



ANZ Australian Staff Superannuation Scheme

# Application for membership - Employee Section (Section A)

### Guidelines for completing this application

We need you to fill out Parts A and B (if required) to let us know:

#### Part A

- your choice of insurance cover
- which investment options you'd like your money invested in
- who you'd prefer to receive your super if you die while you're a member of the ANZ Australian Staff Superannuation Scheme
- your Tax File Number

#### Part B (if required)

To be completed if you wish to roll over benefits from a previous super fund into the Employee Section of the ANZ Australian Staff Superannuation Scheme.

To find the information you need to complete this form just look in the section of the Product Disclosure Statement (PDS) that relates to the section you're up to.

Once you've finished each part of the form, don't forget to sign and return it to:

**ANZ Staff Super**  
**GPO Box 4303**  
**Melbourne VIC 3001**

If you're unsure of your decisions, we recommend that you see a licensed financial adviser.

## Part A

Step 1 – Complete your personal details
Please print in black or blue pen, in uppercase, one character per box. A

Title Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date of birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Given names <input style="width: 100%;" type="text"/>	
Surname <input style="width: 100%;" type="text"/>	
Postal address <input style="width: 100%;" type="text"/>	
Suburb <input style="width: 60%;" type="text"/>	State <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
Postcode <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Daytime Telephone <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Mobile <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
E-mail <input style="width: 100%;" type="text"/>	
ANZ salary number <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	



## Step 2 – Choose your level of death and disability cover

### Protect your family's financial wellbeing – think about your death and disablement cover

I understand that:

- If I don't make a choice, the default of 3 blocks of insurance cover (subject to a maximum \$1 million of cover) will apply
- I will not be granted more than 3 blocks of insurance cover or \$1 million of cover, whichever is lesser, until my completed health statement is assessed and my election accepted by the Insurer
- Once my election is accepted, this level of insurance cover will stay in force until I apply to vary it and my application is accepted by the Insurer, and
- The cost of this insurance cover is deducted from my account monthly or on exit by redeeming some of my units.

Select one option only

- I elect  **Blocks of insurance cover** (Select the number of blocks of cover (in half block increments) you would like up to a maximum of 7 blocks. If you elect more than 3 blocks or the amount of your insurance cover would exceed \$1 million, you will be sent a health statement to complete)

OR

- No cover** – I elect not to have insurance cover to provide an additional benefit if I die or become totally and permanently disabled.

### Transferring your cover from other providers

- I am interested in applying to transfer death or death and TPD cover from another superannuation fund (other than a self-managed superannuation fund) to the Scheme.

### Voluntary salary continuance insurance

- I am interested in applying for voluntary salary continuance insurance.

## Step 3 – Choose your investment options

### Take control of how your super is invested

You can choose one or a combination of the four investment options in any percentage. Please ensure the total adds to 100% otherwise the default investment option will apply until it's corrected by you.

If you don't make a selection you'll automatically be invested in the Balanced Growth investment option (the default investment option) and you will be classified as a MySuper member.

I'd like to invest in the following investment option(s):

	Percentage to be invested
Aggressive Growth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Balanced Growth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Cautious	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Cash	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
<b>TOTAL</b>	<b>1 0 0</b> %

Note: The investment option(s) (other than Balanced Growth) you choose using this form will become effective from the date this form is processed by ANZ Staff Super. Until this choice is processed, your super will be invested in Balanced Growth option which is the default option.





## Step 4 – Nominate your beneficiaries (continued)

- \* Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.
- \*\* The persons you nominate must be your 'Dependant' or legal personal representative (that is, the executor or administrator of your estate).  
'Dependant' is defined as:
  - your spouse – whether by marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners);
  - your children including step-children, adopted children and your spouse's children;
  - any other person who the Trustee considers is wholly or partially dependent on you at the time of death; or
  - any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
    1. they have a close personal relationship;
    2. they live together; and
    3. one or each of them provides the other with financial support; and
    4. one or each of them provides the other with domestic support and personal care.An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.  
Any amounts paid to your legal personal representative would be distributed according to your Will, or if you don't have a Will, according to the laws of the State in which you resided at the date of your death.

