

# ANZ SUPER ADVANTAGE PERSONAL AFTER TAX CONTRIBUTION FORM



1 February 2020

## Customer Services

Phone 13 38 63

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

Website [anz.com](http://anz.com)

## INSTRUCTIONS

- You must complete this form each time you want to make personal after tax contributions to your account.
- You should ensure that you have provided the Trustee with your TFN prior to making this contribution.
- Personal after tax contributions can be made using any of our other convenient payment methods, such as BPAY® or Direct Credit. Please refer to the ANZ Super Advantage Member Guide or contact Customer Services on 13 38 63 for further details.
- Complete and sign the form and return to:

### ANZ Super Advantage

OnePath Custodians Pty Limited

GPO Box 4028

Sydney NSW 2001

## 1. CURRENT PLAN AND MEMBER DETAILS

Employer name

Member number

Surname

Given name(s)

Residential address (this cannot be a PO Box)

Suburb/Town

Country

Postal address (if different from above)

Suburb/Town

Country

Business hours phone

Email

My TFN is    (Please complete if you have not previously advised your TFN)

## 2. CONTRIBUTION AMOUNT

Amount \$

**Note:** Cheques should be made payable to ANZ Super Advantage – OnePath Custodians Pty Limited.

# ANZ SUPER ADVANTAGE

## PERSONAL AFTER TAX CONTRIBUTION FORM

Your contribution will be invested in accordance with your future contribution investment instructions. If you wish to change your future contribution allocations, you will need to complete a Member Investment Choice Form or switch online at anz.com

### 3. SIGNATURE AND DECLARATION

In making this contribution, I (the payer) acknowledge that once the contribution has been received by ANZ Super Advantage, I will no longer have control over the payment or any growth upon it, and it will be preserved until a condition of release is met.

By completing this form, I also:

- consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in ANZ's Privacy Policy which is available at anz.com/privacy and OnePath Custodians' Privacy Policy which is available at onepath.com.au/superandinvestments/privacy-policy
- consent to OnePath Custodians, any third party engaged by OnePath Custodians or any third party engaged by a related party of OnePath Custodians to provide administration services relating to this product, using and sharing my Tax File Number with authorised recipients and approved recipients to provide services (including account consolidation) and products to me
- consent to ANZ, OnePath Custodians and their related companies using my personal information (including health and other sensitive information) to send me information about their products or services from time to time. I also consent to OnePath Custodians disclosing my personal information (including health and other sensitive information) to organisations, including those in an arrangement or alliance with OnePath Custodians or its related companies, to share information for marketing purposes and to enable those alliance partners to send me information about their products and services. If I do not want OnePath Custodians, its related companies or alliance partners using and disclosing my information for this purpose, I understand and agree that I must phone 133 665 to withdraw my consent
- accept that where my employer has appointed a financial adviser for this plan, my personal information will be provided to the financial adviser in order to undertake the management and administration of the plan
- accept that the contribution will be treated as non-concessional contribution and assessed against the non-concessional contributions cap
- authorise my financial adviser (where I have nominated a financial adviser) to receive and access my personal information for the purposes of managing my investments and conducting such transactions as I authorise from time to time. Where there is any change to this authority or relating to my financial adviser, I will notify OnePath in writing of the change
- understand that although I am not obliged to provide my Tax File Number (TFN), where I have not previously provided it to the Trustee, any third party engaged by the Trustee or any third party engaged by a related party of Trustee, to provide administration services relating to this product, the Trustee may be required under the law to reject my contribution or I may incur additional tax.

By signing this form, I confirm that I have read and understood the conditions and acknowledgments in the PDS.

I, the undersigned, whose signature appears below, declare that the statements made in this form are true and correct.

Signature

Date