Application to transfer to a self-managed super fund

aware SUPER

Please use a dark pen and CAPITAL letters, or type directly into this form online, print and sign it and send it to us. Use (✗) to mark boxes. Forms are located on our website at **aware.com.au/forms**.

Use this form if you would like to transfer all or part of your super balance to a self-managed super fund (SMSF). The **Notes** at the back will help you complete this form. If you have any questions, please call us on 1300 650 873.

If you wish to apply for release of funds under the First Home Super Saver Scheme, do not use this form. You must apply directly to the Australian Tax Office. See our fact sheet *Understanding the First Home Super Saver Scheme* for more information.

NOTE
It isn't compulsory to provide your TFN but if you don't, (1) you may pay additional tax on your benefit payment and (2) you may need to supply proof of identity if you wish to transfer your benefit.
See **Notes** at the back of the form.

1. Your personal details

Member number

Account number F S S U

Date of birth (DD-MM-YYYY)

Title

Last name

Given name(s)

Residential address

Suburb

State

Postcode

Postal address (if different from residential)

Suburb

State

Postcode

Daytime contact number

Mobile number

Tax file number (if not previously provided)

Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as employee_title@company.com.au)

IMPORTANT
If you request a **partial** withdrawal, you may lose your insurance cover if you don't retain enough money in your account to cover your insurance premiums. Also, if the amount you wish to withdraw does not allow $1,500 to remain in your account, then the amount released will be your account balance less $1,500.

2. Confirm amount (to transfer) and fund details

Roll over to a SMSF

Please complete this section and sections 3 and 6.

☐ My whole benefit (this will close my account)

☐ My benefit less $1,500 to keep my account open

☐ The following amount $, , (whole numbers only)

Name of the SMSF you are rolling your funds into

Address of the SMSF (as per superfundlookup.gov.au)

Suburb

State

Postcode

IMPORTANT information impacting your payment:

The SMSF details you provide MUST match the SMSF details registered with the government. If it does not match this will delay your payment and may require additional documentation.You can verify that your information is correct via the government's Super Fund Lookup website at www.superfundlookup.gov.au

Please provide the fund's bank account details and a copy of the fund's statement. If we don't receive all the required information, we may not be able to process your request.

2. Confirm amount (to transfer) and fund details (continued)

Fund ABN

You MUST provide a copy of your fund's bank statement showing the fund name (which will match the account name), BSB and account number you provide below.

Payment can only be made to an Australian bank, building society or credit union.

SMSF bank account details

Account holder name

BSB number

Account number

Name of financial institution

Please ensure all bank details are provided above.

3. Employment and final contribution details (to be completed by all members)

Your last employer to pay into Aware Super

Are you still working for this employer? Yes ☐ No ☐

If no, what date did you finish?

and are you waiting for your final employer contribution? Yes ☐ No ☐

If you are waiting for your final employer contribution, we will defer the payment of your benefit for up to 30 calendar days.

If an employer contribution is received after your account is closed, the payment will be refunded to your employer, unless you or your employer open a new account.

4. Proof of identity

You must have your identity verified with your application before we can pay your benefit in cash or transfer your benefit to a SMSF.

Please complete (✗) one of the options below.

☐ I have previously provided certified proof of identity documents or provided the electronic verification information below to Aware Super **and** my name and/or residential address has not changed since.

☐ I will provide electronic proof of identification for verification.

I authorise the use of my personal details, below, for the purpose of electronic data verification. I understand that my information will be used to verify my identity electronically using independent data sources. Please provide any **TWO** of the following:

1. Full name **exactly** as it appears on my Medicare card

My Medicare number is

Valid to M M 2 0 Y Y

My reference number on this card is

Select your Medicare card colour ☐ Green ☐ Blue ☐ Yellow

2. Full name **exactly** as appears on my driver's licence

Licence number

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)

☐ I will provide original, certified proof of identity (POI) documents. For a list of POI documents and certification guidelines, refer to the **Notes** section. If my POI documents have not been certified correctly, I understand Aware Super may use the information on the documents to verify my identity electronically using independent data sources.

