



## 4. Transfer payment details

You can choose to roll over all of your Eligible Termination Payment (ETP) payment (except a non-qualifying component). If you want to roll over parts of your payment to different rollover funds, you will need to provide instructions to your payer for each rollover payment to each rollover fund. You can photocopy this form to do this.

Roll over my payment to this rollover fund

Full name of fund

SFN or ABN of rollover fund\*

Rollover fund address

State  Postcode

Member/account number\*

\*Please obtain these details from your rollover fund. We cannot process your request unless they are provided.

Roll over to this fund a total amount of: \$

The total rollover amount to this fund includes the ETP amounts of:

CGT exempt component	\$ <input type="text"/>	Undeducted contributions	\$ <input type="text"/>
Concessional component	\$ <input type="text"/>	Post-June 1994 invalidity component	\$ <input type="text"/>

Any balance of the rollover amount will include a pre-July 1983 component (if any) and/or a post-June 1983 – Taxed element (if any). The total rollover amount to this fund includes preservation amounts of:

Preserved amount	\$ <input type="text"/>	Restricted non-preserved	\$ <input type="text"/>
Unrestricted non-preserved	\$ <input type="text"/>	The total rollover amount includes a 15 Feb 1990 rollover balance (if any)	\$ <input type="text"/>

Note: If you have nominated more than one rollover institution, we will (unless otherwise advised) apply any differences in your account balance from that shown on the ETP Pre-payment statement form to the rollover institution you have nominated to receive the lowest amount.

Unless specified above, the component drawdown will be in the following order:

Undeducted, Invalidity, Concessional, Pre and Post June 1983.

## 5. Cash amount

The amount you can be paid in cash cannot exceed the “unrestricted non-preserved” amount (ie. member accessible amount). The preserved and restricted non-preserved amounts cannot be taken in cash. If you choose to be paid your ETP in cash, you cannot change your decision later to roll over this cash payment.

Pay me a gross cash amount of:	\$ <input type="text"/>	CGT exempt component	\$ <input type="text"/>
Undeducted contributions	\$ <input type="text"/>	Concessional component	\$ <input type="text"/>
Post-June 1994 Invalidity component	\$ <input type="text"/>		

Any balance of the gross cash amount will include a pre-July 1983 component (if any) and/or post-June 1983 – Taxed element (if any).

The gross cash amount is to include a 15 February 1990 rollover balance (if any) \$

When payments are made, the ETP payment information may vary from the amounts given on the ETP Pre-Payment Statement. If this happens (tick one box):

- Make payments as close as possible to my instructions on this form
- I have attached additional instructions

Note: If you have nominated a cash and roll over payment, we will (unless otherwise advised) deduct the specified “gross” cash amount from your total account balance and roll over the balance. The four components specified above (if any) will be included in the gross cash amount.

Unless specified above, the component drawdown will be in the following order:

Undeducted, Invalidity, Concessional, Pre and Post June 1983.

Your cash benefit amount will be credited to your account at any bank or most building societies and credit unions, as detailed below.

Name of account

Bank, Credit Union or Building Society  refer note (i)

Branch

Branch BSB    –    Account No.

Notes:

- (i) To confirm whether your building society or credit union offers direct crediting facilities, please contact Asteron Client Services on 1300 361 755
- (ii) You must provide proof of identity before we can pay your cash amount. Please refer to Section 7 for details.

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## 6. Personal contributions – Self Employed Only

If you are self-employed and intend to claim a tax deduction on any personal contributions, please complete the details below.

Notice pursuant to sub-section 82AAT(1A) of the Income Tax Assessment Act 1936 as amended for the financial year ended 30 June.

I

of

am a member of

and intend to claim the amount shown below as a tax deduction for the year ended 30 June.

I confirm that this amount has not been included in any earlier notice to you. I note that this notice cannot be withdrawn or revoked.

Personal contributions made to the Plan during the year ended 30 June  \$

Amount that I will claim as a tax deduction in respect of contributions paid to the Plan during the year ended 30 June  \$

Amount that I will claim as a tax deduction in respect of contributions paid to the Plan during this financial year.  \$

## 7. Proof of identity

If you have completed Section 5 – Cash Amount then we require two forms as proof of your identity, as follows:

We require you to supply a clear photocopy of any two items from Category A OR any one item from Category A plus any one item from Category B:

Please note that documents should be in English and we reserve the right to reject and/or seek additional documentation.

### Category A

- driver's licence (showing name, address, photo and signature);
- passport (showing name, address, photo and signature), or
- birth certificate (showing full name at birth) plus copy of Marriage Certificate/Deed Poll, if name has changed.

### Category B

- financial institution debit card (showing name and signature)
- amenities bill (showing name and current address);
- council rate bill (showing name and current address); or
- tertiary student card (showing name and signature).

Attach your Proof of Identity documents to the front of this form and send them both to Connelly Temple Employer Super Plan Client Services at the address listed below.

## 8. Individual's Declaration and Signature

I (print full name)

authorise my ETP to be paid as instructed on this form. Should I omit to complete the ETP components for a multiple rollover or a part cash and part rollover payment, I request that Connelly Temple Employer Super Plan calculate the ETP components for me.

Applicant's Signature

Date Day   Month   Year

Keep a copy of your instructions for 5 years from this date. You should seek advice from a tax adviser before lodging this form.

Please return this form to:

Connelly Temple Employer Super Plan  
GPO Box 1576  
Sydney NSW 2001