

# Completing the request to transfer superannuation benefits from an external fund to AMP Life

## Information sheet

### When to use this form

This form can be used to request a full or partial transfer from an external superannuation fund to AMP Life.

### Before completing this form

- Read the important information in this **Information sheet**.
- Check that the AMP Life product you are transferring **TO** can accept this transfer.

**Important:** If you do not provide us with your Tax File Number (TFN), it is likely your other fund will ask you to go through the complex and time-consuming process of providing certified proof of identity when they receive your request to transfer your funds.

### When completing this form

- Print clearly in BLOCK LETTERS.
- Refer to this **Information sheet** where you see this symbol: 

### After completing this form

- Sign the authorisation.
- Review the checklist below.
- Send the request to the address shown on the form—no stamp required.

### Important information

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

This form cannot be used to:

- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form—a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf

- open a superannuation account
- claim a tax deduction on personal contributions made to your **FROM** fund
- transfer benefits under certain conditions or circumstances (eg if there is a superannuation agreement under the *Family Law Act 1975* in place).

### Checklist

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked if AMP Life product can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you considered AMP Life's request to provide your Tax File Number (TFN) and are clear on the implications of not doing so?
- If applicable, have you lodged a **Notice of intent** form with your **FROM** fund to advise of your intention to claim a tax deduction on any personal contributions, and has this notice been acknowledged?

### What happens to my future employer contributions?

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 are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice of fund. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, contact an AMP Life Customer Service Officer on 133 731 for further information.

You can also read **Super decisions**—a document prepared by ASIC (the financial regulator). The document is available at [moneysmart.gov.au](http://moneysmart.gov.au).

## Things you need to consider when transferring your superannuation

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

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

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

The fees could include administration fees as well as exit or withdrawal fees.

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 will have to retire on (eg a 1% increase in fees may significantly reduce your final benefit).

- **Death and disability benefits** – Your **FROM** fund may insure you against death, illness or accident 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 do not quote my Tax File Number (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not 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:** If you do not provide us with your TFN, it is likely your other fund will ask you to go through the complex and time-consuming process of providing certified proof of identity when they receive your request to transfer your funds.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

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

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

If you have changed your name or are signing on behalf of the applicant, you will 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	<ul style="list-style-type: none"><li>– Marriage certificate</li><li>– Deed poll</li><li>– Change of name certificate from the Births, Deaths and Marriages Registration Office.</li></ul>
Signing on behalf of applicant	<ul style="list-style-type: none"><li>– Guardianship papers</li><li>– Power of Attorney</li></ul>

## Certification of personal documents

All copied pages of ORIGINAL 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.



**Resolution Life**

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Please retain this information sheet for your records –  
do not return it with your completed form(s).

# Request to transfer superannuation benefits from an external fund to AMP Life

**!** Use this form to consolidate benefits from your external superannuation fund into your AMP Life account.

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

\* Denotes mandatory fields—if you do not 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\*

Gender\*

Male  Female

Contact phone number\*

Mobile number

Tax File Number (TFN)

**>** Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your Tax File Number (TFN)—however, there may be tax consequences.

## Current address

Address\*

Suburb\*

State\*

Postcode\*

## 1. Personal details continued

### Previous address

**>** If you know the address held by your **FROM** fund is different to your current residential address, please provide details below.

Address

Suburb

State

Postcode

## 2. Fund details

### FROM (transferring fund)

Fund name\*

Fund phone number\*

Membership or account number\*

Australian Business Number (ABN)\*

Unique Superannuation Identifier (USI)\*

Please transfer\*:

Total balance  Partial balance

Partial amount

Employer name (employer sponsored plans)

Date ceased employment (employer sponsored plans)

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

## 2. Fund details continued

### TO (receiving fund)

Product type

Fund name\*

Fund phone number\*

Membership or account number\*

Australian Business Number (ABN)\*

Unique Superannuation Identifier (USI)\*

## 3. Authorisation and signature

**By signing this form I am making the following statements:**

- I declare 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 any fees or charges that may apply, or any other information about the effect this transfer will 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 and authorise the superannuation provider of each fund to give effect to this transfer.

**Consent to FROM fund to provide relevant details to AMP Life:**

- I authorise AMP Life to contact my other fund to obtain any details relevant to the transfer of my superannuation benefit to AMP Life.

Name\* (Print in BLOCK LETTERS)

Signature of member\*

Date\*

## 4. Checklist

- Have you considered AMP Life's request to provide your Tax File Number (TFN) on this form? If you choose not to, it is likely that your other fund will ask you to go through the complex and time-consuming process of providing certified proof of identity.
- Have you completed all relevant sections of this form?
- Have you read and signed the authorisation on this form?

### Where to send this form

**Mail (no stamp required) this completed form to:**

AMP Life Limited  
Reply Paid 14330  
MELBOURNE VIC 8001



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