

# Superannuation benefit transfer request

## GUARANTEED ANNUITIES LIFESTREAM GUARANTEED INCOME VIA COLONIAL FIRST STATE FIRSTCHOICE

### Important information

- This form must be mailed to: **Colonial First State, Reply Paid 27, Sydney NSW 2001**
- Contact phone number: **13 13 36** between 8:30 am and 6 pm (AEST/AEDT), Monday to Friday, excluding public holidays.
- ePost details (financial adviser use only) - Scan and email forms via e-Post through **FirstNet Adviser**.

### Please note:

- Use this form to request another institution to transfer money from your super to a Lifestream Guaranteed Income annuity.
- Use black or blue pen and capital letters.
- You should contact your other super fund/s to find out if there are any fees, charges or other consequences for transferring your super out of that fund, such as losing any insurance cover. Please note, legislation limits the amount of superannuation monies that can be used to invest in a Lifestream Guaranteed Income annuity. We recommend you speak to a financial adviser or Tax Adviser before making a decision to transfer your benefit/s.

### Section 1 – Personal details (all fields must be completed)

Title  Mr  Mrs  Miss  Ms  Other  Policy number

Given name(s)  Surname

Residential address

State Postcode Country

Postal address

State Postcode Country

Mobile number  Alternate phone number  Date of birth (dd/mm/yyyy)

Email address  Gender  Male  Female

Tax File Number (TFN)<sup>^</sup>

<sup>^</sup> You are not obliged to disclose your TFN, but there may be tax consequences.

### Section 2 – Fund details

**Please note:** If you have more than two super accounts to transfer from you will need multiple copies of this form.

#### From:

Fund name

Fund address

State Postcode Country

Membership or Account number  Australian business number (ABN)  Unique Superannuation Identifier (USI)

## Section 2 – Fund details (continued)

To:

Resolution Life Australasia Limited

ABN

84 079 300 379

Unique Superannuation Identifier (USI)

84 079 300 379 014

If relevant make cheques payable to **Resolution Life Australasia Limited**

**Please note:** If you have more than two super accounts to transfer from you will need multiple copies of this form.

From:

Fund name

Fund address

State

Postcode

Country

Membership or Account number

Australian business number (ABN)

Unique Superannuation Identifier (USI)

To:

Resolution Life Australasia Limited

ABN

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Unique Superannuation Identifier (USI)

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If relevant make cheques payable to **Resolution Life Australasia Limited**

## Section 3 – Declaration and acknowledgment

By signing this form I declare as follows:

- I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I consent to my tax file number being disclosed for the purposes of commencing my account.
- I discharge the superannuation provider of my Australian super fund of all further liabilities in respect of the benefits paid and transferred to Resolution Life.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name

Member's signature

Date (dd/mm/yyyy)

## Section 4 – Proof of identity

No identification is required for rollovers where your Tax File Number (TFN) is validated via the ATO SuperTic service. If your TFN can't be validated, no identification will be required, so long as your name, date of birth and address details provided on your request corresponds with the other funds and our records. If there is a discrepancy in your name, date of birth or address, we, or the other fund, may request that you provide further proof of your identity.