



For the member to complete and sign.

- This form enables you to rollover/transfer between all AXA superannuation, rollover and retirement income funds.
- Please ensure you are aware of any exit fees or any restrictions on rolling over or transferring your benefit between AXA funds.

Please complete sections 1, 2, 3 (if applicable) and 6 in black pen only using BLOCK letters.

### 1 Member details

Mr  Mrs  Miss  Ms  Other (please specify)

Surname (please print) Given name(s) Date of birth

#### Postal address

Street number and name Town/Suburb State Postcode Country

Home telephone Work telephone Facsimile

Mobile telephone Email address

### 2 Fund details

Full rollover of (approximate amount): \$  OR  Partial rollover of: \$   
 (only available on specific products, please check with your financial adviser)

**From**

'Old Fund' policy/plan and member number 'Old Fund'/product name

**To**

New policy/plan  Addition

'New Fund' policy/plan and member number (where known) 'New Fund'/product name

### 3 Personal contributions: tax deduction

Only complete this section if you are intending to claim a tax deduction for personal contributions you have made to the Old Fund/Product in the current financial year. If you have made contributions in the previous financial year and are eligible to claim a tax deduction please contact our Customer Service Centre on 137 292. Please be aware that if you choose not to claim a deduction now, a tax deduction cannot be claimed after you have left the Old Fund/Product.

#### Notice of intent to claim a tax deduction for personal super contributions.

I advise that I am a member of the Old Fund/Product nominated above. I am eligible to claim a tax deduction because I do not have an employer who is obliged to contribute to superannuation on my behalf, or am substantially self-employed (less than 10 per cent of my income is earned as an employee).

Tax file number (TFN)

#### Personal contribution details

Financial year ended 30 June

My personal contributions to this fund covered by this notice \$

The amount of my personal contributions I intend to claim \$

I confirm that I have not included these contributions in an earlier notice.

Note: If you included these contributions in an earlier notice and wish to reduce the amount you intend to claim as a tax deduction please contact our Customer Service Centre on 137 292 before sending us this rollover/transfer form.

I acknowledge that the balance (if any) of my personal contributions will not be subject to contributions tax.

If you are not sure whether you are eligible to claim a deduction or the amount you can claim, please contact your financial adviser.

Please turn over for **Trustee and policy issuer details, Specific conditions of rollover/transfer** and to complete the **Request and release** of funds.

**Internal rollover/transfer request**

## 4 Trustee and policy issuer details

N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654 is the Trustee of the Super Directions Fund (Super Directions for Business, Simple Super, Tailored Super, Super Directions Personal Super Plan and Retirement Directions Allocated Pension Plan), ABN 78 421 957 449, National Mutual Retirement Fund (Flexipol Personal Super, Goldline Personal Super Plan, Provider Top Up Retirement Plan, Provider Personal Retirement Plan, Retirement Security Plan, Retirement Bond, Personal Super Bond, Super Accelerator, Conventional Superannuation, Flexible Income Plan, Flexible Pension Plan), ABN 76 746 741 299 and Wealth Personal Superannuation and Pension Fund (North Personal Superannuation and Personal Pension, Summit Personal Super and Personal Pension, Generations Personal Super and Personal Pension and iAccess Personal Super and Allocated Pension), ABN 92 381 911 598.

The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 is the policy issuer of AXA Rollover products (SuperGuard products, FutureGuard and Fixed Rate Rollover Plan).

## 5 Specific conditions of rollover/transfer

**Conditions 1 and 2 apply to all products or funds.**

- 1 Specific exit fees, charges, penalties, minimums or restrictions may apply for all products. Your financial adviser can provide you with details.
- 2 Some products and funds are closed to new members and will only accept additional funds for existing members. Please discuss your eligibility to roll over to the New Fund/Policy with your financial adviser.

**Conditions 3 to 5 apply when the payment is a transfer (ie the member has not ceased employment) and the Old Fund/Product is Simple Super or Tailored Super.**

- 3 Any monies being transferred that are held in the Security Plus investment portfolio (previously known as the Guaranteed portfolio) will be the lesser of the dollar value of your retirement accumulation and the market value of the underlying investments (your retirement accumulation is the aggregate of your member's accumulation and your employer's accumulation).
- 4 Any monies being transferred that are held in the Guaranteed Plus investment portfolio will be the dollar value of your retirement accumulation.
- 5 Any monies being transferred that are held in any other investment portfolio will be reduced by the costs which AXA consider would have been incurred in the release of the investments in the portfolio at the date of transfer.

## 6 Request and release

I request the Trustee/Policy Issuer of the Old Fund/Product/Policy to rollover/transfer the amount requested to the New Fund/Product/Policy. I acknowledge and agree that the basis for the rollover/transfer includes the conditions described in section 5 above.

If the full amount within my membership is being rolled over/transferred, I request the Trustee/Policy Issuer of the Old Fund/Product/Policy to terminate my membership of that Fund/Product/Policy. Upon rollover/transfer of the full amount I release and discharge the Trustee/Policy Issuer of the Old Fund/Policy from any further liability to me or my executors, administrators or dependants in respect of my participation in the Old Fund/Product/Policy.

I confirm that the terms and conditions of the New Fund/Product/Policy (including the application of establishment fees and early termination penalties, if any) have been fully explained to me and that I have made/propose to make a formal application for membership of the New Fund/Product/Policy.

I consent to you speaking with my financial adviser.

I have provided a copy of my driver licence/passport.

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | <input type="text" value="   "/> |
|-------------------------------------|----------------------------------|

Signature of member

Date

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

Name of financial adviser

**Please refer to 'Notes to the External Rollover/Transfer form' section on the 'External rollover/transfer request' form which are equally applicable to this form.**