ANZ SMART CHOICE SUPER SUPERANNUATION CONTRIBUTIONS SPLITTING APPLICATION FORM



1 October 2022

Customer Services

Phone 13 12 87

Email smartchoice@insigniafinancial.com.au anz.com/smartchoice

In order for this application to be accepted, it **must** be signed and dated by the applicant and their spouse, and received by ANZ Smart Choice Super.

Instructions

Please complete this form and either:

- Scan and email to smartchoice@insigniafinancial.com.au; or
- post to: ANZ Smart Choice Super GPO Box 5107 Sydney NSW 2001

Should you require further information regarding contributions splitting or how to complete this Application Form, please speak to your financial planner or call Customer Services on 13 12 87.

Important information

Before you complete this Application Form it is important that you note the following:

- Your 'spouse' who can receive your splittable contribution amount includes any person (whether of the same sex or different sex) with whom you are in a registered civil union or domestic relationship or who, whether or not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple.
- The Trustee (OnePath Custodians Pty Limited) has a Contributions Splitting Policy (Policy) containing details of when the Trustee will accept or reject an Application Form. We recommend you read the Policy before completing this Application Form. You can obtain a copy of the Policy by calling Customer Services.
- If you intend to claim or vary a tax deduction for personal superannuation contributions made during the relevant financial year, you must inform the Trustee before or with this Application Form. For your convenience, a copy of the Notice of Intent to Claim or Vary a Deduction for Personal Super Contributions Form has been attached to this document. Applications to claim a tax deduction received after a contribution split has been processed will be rejected by the Trustee.
- You may incur costs in redeeming and withdrawing any splittable contribution amount. Please refer to your relevant Product Disclosure Statement (PDS) for further details.
- You may nominate a splittable contribution amount for the previous financial year or if you are transferring, rolling over or cashing out your total benefit for the current financial year.
- If you nominate a splittable contribution amount which is greater than the maximum amount permitted to be split, the Trustee will split an amount equal to the maximum splittable contribution amount.
- You are unable to nominate your splittable contribution amount be split to multiple accounts.
- If you lodge multiple application forms and Section 290–170 Notices for a previous financial year and the current financial year, the Trustee will accept and process the documents in a predetermined order. Please refer to the Policy for further information.

You can provide a Superannuation Contributions Splitting Application Form in respect of your taxed splittable contributions for the previous financial year. Taxed splittable contributions are contributions to your superannuation account that are taxable to the fund for income tax purposes. These include personal contributions for which you have claimed a tax deduction and all employer contributions. A 15% contributions tax applies to taxed splittable contributions and the amount of taxed splittable contributions nominated should be based on the net-of-tax contribution.

For example, if a total of \$10,000 in employer contributions have been made, the net-of-tax contributions are \$8,500. Should you wish to split the maximum amount, you will need to generally nominate \$8,500 or the maximum amount. Any dollar amount requested will be based on the net-of-tax contribution amount.

SUPERANNUATION CONTRIBUTIONS SPLITTING APPLICATION FORM

MEMBER SECTION			
1. Tax questionnaire			
Are you claiming or varying a tax deduction on personal superannuation	contributions r	made during the relevant finan	cial year?
Yes – if you haven't already lodged a notification, please complete the Contributions Form attached to this document.	e Notice of Inter	nt to Claim or Vary a Deductior	n for Personal Super
☐ No			
2. Member details			
Member number			
Title Mr Mrs Ms Miss	Dr	Other (please state)	
First name(s)			
Last name			
Date of birth D D M M Y Y Y Y			
Residential address			
Suburb/Town		State	Postcode
Home phone	Mobile phone	2	
Work phone	Email		
3. Contributions splitting details For contributions made in financial year ending 30 June 2 0 7 7 Taxed contributions to be split Dollar amount \$ or maximum amount The maximum amount is limited to the lesser of: 85% of your concessional contributions for the financial year; the concessional contributions cap for that financial year; and the taxed element of the taxable component of your superannuation be time of giving effect to this application. Note: Your withdrawal will be made from your superannuation investment of your account balance or \$6,000 is required to keep your account open. RECEIVING SPOUSE SECTION 4. Receiving spouse personal details Title Mr Mrs Ms Miss	nts in the same		
First name(s) Last name Date of birth D M M Y Y Y Y Y Residential address			
Last name Date of birth D D M M Y Y Y Y Residential address		State	Postcode
Last name Date of birth D D M M Y Y Y Y Y Residential address Suburb/Town	Mobile phone	State	Postcode
Last name Date of birth D D M M Y Y Y Y Y Residential address	Mobile phone		Postcode

