



GET SUPER ORGANISED  
**WITH ANZ**

### CONSOLIDATE YOUR SUPER NOW

If you've had more than one job, chances are you have more than one super account. Having multiple super accounts may mean that you are paying more fees than you need to which may reduce your overall retirement savings.

By having all your super together it's easier to plan for a comfortable retirement.

To consolidate your super accounts into your ANZ Super Advantage account simply:

1. Fill out the **Rollover Form** overleaf for each account you want to consolidate.
2. Provide **Certified Proof of Identity** for each Rollover Form.
3. **Send the form and proof of identity to ANZ Super Advantage, Reply Paid 4028, Sydney NSW 2001.**

Once we have received your form and proof of identity we will help you track down your super accounts and manage the process for you. Remember to discuss any potential superannuation strategies with your financial adviser.

### MAKE ADDITIONAL CONTRIBUTIONS

You can make regular or one-off personal contributions via BPAY® or Internet banking using the details below.

BPAY®	
Biller code	564 625
Reference No.	13 + customer reference number

Internet banking	
BSB	012 911
Account No.	000 564 625
Reference No.	MV + member number
Account name	your name

**NEED HELP? CALL CUSTOMER SERVICES  
ON 13 38 63 OR VISIT ANZ.COM/SUPER**

ANZ Super Advantage is a product offered by the Retirement Portfolio Service (ABN 61 808 189 263, RSE R1000986 (Fund)). When an employer joined ANZ Super Advantage, their employees became members of the Fund. OnePath Custodians Pty Limited (ABN 12 008 508 496, AFSL 238 346, RSE L0000673) is the trustee and issuer of the Fund. OnePath Custodians Pty Limited is a subsidiary of IOOF Holdings Limited. This information is current as at 1 February 2020 but is subject to change. Updated information will be available free of charge from [anz.com/super](http://anz.com/super) or by calling Customer Services on 13 38 63. The information provided is of a general nature and does not take into account your personal needs, financial circumstances or objectives. Before acting on this information, you should consider the appropriateness of the information, having regard to your needs, financial circumstances or objectives. You should read the PDS available at [anz.com/super](http://anz.com/super) and consider whether the product is right for you before making a decision to continue to hold the product.

\* Registered to BPAY Pty Ltd ABN 69 079 137 518.

1 August 2021

**Instructions – Complete and return this form to ANZ Super Advantage, Reply Paid 4028, Sydney NSW 2001.**

If you have multiple super funds, you will need to complete a separate request for each fund (you can photocopy this form but each form must have an original signature).

**Other things to be aware of:**

- Your old fund may charge a termination fee.
- Moving funds may have investment, tax and insurance implications. Where a partial withdrawal or rollover is made, a tax deduction for personal contributions may only be allowed on a proportional basis. Generally, this affects personal contributions which are claimed as a tax deduction after a partial withdrawal or rollover has been made. Please see your tax adviser for independent taxation advice taking into account your individual circumstances.
- If you have insurance cover, you should make sure that your cover is maintained during the transfer and that it is still appropriate for your personal circumstances.
- If claiming a tax deduction for a personal contribution to your old fund, it should be completed before rollover.
- If you are splitting contributions made to your old fund with your spouse or de facto, it should be completed before rolling over.
- You should always read the Product Disclosure Statement and consider discussing your personal circumstances with your ANZ or Independent Financial Adviser before making any decision about rolling over your super.

## 1. YOUR PREVIOUS FUND DETAILS

Please transfer my benefits from the following superannuation fund:

Superannuation or Rollover Fund		
Unique Superannuation Identifier (non-SMSF) <input type="text"/>		
Member number		
Fund address (optional)		
Suburb/Town	State	Postcode
Fund ABN (optional) <input type="text"/>		
Previous employer name (if applicable)		

I hereby instruct you to transfer to the Retirement Portfolio Service the amount of my super/rollover fund which is detailed below.

Total value **or**  partial value    Approximate amount \$

**For SMSFs only**

Please transfer my benefit from the following fund (Transferring fund details):

Account name		
BSB number	Bank account number	
Fund ABN	Electronic Service Address (ESA)	

## 2. YOUR ANZ SUPER ADVANTAGE DETAILS (USI ANZ0265AU)

Employer plan name (if applicable)		
Member number		
Surname	Given name(s)	
Address		
	State	Postcode
Date of birth	<input type="text"/>	Email
Business hours phone		

### 3. PROOF OF IDENTITY

You need to supply a **certified copy** for each form you send in.

- I have attached a **certified copy** of my driver's licence or passport **or**  I have attached **certified copies of both:**
- Birth/Citizenship Certificate or Centrelink Pension Card **and**
  - Centrelink payment letter or Government or local council notice (less than 1 year old) with name and address.

A certified copy is a photocopy which has been compared with the original and endorsed as a true copy by an individual approved to do so, for example a Justice of the Peace, legal practitioner, Australia Post employee, finance company officer with five or more years of continuous service, etc.

### 4. AUTHORISATION

1. I declare that I have read the Product Disclosure Statement (PDS) and this form, and the information completed on this form is true and correct.
2. I authorise the transfer of all my benefits as outlined above.
3. I discharge the superannuation provider of my other fund from any further liability of any amount transferred.
4. I declare that 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, and do not require any further information.
5. I approve the deduction of fees and taxes (if any) from the benefits transferred (subject to legislative provisions).
6. I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy) and OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy). If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that ANZ and OnePath Custodians require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ and OnePath Custodians.

Name of member

Signature of member

Date