Request to transfer super benefits to an external fund

Information sheet

When to use this form

This form can be used to request a full or partial transfer of your AMP super benefits to an external fund.

Before completing this form

- Read the important information in this **information sheet**.
- Check that the fund you're transferring **TO** can accept this transfer.

Important: You'll need to provide **certified** proof of identity if you're transferring your benefit to a Self Managed Super Fund (SMSF).

When completing this form

- Print clearly in BLOCK LETTERS.
- Refer to this **information sheet** and/or read the important notes where you see this symbol: ❯

After completing this form

- Sign the authorisation.
- If you're transferring your benefit to an SMSF, attach the appropriately **certified** proof of identity documents.
- Review the checklist on this page.
- Send the request to the address shown on the form.

Important information

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

This form can't be used to:

- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form—a separate form must be completed for each request to transfer super benefits
- change the fund to which your employer pays contributions on your behalf (not applicable for retirement income stream accounts)
- open a super account
- transfer benefits under certain conditions or circumstances (eg if there is a superannuation agreement under the *Family Law Act 1975* in place).

Please ensure that you provide the following details so your transfer request is not delayed:

- the name and Australian Business Number (ABN) of the super fund you've selected. Super fund ABNs can be found at **superfundlookup.gov.au**.
- the membership or account number of the product you're transferring into, and
- the Unique Superannuation Identifier (USI) of the super fund you've selected.

Checklist

- ☐ Have you read the important information?
- ☐ Have you considered where your future employer contributions will be paid?
- ☐ Have you checked if the external 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?
- ☐ Have you entered the ABN and USI of the **TO** fund on the enclosed form?

  Note: This information is required—otherwise, we won't be able to process your request.
- ☐ If applicable, have you completed the personal contribution tax deduction section in the **request to transfer super benefits to an external fund** form enclosed to advise us of your intention to claim a tax deduction on any personal contributions?

Issue date: 15 May 2020

Issued by N.M. Superannuation Pty Ltd ABN 31 008 428 322 (trustee), which is part of the AMP group (AMP).

What happens to my future employer contributions?

(Not applicable for retirement income stream accounts)

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're transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you'll need to speak to your employer about Choice of fund.

You can also read **super decisions**—a document prepared by ASIC (the financial regulator). The document is available at **moneysmart.gov.au**.

Things you need to consider when transferring your super

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super.

If you ask for information, your super provider must give it to you. Some of the points you may consider are:

- **Fees** – Your **FROM** fund (AMP) must give you information about any exit or withdrawal fees. If you're not aware of the fees that may apply, you should contact us for further information before completing this form.

  Your **TO** fund may also charge entry or deposit fees on transfer.

  Differences in the fees funds charge can have a significant effect on what you'll have to retire on (eg a 1% increase in fees may significantly reduce your final benefit).
- **Death and disability benefits** – Your **FROM** fund (AMP) fund may insure you against death, illness or accident (not applicable for retirement income stream accounts) 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 of any cover offered.

What happens if I don't quote my Tax File Number (TFN)?

You're not obligated to provide your TFN to your super fund. However, if you don't provide your TFN, your account may be taxed at the highest marginal tax rate plus the Medicare Levy (instead of the concessional tax rate of 15%) on contributions made to your account in the year. Your fund may deduct this additional tax from your account.

Important: You'll need to provide **certified** proof of identity if you're transferring your benefit to an SMSF.

If your super fund doesn't have your TFN, you won't be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super 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 super provider when your benefits are being transferred, unless you request in writing that your TFN is not disclosed to any other Trustee.

Personal contribution tax deduction

(Not applicable for retirement income stream accounts)

If you wish to claim a tax deduction for personal contributions made in the current or previous financial year, you can provide the information in the personal contributions tax deduction section.

If you've made personal contributions, you should check whether you're eligible to claim a tax deduction. If you don't claim a tax deduction at the time of making a withdrawal, we may not be able to accept a future request.

For example:

We cannot accept a request where your contributions have been used to start a pension or if you have insufficient personal contributions remaining in your plan to cover the amount you're claiming.

