in respect of any amount once benefits have						
I understand that in certain of	I understand that both superannuation funds are complying superannuation funds under the Superannuation Industry (Supervision) Act I understand that in certain cases Equity Trustees Superannuation Limited may be required by law to deduct tax from the untaxed portion, if any, of the Superannuation Lump Sum transferred from the previous fund						
	ransfer fees (if any) from the benefits transferred (subject to legislative restrictions)						
	etween funds are done on at least a quarterly basis						
ŕ	I understand that any life insurance cover under my previous fund automatically ceases upon transfer of my benefits from that Fund and I understand that a contribution fee of up to 5% on the benefits transferred, may be charged.						
Applicant's signature	Date						
×	/ /						
Superannuation Fund: is a Complying Superannuati is a Resident Regulated Supe is not subject to a direction of Further, I wish to confirm that the Complying Superannuation Fund: Vasko Zdraveski, Head of Supe Authorisation to release	rich Master Superannuation Fund, Equity Trustees Superannuation Limited, I confirm that the Zurich Master ion Fund as defined under Section 42 of the Superannuation Industry (Supervision) Act 1993 (the Act) erannuation Fund as defined under Section 10 of the Act under Section 63 of the Act, nor does it expect to receive a direction under this Section e Trust Deed governing the Zurich Master Superannuation Fund will accept transfers and rollovers from other is and that such transfers and rollovers will be preserved in accordance with the Act (if required). Perannuation Trustee Office – Equity Trustees Superannuation Limited Cease information details to Zurich Australia Limited of the rollover/transfer of my superannuation funds currently held by you to in Fund SFN 2540/969/42 for the purposes of updating and follow-up with my financial adviser. Date						
X signature	Date / /						
7 To the paying institu							
and post to:	The Trustee, Zurich Master Superannuation Fund C/- Zurich Customer Care Locked Bag 994 North Sydney NSW 2059						
Office Use Only							
Date received /	/ Date actioned / /						

Previous Fund authorised

No 🔘

Yes 🔘

Applicant's signature checked

No 🔘

Yes 🔘

8 What identification items do we need from you?

To enable Zurich to finalise payment of your redemption / transfer, we require proof of identification to be provided together with your completed Redemption / Transfer form. Please note that the processing of your redemption / transfer will be delayed where you do not provide adequate identification.

If your Redemption / Transfer request is for a rollover to another complying superannuation fund (excluding a Self-Managed Superannuation Fund) you will not have to provide certified proof of identity documents. Instead you can provide your TFN which we will validate using the ATO's Super TIC service. Where we are unable to validate your TFN, you will be required to provide proof of identity documents to Zurich before we can finalise your redemption / transfer.

If you have not previously provided Zurich with your TFN you can provide Zurich with your TFN by:

Phone: Call our Client Service Centre on 131 551

40.0

 Mail/Email: Complete a TFN Notification form (available online at www.zurich.com.au) and return it to Zurich at Locked Bag 994, North Sydney NSW 2059 or email it to client.service@zurich.com.au

In circumstances where we are unable to validate your TFN using the ATO's Super TIC service, or where you wish to rollover to a Self-Managed Superannuation Fund or for a redemption of your member benefit to be paid, you will need to provide us with a certified copy of ONE of the following photographic documents:

Piea	ise tick which one applies
	An Australian passport (provide the pages that identify you, including the page with your photograph). A passport that has expired up to 2 years ago is also acceptable;
\bigcirc	An Australian State or Territory driver's licence bearing your photograph (front and back copies are required);
\bigcirc	A proof of age card issued by an Australian State or Territory (must contain a photograph of you);
\bigcirc	A Foreign passport containing your photograph and signature (see below for information on providing foreign language documents)
OR	

If you cannot provide a certified copy of one of the above documents then you must provide **certified copies** of one document from column A and one document from column B.

Α		В
	Australian birth certificate	Letter from Centrelink (or other Commonwealth, State or Territory agency) issued to you within
	OR	the last 12 months regarding a government assistance payment showing your name and residential address
	Australian death certificate (for death claims only)	residential address
	Australian citizenship certificate	Utilities bill or local government notice issued to you within the last three months showing your name and residential address
	Health card issued by Centrelink	Notice issued by the ATO to you within the last 12 months showing your name and residential address
	Pension card issued by Centrelink (front and back copies)	Notice from school principal showing name, residential address and period of attendance of person under 18 issued within previous three months

If you cannot provide any of these documents or you are unsure how to complete your identification form please contact us on 131 551 for assistance.

For a complete list of persons who can certify copies of documents, please contact Zurich Customer Care on 131 551, or refer to the Zurich website, www.zurich.com.au.

How to certify a copy of a document

The law requires that we receive certified copies of the identification documents you provide us. A certified copy is a document that has been certified as a true copy of an original document by certain persons.

An example of a certified document:

I, John Smith of 123 Park Street, Sydney NSW 2000 in the capacity of a Justice of the Peace certify that this copy is a true and accurate copy of the original.		
Signature:	J. Smith	
Date:	1/7/2019	

Please note:

- Any identification documents that are in a foreign language must be accompanied by an English translation from an accredited translator.
- If identification documents are being certified outside
 of the Commonwealth of Australia, generally speaking
 they may only be certified by an Australian consular
 officer (within the meaning of the Consular Fees Act
 1955) or an Australian diplomatic officer. For further
 information on obtaining certification whist overseas,
 please contact the Zurich Client Service Centre on
 131 551 (when calling from Australia) or 61 2 9995 1111
 (when calling from overseas).