5. Privacy

The personal information provided on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit **aware.com.au/privacy** to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

6. Declaration

- I declare that the information I have provided in this form is true and correct.
- I understand that my insurance cover will cease if I don't have enough funds remaining in my super account to pay premiums.
- I declare that I have sufficient information to make an informed decision about the payment/transfer of my benefit from Aware Super.
- I authorise my employer to provide the date of my final contribution if the payment of my benefit is being deferred until this is received.
- I understand that if I withdraw my account balance in full, any contributions received by Aware Super from my participating employer after the payment/transfer will be refunded, unless I or my employer open a new account.
- I declare that I am an Australian or New Zealand citizen or a permanent resident of Australia and not a current or former temporary resident of Australia.
- I understand that if I am rolling benefits over to my self-managed super fund and I don't provide a copy of the fund's bank statement or the account is not held in the fund's name, payment will be made by cheque to the fund's registered address.
- I declare that I am the member of Aware Super who is signing this declaration, or I have been given Power of Attorney by the member and this Power of Attorney remains valid. A certified copy of the Power of Attorney has been provided.
- I understand that if I don't provide my tax file number, I may have additional tax deducted from my benefit, and the taxed component of any cash payment will be taxed at the highest marginal rate plus the applicable levies if I am under age 60.
- I authorise the exchange of my personal information securely with the Australian Taxation Office for the purposes of verifying my identity, if necessary.
- I have read and understand the Aware Super privacy policy.

Please sign and date form here and print your name.

Signature

Date signed (DD-MM-YYYY)

Name (print in CAPITAL letters)

Send the form to this address.

7. Where to send your completed form

We require **original** copies of this form. Please post the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500**.

Checklist

- ☐ TFN provided?
- ☐ Fund bank statement enclosed?
  Enclose a copy of your funds bank statement showing the fund's full name, BSB and account number.
- ☐ Certified proof of identity (POI) documents enclosed?
  Required if you:
  - have a different name and/or address from our records
  - cashing in full or part of your benefit and have not provided POI documents previously
  - have not provided your TFN
  - if expired (Passports are accepted if expiry is less than 2 years old)
- ☐ Declaration – signed and dated?
- ☐ Notice of intent to claim or vary a deduction for personal super contributions (tax form S290C)
  If you have made any personal contributions to the fund that you want to claim as a tax deduction, you must send us the S290C tax form and have received confirmation from us before you withdraw contributions.

Notes

For information about access to your superannuation, you should read the current *Member Booklet (Product Disclosure Statement)*. The *Member Booklet* and the fact sheets are available on our website and they are also available free of charge from customer service on 1300 650 873.

Your personal details

Email address

The email address you provide will replace any email address we currently hold for you. For security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as employee_title@company.com.au.

Tax file number

When applying for your benefit we encourage you to provide your tax file number (TFN) if you have not already done so. You don't have to provide your TFN but if you choose not to, and you are applying for your total benefit, the payment will be reduced by the amount of any additional no-TFN tax payable on your concessional contributions, and the benefit, if taken in cash, will be taxed at the highest marginal rate plus the Medicare levy and any other levies if you are under 60 years of age.

Under the *Superannuation Industry (Supervision) Act 1993*, the trustee is authorised to collect, use and disclose your TFN. The trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you write to your super fund and ask the trustee not to disclose your TFN to any other trustee. It is not compulsory to provide your TFN but if you don't, you may pay additional tax on your contributions and benefit payments, and some contributions may not be accepted.

Transferring your benefit to a SMSF

You can roll over or transfer all or part of your benefit to a SMSF at any time by completing the information requested in **Sections 2 and 3**. You must provide certified documents to prove your identity and a copy of the fund's bank statement so that we can electronically transfer your rollover to the fund's bank account. If you do not provide a copy of the bank statement, or the account details do not match the details you have nominated on the form, or the account is not held in the name of the SMSF, your rollover will be paid by cheque to the registered address of the fund.