Note: If you don't check you're eligible to claim a tax deduction, or you don't have enough assessable income, the Australian Taxation Office (ATO) could deny your deduction and this may mean you exceed your contribution limit(s). Where this is the case, if you've withdrawn any of your benefit or started a pension, you may not be able to reduce the amount you told us you were claiming. This may mean you have to pay additional tax.

Transferring to a self managed super fund (SMSF)

If you're transferring your super benefits to an SMSF, we undertake checks in accordance with our duties as trustee of your super savings.

Your identification documents may be verified by the fund through an electronic service provided by the Australian Government.

If the details currently held on the ATO SMSF verification system don't match with the information provided on the enclosed **request to transfer super benefits to an external fund** form, your request may not be able to be completed until the records match.

Preservation ages

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
On or after 1 July 1964	60

Completing proof of identity

If you're transferring your benefit to an SMSF, you'll need to provide **certified** proof of identity with **each** transfer request to prove you are the person to whom the super entitlements belong.

Acceptable documents

The following documents may be used:

Either

One of the following documents only:
- Drivers licence issued under State or Territory law
- Passport.

Or

One of the following documents:	AND	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).		– Letter from Centrelink regarding a Government assisted payment – Notice issued by Commonwealth, State or Territory, Government or local council (within the past 12 months) that contains your name and residential address (eg Tax Office Notice of Assessment, rates notice, utility bills).

Have you changed your name or are you signing on behalf of another person?

If you've changed your name or are signing on behalf of the applicant, you'll 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 example information about suitable linking documents:

Purpose	Suitable linking document
Change of name	– Marriage certificate – Deed poll – Change of name certificate from the Births, Deaths and Marriages Registration Office.
Signing on behalf of applicant	– Guardianship papers – 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 5 or more years of continuous service
- a finance company officer with 5 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 5 or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- 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 High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court.

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Please keep this information sheet for your records—
don't return it with your completed form(s).

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AMP Contact Centre
131 267

Request to transfer super benefits to an external fund

Use this form to transfer benefits from your AMP super or retirement account to an external fund or Self Managed Super Fund (SMSF).

Important: If you're transferring your benefit to an SMSF, you'll need to provide certified proof of identity with this form.

Please print in CAPITAL LETTERS and place a cross ☒ in any applicable boxes.

* Denotes mandatory fields—if you don't complete these fields your request may be delayed.

1. Personal details

Title

Surname

Given name(s)

Other/Previous names (attach certified copies of documents)

Date of birth D D M M Y Y Y Y

Gender ☐ Male ☐ Female

Contact phone number

Mobile number

Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, you're not obliged to disclose your TFN—however, there may be tax consequences.

Current address

Address

Suburb

State

Postcode

1. Personal details continued

Previous address

If you know the address we have for you is different to your current residential address, please provide details below.

Address

Suburb

State

Postcode

2. Fund details

FROM (transferring fund)

Product type

Fund name*

Fund phone number*

Membership or Account number*

Australian Business Number (ABN)*

Unique Superannuation Identifier (USI)*

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

Issue date: 15 May 2020

Issued by N.M. Superannuation Pty Ltd ABN 31 008 428 322 (trustee), which is part of the AMP group (AMP).

2. Fund details continued

TO (receiving fund)

Fund name*

Fund phone number*

Membership or Account number*

Australian Business Number (ABN)*

Unique Superannuation Identifier (USI)*

TO – Self Managed Super Fund (SMSF) only

Fund name and address

Australian Business Number (ABN)*

Membership number (if applicable)

3. Payment options

Please select the applicable payment option:

☐ **Full rollover** (go to section **4** or **5**, whichever is applicable)

☐ **Partial rollover** $ Net of any tax or fees that may apply.

- ☐ Deduct the amount to be transferred proportionately across all of my investment options (go to section **4** or **5**, whichever is applicable).
- ☐ Deduct the amount to be transferred from the investment options listed in the table below:

Investment option name	Amount ($)

Note: If you don't nominate investment options, we'll proportion the partial amount to be withdrawn between all investment options held.