**Please tick one option only and complete the relevant details for that option.**

**Option 1 – Non-binding nomination**

By signing below I declare that I have read this section and understand that:

- the nominations I have made on this form are not binding on the Trustee and the Trustee is not obliged to pay a death benefit to the dependant(s) I nominate
- the Trustee cannot consider a nomination unless it is in favour of my spouse, my children, a person who is financially dependent on me and/or a person who is my dependant under superannuation law
- if a nominated beneficiary does not survive me, his/her share of the benefit may be paid, at the discretion of the Trustee, to my estate or to my other dependants.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

□ □ / □ □ / □ □ □ □

**Option 2 – Binding nomination**

By signing below I declare that I have read this section and understand that:

- My nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- My nomination in this form will be invalid if:
  - it has not been completed correctly, or completed prior to my admission to membership of the Scheme
  - the persons nominated or my Dependants and/or legal personal representative at the time of my death are no longer alive
  - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
- My nomination in this form will expire and cease to have effect:
  - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
  - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
  - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- The information provided within this form will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or legal personal representative at the time of my death. The information may be disclosed to the administrator, my employer and other parties as required and I consent to the handling of my personal information in this way.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

□ □ / □ □ / □ □ □ □

*continued over*



## Step 4 – Nominate your beneficiaries (continued)

**Witness One** (insert full name)

I confirm that I am at least 18 years of age, am not a person nominated in Step 4 of this form and that the member named above has signed this form in my presence.

Signature

Date

**Witness Two** (insert full name)

I confirm that I am at least 18 years of age, am not a person nominated in Step 4 of this form and that the member named above has signed this form in my presence.

Signature

Date

## Step 5 – Provide your tax file number

**Don't pay more tax than you have to – let us know your Tax File Number.**

Your Tax File Number is confidential and you don't have to give it to the ANZ Australian Staff Superannuation Scheme. It is not an offence to not provide your Tax File Number. However, you may pay more tax than you have to if you don't supply it.

**My Tax File Number is:**    -    -

Special note: The Trustee is required by law to ask for your Tax File Number. By providing your Tax File Number, you're allowing the Trustee to use it to:

- find or identify your super when there's no other way
- work out any tax payable
- pass your Tax File Number to the Australian Taxation Office when you receive your super payout or have unclaimed super money after reaching pension age or if otherwise required
- pass your Tax File Number to any other super fund or account to which your super is transferred in the future, unless you tell the Trustee in writing not to do so
- report details of contributions to the Australian Tax Office for working out whether any tax is applicable if contributions for you exceed certain limits, and
- where required by law, pass your Tax File Number to other government agencies.

If you don't provide your Tax File Number now or later:

- you may pay more tax on contributions made by your employer and certain other contributions made by or for you. In some circumstances, you may be able to claim this back, but time limits and other rules may apply
- the Trustee will only be able to accept contributions made for you by your employer. No other contributions, for example, non-concessional (after-tax) contributions, can be accepted
- you may pay more tax on your super benefit that you would otherwise (although you can claim this back when you lodge your tax return), and
- it may be more difficult to find your super in the future if you change your address without notifying the Trustee or if you rollover any other super accounts you may have.

The legal purposes for which the Trustee can use your Tax File Number and the consequences for not quoting your Tax File Number may change in the future.

Date of birth   /   /

Your name



## Step 6 – Sign the form

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made
- accept that I will be bound by the provisions of the Trust Deed and Rules which govern the operation of the ANZ Australian Staff Superannuation Scheme
- acknowledge that if I've provided my email address details in this application form, the Trustee may, at its discretion, use that email address to send information, including any annual reports, member and exit statements and notices of any material changes or the occurrence of significant events, to me by electronic means
- acknowledge that I have read and understood the attached Product Disclosure Statement and agree to be bound by it
- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

/   /

Please return your completed form (Part A) to: ANZ Staff Super  
GPO Box 4303  
Melbourne VIC 3001

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Superannuation Complaints Tribunal. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super  
GPO Box 4303  
Melbourne VIC 3001  
Telephone: 1800 000 086  
Facsimile: 03 9245 5827  
Email: [anzstaffsuper@superfacts.com](mailto:anzstaffsuper@superfacts.com)

The Trustee's Privacy Policy Statement is available on the Scheme's website [www.anzstaffsuper.com](http://www.anzstaffsuper.com) or from ANZ Staff Super by calling **1800 000 086**. You can also access the Scheme Administrator's privacy policy on the Scheme's website.





