

ClearView Retirement Plan Transfer Request and Authority

Section A: Personal details

Mr Mrs Miss Ms Other

Surname

Given name(s)

Other/previous names

Residential address
 Postcode

Postal address (if different from above)
 Postcode

Previous address
(If you know that the address held by your FROM fund is different to your current residential address please give details below.)

 Postcode

Home phone number ()
Work phone number ()

Date of birth

Tax file number

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

Section B: Fund details

FROM

Fund name

Fund phone number ()

Membership or account number

Superannuation Product Identification Number (SPIN)

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

TO

Fund name

Fund phone number ()

Membership or account number

Superannuation Product Identification Number (SPIN)

You must check with your TO fund to ensure they can accept this transfer.

Section C: Proof of Identity

I have attached a certified copy of my driver's licence or passport.

OR

I have attached certified copies of both:
Birth/Citizenship Certificate or Centrelink Pension Card
AND
Centrelink Payment letter or Government notice (less than 1 year old) with name/address.

If you are unable to meet the above 'Proof of Identity' requirements please contact us on 132 977.

Section D: Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information on the effect this transfer may have on my benefits, and do not require any further information.
- If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- I authorise my ClearView Financial Adviser and representatives of the Trustee of the ClearView Retirement Plan to make inquiries about this transfer on my behalf.
- 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
 X
DATE / /

After completing this form,

Sign the authorisation and send form and certified proof of identity documents to your fund.

Privacy and your personal information

The Trustee and/or Administrator need to collect, use (and as necessary disclose) your personal information in order to consider your application, administer your account or pay any benefit. You can choose not to provide us with some or all of your personal information, but this may affect our ability to administer your request.

By providing your personal information, you agree that we can collect your personal information and disclose it on a confidential basis to: our related entities; other superannuation funds; your financial institution; government departments and agencies; investigators; lawyers; advisers; and the agent of any of these.

Our Privacy Policy

Further information on how we handle your personal information is explained in our Information Handling Policy including:

- how to contact us regarding Privacy;
- how to inform us to change your marketing consent; and
- how to access your personal information.

You can obtain a copy of our Information Handling Policy by calling us on 1800 265 744 or by visiting our website at clearview.com.au

30 April 2005

TO WHOM IT MAY CONCERN

COMPLYING STATUS OF THE CLEARVIEW RETIREMENT PLAN SUPERANNUATION FUND NUMBER 2664/049/48 SPIN NRM0024AU ABN 45 828 721 007

ClearView Life Nominees Pty Limited is the Trustee of the ClearView Retirement Plan. The Trustee confirms that it agrees to accept rollovers and that as at the date of this notice the ClearView Retirement Plan:

1. is a complying fund regulated as a 'public offer fund' under the Superannuation Industry (Supervision) Act 1993 ('SIS');
2. can receive contributions, transfers and rollovers of preserved, restricted non-preserved and unrestricted non-preserved amounts;
3. has provision under its governing rules providing that members can receive benefits once a condition of release is satisfied under SIS; and
4. has not received, nor does it expect to receive, a notice stating the fund is other than a complying fund.



This form along, with your cheque made payable to ClearView Life Nominees Pty Limited, can be posted (no stamp required) to:

ClearView
Client Administration
Reply Paid 4232
Sydney NSW 2001



If you have any questions about this form,
please call us on

132 977