

Transfer authority

Use this form to transfer all or some of your benefits from another superannuation fund into your eWRAP Super/Pension Account.

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:

- > 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 asgardforms@asgard.com.au

Alternatively, if you're transferring all of your benefits, you can submit this request via our Rollover Tool.

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

Important information:

- > In this form, a reference to your 'FROM fund' means the superannuation fund you are transferring benefits from.
- > Before completing this form, we recommend you ensure you have adequate insurance arrangements in place before you cancel any existing insurance cover you may have with your FROM fund.
- > If you want to transfer benefits from more than one FROM fund, please use a separate form for each FROM fund. Original signature is required on each form.
- > You do not need to complete this form if you are transferring your benefits from another eWRAP Super/Pension Account.
- > Contact your FROM fund provider to confirm if they have any additional requirements (for example, original certified identification) before they can action this transfer authority.
- > If you do not supply all the required information to process your request, this may delay the actioning of your request with your FROM fund.
- > If your benefits have not been transferred within 6 months of us receiving this form, we will close the request as it is no longer valid.

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 ewrap@asgard.com.au

Privacy Statement

All personal information and credit-related information we collect about you is collected, used, and disclosed by us in accordance with our Privacy Statement which is available at asgard.com.au/privacy or by calling us. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

1. Account details

Please indicate below the account that will receive the transfer of super benefits:

Account number (if known):

- -

Account name

[illegible]

Account type: ☐ eWRAP Super Account ☐ eWRAP Pension Account



2. Your personal details (Mandatory)

Title Surname

Given names

[illegible]

Postal address (if different from residential address)

State Postcode

Previous address

Tax file number

You are not obliged to provide us with your Tax File Number (TFN). However, providing us with your TFN gives you advantages which may not apply if you choose to withhold your TFN, as detailed in Section 11 of our Privacy Statement. Please contact the Australian Taxation Office for more information about your TFN and its use.

Any details you do provide us (including your TFN) that are personal information will be collected, used and disclosed in accordance with our Privacy Statements (in particular please see Section 11 as regards TFNs) which is available at asgard.com.au/privacy or by calling us.

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[illegible]

Phone (Home)

Phone (Business)

Phone (Mobile)

Email

Note: If your personal details have changed, you may need to contact your FROM fund and update their records before they action this authority.

3. Transfer details — (Mandatory)

Part A – FROM (Transferring fund)

I request that the benefits held in the superannuation fund as detailed below be transferred to my account specified in section 1:

☐ Is this an SMSF?

Product/Superannuation Fund name

Electronic Service Address (ESA) Alias – Mandatory for SMSF

ABN (mandatory) Unique Superannuation Identifier (only mandatory for APRA funds)

Note: You can find the ABN and USI of the fund you are transferring from by contacting them directly or using the Australian Government's Super Fund Lookup tool (available at www.superfundlookup.gov.au).



Part A – FROM (Transferring fund) (continued)

[illegible][illegible][illegible][illegible]

Part B – Amount/benefit to be transferred

<input type="checkbox"/> Entire balance <i>(Your account, in the FROM fund will be closed.)</i> Approximate value: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	OR	<input type="checkbox"/> Partial balance Amount: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
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Part C – TO (Receiving fund) – Not applicable for rollovers from SMSF

Asgard
PO Box 7490
Cloisters Square WA 6850

4. Declaration and signature (Mandatory)

I request that the trustee of my FROM fund (specified in Part A of section 3) to transfer my superannuation benefits (specified in Part B of section 3) to BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 (BTFM) as trustee of the eWRAP Super Account and eWRAP Pension Account (ABN 90 194 410 365).

I make the following statements:

- > I declare I have fully read this form and the information I completed is true and correct.
- > I am aware that 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 may have on my benefits and have obtained or do not require such information.
- > I consent to my tax file number being disclosed for the purposes of consolidating my account.
- > I authorise the trustee of my FROM fund to provide any and all relevant information to BTFM.
- > I authorise the Trustee to act on my behalf in arranging and receiving information on this transfer.
- > I understand and acknowledge the implications and effects of transferring my benefits from my FROM fund to my eWRAP account.
- > I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my eWRAP account.



4. Declaration and signature (Mandatory) (continued)

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.

Signature

Date

Full Name

Things 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 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 fees funds charge can have a significant effect on what you will have to retire on. For example, 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 an 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 and amount of any cover offered.
- > **Tax file number (TFN)** – you are not obligated to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

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

Note: If you choose not to provide your TFN the transferring fund may ask you to prove your identity.

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..

Have you changed your name or 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 linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Certified original copy of the marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Certified original copy of the Guardianship papers or Power of Attorney.

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

Correspondence to: Asgard, PO Box 7490, Cloisters Square WA 6850

Customer Relations: 1800 998 185

Asgard



TO WHOM IT MAY CONCERN

CERTIFICATE OF COMPLIANCE

We certify that:

1. The Asgard Superannuation Account (comprising the Asgard Elements Superannuation Account, Asgard Managed Profiles Super Account and Asgard Separately Managed Accounts — Funds Super Account), Asgard Employee Superannuation Account, Asgard Allocated Pension Account, Asgard Term Allocated Pension Account, Asgard eWRAP Super Account, Asgard eWRAP Allocated Pension Account, Asgard Infinity eWRAP Super Account, Asgard Infinity eWRAP Pension Account, and Asgard eWRAP Term Allocated Pension Account (each an 'account') are all part of Asgard Independence Plan — Division 2 ABN 90 194 410 365, which is a resident regulated superannuation fund (within the meaning of the Superannuation Industry (Supervision) Act 1993) ('SIS') and a complying superannuation fund under section 45 of that Act.
2. The Asgard Superannuation Account Unique Superannuation Identifier (USI) is 90194410365001. The Asgard Elements Superannuation Account USI is 90194410365003. The Asgard Allocated Pension Account and the Asgard Term Allocated Pension Account USI is 90194410365006. The Asgard Elements Allocated Pension Account and the Asgard Term Allocated Pension Account USI is 90194410365007. The Asgard Employee Superannuation Account USI is ASG0007AU. The Asgard eWRAP Super USI is 90194410365004 and the Asgard Infinity eWRAP Super Account USI is 90194410365005. The Asgard eWRAP Allocated Pension Account and Asgard eWRAP Term Allocated Pension USI is 90194410365008. The Asgard Infinity eWRAP Pension Account USI is 90194410365002.
3. The Asgard Rollover Service ('ARS') ABN 47 948 096 909 is a complying approved deposit fund under section 47 of SIS. The USI is ASG0001AU.
4. The Trustee of the ARS is BT Funds Management Limited.
5. None of the accounts have been directed by the Australian Prudential Regulation Authority to cease accepting contributions under section 63 of SIS.