## ANZ Australian Staff Superannuation Scheme

# Rollover form - Employee Section (Section A)

## Part B

Roll other super money into your account in the Employee Section of the ANZ Australian Staff Superannuation Scheme. Just fill in this form and send it back to ANZ Staff Super. It's that simple. We will contact your other fund(s) and look after all the transfer details. There is no charge from the ANZ Australian Staff Superannuation Scheme for this service. If you have more than one fund you want to transfer, you can photocopy this form. Your transfer will be processed faster if you attach a copy of a recent member statement from your previous super fund.

### If you need help

For assistance call ANZ Staff Super on **1800 000 086**.

Step 1 – Complete your personal details

Please print in black or blue pen,  
in uppercase, one character per box.

A ✓

Title Mr  Mrs  Ms  Miss  Other

Date of birth  /  /

Given names

Surname

Residential address

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

Daytime Telephone

Mobile

Email

ANZ salary number







## Notes for previous superannuation provider

**Name of Fund:** ANZ Australian Staff Superannuation Scheme (Employee Section) **SFN:** 129 796 941 **ABN:** 83 810 127 567

**RSE Licence:** L0000543 **Registration No:** R1000863

When transferring money in to ANZ Australian Staff Superannuation Scheme please note:

- the ANZ Australian Staff Superannuation Scheme is a regulated super fund under the Superannuation Industry (Supervision) Act 1993. Accordingly the ANZ Australian Staff Superannuation Scheme can accept the rollover of both preserved and non-preserved benefits in accordance with the Superannuation Industry (Supervision) Act
- cheques should be made payable to ANZ Australian Staff Superannuation Scheme – **Account of [member's name]**
- please forward:
  - this authority
  - the cheque
  - a Rollover Benefits Statement
  - other associated documentation to:

ANZ Staff Super  
GPO Box 4303  
Melbourne VIC 3001



# Completing proof of identity

## Primary photographic identification

You will need to provide a copy of **one** of the following primary identification documents:

- Current Australian or foreign driver's licence (including the back of the driver's licence if your address has changed)
- Australian passport
- Current foreign passport<sup>1</sup>, or similar document issued for the purpose of international travel<sup>1</sup>
- Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification<sup>1</sup>

Identification documents must not be expired (excepting an Australian passport which may be expired within 2 years).

## Alternative identification

If you are unable to provide any primary photographic identification, you will need to provide **two** identification documents, one from each of the following lists:

- Birth certificate or birth extract<sup>1</sup>
- Citizenship certificate issued by the Commonwealth
- Pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits

**AND**

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Tax Office Notice of Assessment issued in the last 12 months
- Rates notice from local council issued in the last 3 months
- Electricity, gas or water bill issued in the last 3 months
- Landline phone bill issued in the last 3 months (mobile phone bills will not be accepted)

## Name change

If you have changed your name, you must provide a certified copy of the relevant name change document<sup>1</sup>, for example, a Marriage Certificate issued by the Registry of Births Deaths & Marriages, Decree Nisi or Deed Poll (in addition to the above identification).

**If your legal name or date of birth does not match exactly to our records** (excluding aforementioned name changes), please contact us for further instructions.

## Signing on behalf of another person

If you are signing on behalf of the applicant you will need to provide the following:

- A **certified** copy of the Guardianship papers or Power of Attorney; and
- A **certified** copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney.

Note: Certified ID is also required for the member

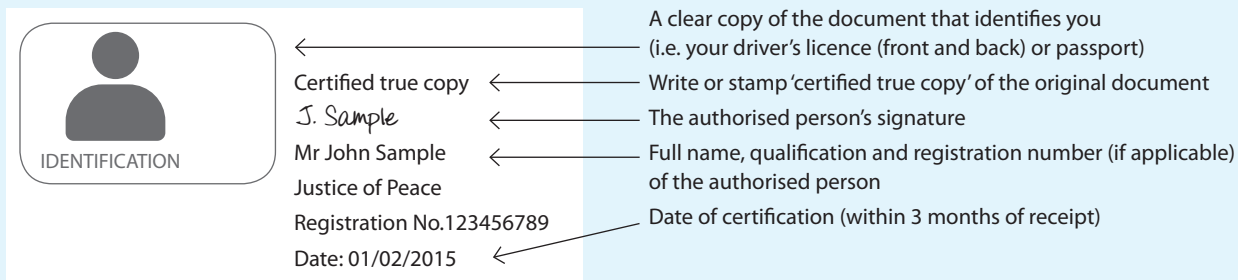
## <sup>1</sup>Translation

If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.