4. Payment method (SMSF only)

Please select the applicable payment method:

☐ **Cheque** – the cheque and correspondence will be sent to the address registered on the Super Fund Lookup website at **superfundlookup.gov.au**

☐ **Payment to bank account (EFT)** – payable only to the external SMSF

Name of financial institution

Account name

BSB number

Account number

! For EFT payments, you must provide us with a **certified** copy of your SMSF bank statement.

5. Employment status

Which of the following reflects your current employment and/or age status?

☐ I'm still working.

☐ I've ceased employment with the employer who was contributing to this fund on my behalf.

☐ I've reached preservation age and have permanently retired (refer to the **preservation ages** table in the **information sheet** for details).

☐ I'm aged 60 to 64 and have ceased a gainful employment arrangement since reaching age 60.

☐ I'm aged 65 or over.

Date retired or ceased work (if applicable) D D M M Y Y Y Y

6. Personal contribution tax deduction

Super accounts only

Note: This section only needs to be completed if you made personal contributions to your AMP super plan and are eligible to claim a deduction.

Contact your financial adviser or tax adviser if you're unsure if you're eligible to claim a tax deduction.

- This section represents a notice under section 290-170 (1) of the *Income Tax Assessment Act 1997*.
- Please complete the table below using dollar ($) amounts only ('Nil' or 'All' are not acceptable). **Note:** Tax laws don't allow this notice to be withdrawn or revoked—however, it may be varied.
- This notice does not cover any contributions covered by an earlier notice.
- If you don't complete this section we'll assume you don't wish to claim your contribution that you've made personally as a tax deduction or you've already provided a notice to us (in another form or document) that you intend to claim a tax deduction for the financial year not completed below.

6. Personal contribution tax deduction continued

Super accounts only continued

Do you intend to claim a tax deduction for personal contributions made in the current or previous financial year?

☐ No

☐ Yes—please complete the table below (if eligible) using dollar ($) amounts only ('Nil' or 'All' are not acceptable).

Declaration:

I am lodging this notice before both of the following dates:

- the day I lodged my income tax return for the year(s) stated in the table below, and
- the end of the income year after the year(s) stated in the table below.

Contribution	Total member contributions ($) amount only	Amount you claimed or wish to claim ($) amount only
Current financial year		
Previous financial year		

! Refer to **claiming a tax deduction for personal contributions** in the enclosed **information sheet** to see if you're eligible to claim a tax deduction for personal contributions.

7. Authorisation and signature

By signing this form I am making the following statements:

- I declare that I have fully read this form and the information completed is true and correct.
- I'm aware I may ask my superannuation provider for information about any fees or charges that will apply, or any other information about the effect this transfer may have on my insurance cover or other benefits. I have obtained or do not require such information.
- I consent to my Tax File Number (TFN) being disclosed for the purposes of consolidating my account.
- 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 my superannuation as described above.
- Where my benefit is being transferred to a Self Managed Super Fund (SMSF), I confirm that I am a member, trustee (or director of a corporate trustee) of the SMSF.

Name (Print in BLOCK LETTERS)

Signature of member

✗

Date

D D M M Y Y Y Y

8. Checklist

Please ensure you complete this checklist before sending the form back to AMP.

☐ Have you considered AMP's request to provide your TFN in this form?

☐ Have you completed all relevant sections of this form?

☐ Have you read and signed the authorisation on this form?

☐ Have you provided the ABN and USI number for the **TO** fund?

Note: You must supply these details so we can process your request without delay.

Additional requirements for rollovers to an SMSF:

☐ Have you provided a **certified** SMSF bank statement (if payment is being made by EFT)?

☐ Have you confirmed that you're a member, trustee (or director of a corporate trustee) of the SMSF in section **7** of this form?

☐ Have you attached **certified** proof of identity to this form?

Note: Refer to the enclosed **Information sheet** for details of acceptable identification and who can certify documents.

Where to send this form:

Mail this completed form (and any other required documents) to:

AMP Limited
PO Box 300
PARRAMATTA 2124

Adviser confirmation (Office use only)

Adviser number

Confirmation options (please cross ✗ appropriate option)

☐ None ☐ Confirm receipt

☐ Confirm completion ☐ Confirm both

Email address (for confirmation)

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