# Elements – Superannuation Account
# Account amendment

Asgard

Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.

Send the completed form to us via one of the following methods:

- ask your adviser to lodge it on your behalf on AdviserNET
- submit a copy via our secure Document Upload facility on Investor *Online* or AdviserNET (accessed from Forms > Document Upload menu)
- post to Asgard, PO Box 7490, Cloisters Square WA 6850
- email a copy to client.support@asgard.com.au
- fax to (08) 9481 4834

If you submit online, email or fax, you don't need to post us the original.

**This symbol indicates you need to give us more information.**

**Questions?** Call our Customer Relations team on 1800 998 185 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email client.support@asgard.com.au

**Note:**

- To change your contribution or monthly adviser fees, contact your financial adviser to complete the relevant form.
- To change or switch your managed investment(s), you will need to complete the PDS Part 2 – Investment Selection available from your financial adviser or www.asgard.com.au
- Privacy laws protect your privacy. Read our Privacy Policy for more information. A copy can be obtained from our website at www.asgard.com.au

## 1. Asgard account details – Mandatory section

Account number

D2

Date of birth

Title

Surname

Given names

## 2. Change of contact details

**Please note: you can update your contact details quickly and easily on Investor *Online* (www.investoronline.info).**

**Change my contact details to:**

Residential address

State

Postcode

Postal address (if different from residential address)

State

Postcode

Phone (Home)

Phone (Business)

Phone (Mobile)

Facsimile

Email

☐ Please reset my PIN for Investor *Online*

## 3. Change of name

**Change my name to:**

Title

Surname

Given names

Include an original certified copy of your marriage certificate or deed poll as evidence of your change of name.

## 4. Residency details

☐ **I became an Australian resident for taxation purposes on (date)** D D / M M / Y Y Y Y

**Please also provide your tax file number (TFN) by completing a TFN notification form**

**OR**

☐ I became a resident of (country of residence)

## 5. Employment details

**Are you self-employed?**

☐ **Yes** **OR** ☐ **No - provide your employment details below, if applicable.**

Employer's business name

Date joined employer

D D / M M / Y Y Y Y

## 6. Reports and information

**Select one of the following – Online or By mail:**

☐ **Online** – I choose to access all correspondence online only.*

Email address (required – must be your own so we can notify you when important information is available on Investor *Online*)

☐ **By mail** – I choose to receive the following correspondence by mail. Tick **one** preference below.

Mail Investor Report to: ☐ Me **OR** ☐ Financial adviser

* If you select online:

- you acknowledge and agree that you have read and accept the terms and conditions for eStatements and online communications set out in the PDS
- you'll still get some reports and letters by mail as we're progressively moving to eStatements.

**Further information**

☐ I would like to receive information, special offers and exclusive opportunities about other products or services.

## 7. Regular deposit plan – Contributions

**If you wish to commence a regular deposit plan or change your financial institution account details, also complete and attach a direct debit request.**

Also see page 4, *definitions of contributions*.

☐ **Establish a regular deposit plan or amend my existing plan as follows:**

My regular deposit will be (minimum $100) $ , . X X commencing on D D / M M / Y Y Y Y

Please allow up to 5 days from the date we receive your request for your regular deposit plan to be established.

**Note:** If no start date is specified in this section, the direct debit will start immediately.

The frequency of deposits will be (tick one): ☐ monthly ☐ quarterly ☐ half-yearly ☐ annually

Date of final payment (optional) D D / M M / Y Y Y Y

## 7. Regular deposit plan – continued

**My contributions* will be made up of:**

| Employer superannuation guarantee (SG) contribution^ | Personal deducted contribution†^ | Personal undeducted contribution†# | Salary sacrifice contribution^ | Additional employer contribution^ | Spouse contribution†# | Total |
|---|---|---|---|---|---|---|
| $ | $ | $ | $ | $ | $ | $ |

* Contribution caps apply to each financial year's contributions. Contributions above these caps may be subject to additional tax, which is determined by the ATO after the end of the financial year. **It is your and your financial adviser's responsibility to monitor your contribution caps. We will not be responsible for ensuring that you do not exceed your contribution caps.** For information about these caps, please refer to our 'Tax and your Retirement' flyer.

† We're generally unable to accept a one-off member contribution, including:
- personal deducted contributions that are not covered by a valid tax deduction notice
- a personal undeducted contribution, and
- a spouse contribution

If you have not supplied us with your TFN.

\# This type of contribution is counted towards your non-concessional contributions cap.

^ This type of contribution is counted towards your concessional contributions cap.

**Complete a TFN notification form if you haven't provided your TFN.**

☐ **I wish to cancel my regular deposit plan.**

**Are you eligible to contribute?**

Under superannuation law, you must be eligible to make a contribution to this account. The table below shows the circumstances under which you are eligible to make each type of contribution. **Please tick the circumstances that apply to you.**

| Contribution types | Personal contributions (including those made by a self employed individual) | Mandated employer contributions (award and superannuation guarantee contributions) | Non-mandated employer contributions (including directed termination payments) | Eligible spouse contributions# |
|---|---|---|---|---|
| ☐ You are under age 67 | ✓ | ✓ | ✓ | ✓ |
| ☐ You:<br>• are 67 years of age or over, but not age 75; and<br>• (other than for mandated employer contributions) have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made | ✓ | ✓ | ✓ | ✓ |
| ☐ You<br>• are 67 years of age or over, but not age 75; and<br>• (other than for mandated employer contributions) have met the following conditions to claim a work test exemption:<br>– do not meet the conditions of the work test in the current financial year; and<br>– met the conditions of the work test in the previous financial year; and<br>– had a total superannuation balance1 below $300,000 on 30 June of the previous financial year; and<br>– have not previously relied on the work test exemption | ✓ | ✓ | ✓ | ✓ |
| ☐ You are 75 years of age or over | ✗ | ✓ | ✗ | ✗ |

\# If a spouse contribution is made, you confirm the person making the contribution is either legally married to you, living with you on a genuine domestic basis as a couple or in a relationship that is registered under a prescribed State/Territory government relationship register and is not entitled to a tax deduction for the contribution.