## How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:

- Written or stamped 'certified true copy'
- Signature and printed full name
- Qualification (such as Justice of the Peace, Australia Post employee, etc)
- Date (the date of certification must be within the 3 months prior to our receipt)



The diagram illustrates the components of a certified true copy of an identification document. On the left, a rounded rectangle contains a silhouette of a person and the word "IDENTIFICATION". To the right of this rectangle, the text "Certified true copy" is written, followed by a signature "J. Sample", the full name "Mr John Sample", the qualification "Justice of Peace", the registration number "Registration No.123456789", and the date "Date: 01/02/2015". Arrows point from each of these elements to a list of requirements on the right:

- ← A clear copy of the document that identifies you (i.e. your driver's licence (front and back) or passport)
- ← Write or stamp 'certified true copy' of the original document
- ← The authorised person's signature
- ← Full name, qualification and registration number (if applicable) of the authorised person
- ← Date of certification (within 3 months of receipt)

## Verification

A verification of the certifying party may be performed. If a discrepancy arises, you may be requested to re-certify documentation.

## Important Note

The information in this document is a guide only and we may request additional documentation prior to any payment.

*continued over*



# Completing proof of identity

## How to certify documents

- Permanent employee of the **Australian Postal Corporation** with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Agent of the **Australian Postal Commission** who is in charge of an office supplying postal services to the public
- **Australian Consular Officer or Australian Diplomatic Officer** (within the meaning of the Consular Fees Act 1955)
- **Bailiff**
- **Bank officer, building society officer or credit union officer** (with two or more continuous years of service)
- **Commissioner for Affidavits or Declarations**
- **Court Officer**, Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- **Fellow of the National Tax Accountant's Association**
- **Finance Company Officer** (with two or more continuous years of service with one or more finance companies)
- **Justice of the Peace**
- **Legal practitioner**
- **Marriage celebrant** (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- **Medical practitioner, chiropractor, dentist, nurse, optometrist, physiotherapist, psychologist**
- **Member of Chartered Secretaries Australia**
- **Member of Engineers Australia** (other than at the grade of student)
- **Member of the Association of Taxation and Management Accountants**
- **Member of the Australasian Institute of Mining and Metallurgy**
- **Member of the Australian Defence Force** (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- **Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or Member of the Institute of Public Accountants**
- **Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority** (State or Territory)
- **Minister of Religion** (under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- **Notary Public**
- **Officer with, or Authorised Representative of an Australian Financial Services Licensee** (who has had at least two years of continuous service with one or more licensees)
- **Officer with, or a credit representative of, a holder of an Australian credit licence** (who has had at least two years of continuous service with one or more licensees).
- **Permanent employee of the Commonwealth** (or Commonwealth Authority) **or a State or Territory** (or State or Territory Authority) **or a Local Government Authority with two or more years of continuous service**
- **Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made**
- **Pharmacist**
- **Police Officer, Sheriff or Sheriff's Officer**
- **Senior Executive Service Employee of the Commonwealth** (or Commonwealth Authority) **or a State or Territory** (or State or Territory Authority)
- **Teacher employed on a full-time basis at a school or tertiary education institution**
- **Trade marks attorney**
- **Veterinary surgeon**

## Who can certify documents outside of Australia

- **an authorised staff member of an Australian Embassy, High Commission or Consulate**
- **an authorised employee of the Australian Trade Commission** who is in a country or place outside Australia
- **an authorised employee of the Commonwealth of Australia** who is in a country or place outside Australia
- **a Member of the Australian Defence Force** who is an officer or a non-commissioned officer with 5 or more years of continuous service
- **a Notary Public from a country ranked 129 or below in the latest Transparency International Corruptions Perception Index:** <http://www.transparency.org>

