

Transfer authority - employer

Connelly Temple Super Savings Plan



Asteron Portfolio Services Limited ABN 61 063 427 958 AFS Licence No 237905
Level 23 2 Market Street Sydney NSW 2000
Telephone 1300 361 755

**This form should be completed to transfer monies into the Connelly Temple Super Savings Plan
Please note: Some funds may contact you requiring further information.**

1. Employer details (please provide your current details)

Employer's name	<input type="text"/>
Employer account no.	<input type="text"/>

2. Paying institution details (please provide other funds' details)

Name of institution	<input type="text"/>		
Address of institution	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Name of fund	<input type="text"/>		
Membership/policy number	<input type="text"/>		

3. Employee authorisation

- I/we authorise the transfer of my/our benefits to the Connelly Temple Super Savings Plan which forms part of the Connelly Temple Public Superannuation Fund;
- I/we understand that the Connelly Temple Public Superannuation Fund is a complying fund under the Superannuation Industry (Supervision) Act 1993 and Regulations;
- I/we advise that the Trustee, Asteron Portfolio Services Limited is acting on my/our behalf in this matter, and hereby give you authority to provide all relevant information and to forward the cheque for the transfer to Connelly Temple Super Savings Plan;
- I/we understand that in certain cases, the Trustee may be required by law to deduct tax from the untaxed portion, if any, of the Eligible Termination Payment (ETP); and
- I/we approve the deduction of transfer fees (if any) from the benefits transferred (subject to legislative restrictions).

Employee name(s)	Employee signature(s)	Date of birth	Date
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
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