

Qantas Superannuation Plan

Division 14 transition to retirement transfer form

COMPLETED FORMS TO BE FAXED TO (02) 9372 6288 OR POSTED TO:

QANTAS SUPERANNUATION PLAN
LOCKED BAG A4075
SOUTH SYDNEY NSW 1235

Use this form if you wish to transfer part or all of your Division 14 Transition to Retirement Account Balance to another Division or another superannuation arrangement.

Your personal details ▾

Title (Mr Mrs Ms):	<input type="text"/>	Surname:	<input type="text"/>	First name(s):	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Staff/Member no:	<input type="text"/>	Location:	<input type="text"/>
Address:	<input type="text"/>				
State:	<input type="text"/>	Postcode:	<input type="text"/>	Telephone:	<input type="text"/>

Transfer Instructions ▾

Your Transition to Retirement account balance will be paid in accordance with your instructions in this section.

Transition to retirement account no:	<input type="text"/>				
<input type="checkbox"/> Rollover to your current Division:	<input type="text"/> \$				
<input type="checkbox"/> Rollover to Division 8*:	<input type="text"/> \$				
<input type="checkbox"/> Rollover to Division 9*:	<input type="text"/> \$				
* An application form must accompany this form if you are not a current member of Division 9 or Division 8. The application form is available from the Product Disclosure Statement.					
<input type="checkbox"/> Rollover to another fund:	<input type="text"/> \$				
Fund name:	<input type="text"/>	Fund contact person:	<input type="text"/>		
Fund address:	<input type="text"/>				
Telephone:	<input type="text"/>	Fund ABN:	<input type="text"/>	Fund SPIN or Account number:	<input type="text"/>

Member Identification ▾

Under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, the Plan is required to identify members prior to paying the member their benefit. When requesting a benefit payment or commencing an income stream, please ensure to provide the Plan with a certified copy of your driver's license or passport. Your benefit cannot be paid unless this is provided. For more details on who can certify your document please contact the Plan. If you do not have a passport or drivers licence and need to provide alternate forms of identification please refer to the Plan's website or call **1300 654 384**.

Declaration ▾

- I hereby request a transfer from my Qantas Superannuation Plan's Division 14 – Transition to Retirement Account according to my instructions above.
- I have sought the appropriate advice to assist me with this decision. I have received no financial advice from Qantas Superannuation Limited.

Signature: _____ Date: / /

Privacy Statement

We collect information about you in order to provide you the service you have requested. We will not pass your personal details to any other party unless authorised to do so under the law or in accordance with the Plan's Privacy Policy. For more information about the Plan's Privacy Policy, the complete document is available from the website www.qantassuper.com.au.