

Qantas Superannuation Plan Portability Transfer Request Form – Division 6

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 accumulation balances from Division 6 to either Division 14 of the Plan or to another superannuation arrangement during your employment with the Company.

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"/>	Telephone:	<input type="text"/>

Request for Transfer

I hereby apply to Qantas Superannuation Limited to transfer part or all of my accumulation accounts (as nominated below) in the Plan to Division 14 or to another superannuation fund.

I acknowledge that I have had the opportunity to ask the Trustee for any information I reasonably require to understand any benefit entitlements I may have, including:

- Information about any fees and charges that may apply to my proposed transfer;
- Information about the effect of the proposed transfer on my entitlements.

I am aware that Qantas Superannuation Limited can ask me further information regarding my request to transfer entitlements if required. I acknowledge that I do not require more information.

I also acknowledge and understand that if I transfer amounts from the Plan:

- The amounts transferred will be debited from my Plan accounts. In the event of a partial transfer, amounts will be debited from my accumulation accounts consistent with the relevant legislation in the following order:
 - 1 Rollover Account
 - 2 Member Account
 - 3 Salary Sacrifice Account
 - 4 Transfer Account
- Unless I advise the Plan otherwise, any unrestricted non-preserved amounts will be transferred before any restricted non-preserved amounts, and any preserved amounts will be transferred last;
- If I had a guaranteed dollar death and/or total and permanent disablement benefit arising from my transfer from another Division of the Plan, this dollar minimum will be reduced by the amount of the transfer from the Plan;
- I cannot access the preserved benefit or restricted non-preserved benefit of any of my accounts by transferring them to another superannuation fund as I will need to meet a condition of release to access these benefits;
- My request for a full or partial transfer can only be directed to Division 14 or to one superannuation fund;
- I am only permitted to request a transfer if 12 months have elapsed since my last transfer request.

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Transfer Nomination

I wish to transfer monies to:

Division 14; or

Another superannuation fund

Full name of Fund:

Full name of Fund Trustee:

Mailing Address:

Telephone (business hours):

SPIN or Account No.:

Fund ABN:

To ensure that your transfer can be completed, please attach confirmation of the compliance status of your nominated superannuation fund. A compliance letter should be available to you from your nominated superannuation fund.

Please be aware that Qantas Superannuation Limited will be unable to transfer the amount requested to the nominated superannuation fund if the nominated superannuation fund will not accept the transfer.

Amount to Transfer

Amount I wish to transfer (complete one)

The total amount of my accumulation balances which are eligible to be transferred*; or

Part of my accumulation balances for the amount of:

\$

Note that if I choose a partial transfer, the remaining balances in my accumulation accounts, including my surcharge account and/or family law account (if relevant) must be at least \$5,000.

*Accounts that may be transferred:

- Rollover
- Member
- Salary Sacrifice
- Transfer

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, transfer 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 to transfer monies from my accumulation accounts as described above. I acknowledge and understand the information provided above, and have obtained the appropriate advice to assist me with my decision. No financial advice has been provided 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.