Proof of identity

We require **a certified copy** of your proof of identity (POI) documents before we can pay your benefit. If you have already provided a certified copy of your POI document(s), you do not have to provide it again, unless it has expired, or your name and address have changed. If either of these have changed, you must provide a certified copy of an updated POI document(s) verifying the change (s):

Change of name

If you have changed your name, you must provide a certified copy of one of the following name change documents:

- marriage certificate or certificate of registration (if you are on the relationship register) issued by the Births, Deaths and Marriages Registration Office (ceremonial certificates cannot be accepted)
- deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office. If you have reverted to your maiden name, we will require your marriage certificate (from the Births, Deaths and Marriages Registration Office) showing your original maiden name and your married name.

Change of residential address

If you have changed your residential address, you must provide a certified copy of a POI document *showing your new residential address*. If it is more convenient, you can provide the original (rather than a certified copy) of a recent notice issued by your local council or a recent utilities bill addressed to you at *your current residential address*.

Power of attorney

If you are requesting benefits on behalf of the member as the holder of their Power of Attorney, you must provide certified copies of POI documents for yourself and the member.

We may request updated and/or additional certified POI documents at any time if we consider this is necessary for the security of our members' benefits.

Acceptable documents and certification

Providing certified proof of your identity is a three-step process

1 Collect your originals

Collect your proof of identity document(s). We have listed the documents you can use below.

2 Photocopy your originals

3 Have your copies certified

Take your copies and your original documents to a person who can certify documents. A list of authorised certifiers and certification guidelines is included under **Certification of personal documents**.

You can provide:

Either:

A certified copy of one of the following documents:

- A current Australian state/territory driver's licence containing your photograph
- An Australian passport (if expiry is less than 2 years old)
- A current Australian state/territory proof of age card containing your photograph
- A current passport, similar travel document or national identity card issued by a foreign government department, the UN or an agency of the UN, containing your photograph and either your signature or a unique identifier*

Or:

One certified document from this list:

- An Australian birth certificate or extract issued by a state or territory
- A citizenship certificate issued by the Commonwealth
- A current Centrelink pension card that entitles you to receive financial benefits

AND

One certified document from this list:

- A notice issued by the ATO within the last 12 months that shows your name and current residential address and records an amount payable to or by you e.g. your last tax assessment
- A notice issued by a local council or utilities provider in the last three months showing the provision of services to you and your current residential address e.g. rates notice, electricity or water bill
- A notice issued by the Commonwealth or a state or territory government within the last 12 months showing your name and current residential address and the provision of financial benefits to you e.g. Centrelink letter

* If the document and/or the certification is not written in English, it must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI). If you are unable to provide these documents, please call us to discuss alternatives.

Certification of personal documents

All copied pages of original personal identity documents (including any change of name documents) must be certified as true copies by an authorised person with the appropriate qualifications or registration (see below) who cannot be the owner or addressee of the document. The authorised person must sight the original and the copy to ensure the documents are identical, then certify each page by writing "I certify that this document is a true copy of the original", followed by their signature, printed name, address, qualification (e.g. justice of the peace, Australia Post employee), registration number (if applicable) and date.

If you are in Australia

The following lists a subset of people who are authorised to witness your signature on a statutory declaration as well as certify copies of original documents. For a complete list of authorised witnesses/certifiers, go to the Attorney-General's Department website at www.ag.gov.au.

- Australia Post employee in charge of an office providing postal services (charges may apply)
- chiropractor
- dentist
- Financial adviser or financial planner
- full-time or part-time teacher employed at a school or tertiary institution
- justice of the peace
- legal practitioner
- magistrate
- medical practitioner
- nurse
- optometrist
- pharmacist
- physiotherapist
- police officer
- psychologist
- veterinary surgeon

Samantha Sample has provided a copy of her identification that includes her **signature**, **full name**, **date of birth** and **current residential address**.

The authorised person has sighted the original identification and confirmed that the copy is a true copy.

"I certify that this document is a true copy of the original."

K Anderson

Name: Kate Anderson

Address: 6 Some St, Suburb NSW 2000

Qualification: JP

Registration no: 123456

Date: 31 March 2020

Details for the authorised person to include are full name, address, qualification, registration number (if applicable), date and signature.

If you are outside Australia

The following people can certify copies of the originals:

- consular staff at an Australia Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under **If you are in Australia** can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.