* For more information on Total Superannuation Balance, refer to ato.gov.au.

## 7. Regular deposit plan – continued

### Definitions of contributions

**All contributions are preserved.**

**Additional employer contributions** are contributions made by the employer which are more than the minimum superannuation guarantee contributions (see below).

**Employer superannuation guarantee contributions** are the minimum contributions payable by employers. For the latest superannuation guarantee rate, please refer to www.ato.gov.au. Superannuation paid under an industrial award or agreement is also classified as this type of contribution.

**Personal deducted contributions** are contributions made by employees that **will be claimed as a tax deduction**. Most employees don't qualify to claim a tax deduction for their own contributions as they must get 90% of their income from self-employment.

**Personal undeducted contributions** are contributions made by employees, and **won't be claimed as a tax deduction** by the employee.

**Salary sacrifice contributions** are contributions made by the employer from an employee's pre-tax salary. The employee sacrifices part of their salary and their employer pays an equivalent amount as a superannuation contribution. Although this type of contribution is considered to be an employer contribution, it belongs to the employee.

**Spouse undeducted contributions** are contributions made by a person legally married to the member or living with the member on a genuine domestic basis as a couple or in a relationship that is registered under a prescribed State/Territory government relationship register. These contributions are **not eligible to be claimed as a tax deduction.** Some people may be eligible for a tax offset for this type of contribution.

## 8. Nominated beneficiaries

Please indicate the type of nomination you wish to make:

| ☐ **Discretionary nomination**<br>Complete the below section | OR | ☐ **Binding nomination**<br>Complete and attach the 'Binding death benefit nomination' available from your financial adviser or our Customer Relations team. |
|---|---|---|

**Discretionary nomination – Dependants**

| Estate/Dependant(s) | Allocation |
|---|---|
| ☐ Estate | ☐☐☐ % |
| **AND/OR** | |
| ☐ **Dependant 1**<br>**Full name**<br>**Relationship**<br>☐ Spouse ☐ De-facto spouse ☐ Child* ☐ Interdependency relationship ☐ Financial dependant | ☐☐☐ % |
| ☐ **Dependant 2**<br>**Full name**<br>**Relationship**<br>☐ Spouse ☐ De-facto spouse ☐ Child* ☐ Interdependency relationship ☐ Financial dependant | ☐☐ % |
| ☐ **Dependant 3**<br>**Full name**<br>**Relationship**<br>☐ Spouse ☐ De-facto spouse ☐ Child* ☐ Interdependency relationship ☐ Financial dependant | ☐☐ % |
| ☐ **Dependant 4**<br>**Full name**<br>**Relationship**<br>☐ Spouse ☐ De-facto spouse ☐ Child* ☐ Interdependency relationship ☐ Financial dependant | ☐☐ % |
| **Your total allocation must total 100%** | **100%** |

* If one or more of your nominated dependants is a child under 18 years of age and you would like them to be paid a child pension, tick this box and complete a child pension nomination which must accompany this application. Your financial adviser can download this form from AdviserNET.

## 9. Insurance

**Reduce my insurance cover to:**

| | | | |
|---|---|---|---|
| Life Protection | $ ,,. X X | | Minimum $50,000 |
| Total & Permanent Disablement | $ ,,. X X | | Minimum $50,000 |
| Salary Continuance | $ ,,. X X | per month | Minimum $1,000 |

To increase your insurance cover amount(s), please complete the standard application and full personal statement or short form application available from your financial adviser or by calling us on 1800 998 185.

**Cancel my insurance cover:**

Indicate the insurance cover you wish to cancel by ticking the appropriate box below.

☐ Life ☐ Life and TPD
☐ TPD ☐ Salary Continuance

## 10. Declaration to have restricted non-preserved funds made accessible

**I resigned/retired from my employer on** ☐☐/☐☐/☐☐☐☐

My employer made superannuation contributions to my account on my behalf.

**Attach a copy of your letter of resignation provided to your employer.**

## 11. Change of financial adviser

**I have changed my financial adviser. My new financial adviser is:**

Adviser's company

Adviser's name

Dealer stamp

Adviser's phone

Adviser's code

– BA –

## 12. Signatures

### Member Declaration (Mandatory)

By signing this form, I agree to the following:

- The details I have provided on this form are true and correct.
- I have received a copy of the current* product disclosure statement for the relevant Asgard Account and a copy of the current* underlying disclosure document (except where not required) for each managed investment in my/our portfolio.
- Where section 11 has been completed I authorise the Trustee to:
  - change my financial adviser on my account as indicated,
  - provide my account information to my new adviser, and
  - unless otherwise indicated and subject to law, continue the current adviser remuneration by payment to my new adviser.

Please speak to your financial adviser or our Customer Relations team on 1800 998 185 if you need further information on the above declarations.

*As confirmed by my financial adviser

Member Signature

Date ☐☐/☐☐/☐☐☐☐

Trustee: BT Funds Management Limited ABN 63 002 916 458 RSE L0001090 AFSL 233724
Custodian and Administrator: Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695
Asgard Independence Plan - Division 2 ABN 90 194 410 365
Customer Relations 1800 998 185
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Asgard

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