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5. Receiving spouse superannuation fund details
Please confirm below whether (or not) you would like to split contributions to your spouse's existing ANZ Smart Choice Super account:
Yes. Spouse member number
Note: Your spouse can apply for an ANZ Smart Choice Super account via anz.com/smartchoice or by calling Customer Services on 13 12 87 (option 2). After completing the application and receiving a member number please enter it in the box above.
No. Please confirm below the details of your spouse's superannuation fund that you would like your contributions split to:
Spouse member/account number
Name of superannuation fund
Fund's Australian Business Number (ABN)
Unique Superannuation Identifier (USI)
DECLARATION SECTION
6. Member request and declaration
By completing this form, I confirm that:
I have read and acknowledged the 'Important notes' on page 1
all information provided in this Application Form is to the best of my knowledge true and correct
• I authorise the deduction of amounts listed in section 3 from my ANZ Smart Choice Super account and to the transfer of such amounts to the account of the receiving spouse listed in section 4 in accordance with the terms and conditions set out in this Application Form
• the Trustee will have fully discharged its obligations under the Trust Deed and relevant law in respect of the payment of any amount transferred out of my ANZ Smart Choice Super to the receiving spouse
• I have read and understand the contents of the relevant Product Disclosure Statement (PDS) for my ANZ Smart Choice Super account
 where I intend to claim a tax deduction in respect of contributions made to ANZ Smart Choice Super, I have lodged a notice under Section 290 170 of the Income Tax Assessment Act 1997 (Cth) with the Trustee
• I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement set out in this Application Form (refer to page 5), 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
• If I have provided information about another person in this application (for example my spouse), I declare that I have the consent of that person to do so. I understand that ANZ and OnePath Custodians require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ and OnePath Custodians.
• I 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 13 12 87 to withdraw my consent.
Member name
Signature of member
Date D D M M 2 0 Y Y

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7. Receiving spouse declaration

I declare that at the date of this application, I am the spouse of the applicant and I am:

- · less than my preservation age; or
- between preservation age and 64 years of age (inclusive) and I have not permanently retired from the workforce; and
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement set out in this Application Form (refer to page 5), and OnePath Custodians' Privacy Policy which can be obtained from onepath.com.au/superandinvestments/privacy-policy or by calling Customer Services

Receiving spouse name	
Signature of receiving spouse	
	Date D D M M 2 0 Y Y

SUPERANNUATION CONTRIBUTIONS SPLITTING APPLICATION FORM

Privacy Statement

Your personal information will be handled by OnePath Custodians, as issuer of this product and ANZ, as distributor of this product. Please read the information contained in this section carefully, as it describes how each of these parties will handle your personal information. In this section, any reference to your personal information includes any health or other sensitive information that OnePath Custodians and ANZ may hold about you. Either or both of these parties may send you information on their products and services from time to time. If you do not wish to receive this information from either or both of these parties, please ensure you follow the separate opt out processes for the relevant party specified below.

OnePath Custodians Privacy Statement

OnePath Custodians, as issuer of this product, will collect your personal information when you deal with it, its agents, its related bodies corporate, including other members of the Insignia Financial Group, distributors of this product (such as ANZ), or suppliers acting on OnePath Custodians' behalf.

OnePath Custodians uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

OnePath Custodians may disclose your personal information to related bodies corporate, relevant group life insurers, such as Zurich Australia Limited, and organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as set out in OnePath Custodians' privacy policy.

OnePath Custodians may also use and disclose your personal information to send you information on its products and services from time to time. OnePath Custodians may also disclose your personal information to its related companies, relevant group life insurers, such as Zurich Australia Limited and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of OnePath Custodians using and disclosing your information for this purpose at any time by calling Customer Services on 13 12 87.

OnePath Custodians may also send your personal information overseas, as set out in OnePath Custodians' privacy policy.

OnePath Custodians' privacy policy, available at onepath.com.au/superandinvestments/privacy-policy, sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) OnePath Custodians deals with any privacy complaints.

ANZ Privacy Statement

ANZ is committed to ensuring the confidentiality and security of your personal information. As the distributor of this product, ANZ collects your personal information in order to distribute, manage and administer this product. Without your personal information, ANZ may not be able to process your application or provide you with the product you require.

ANZ may disclose your personal information to certain third parties, including OnePath Custodians (as issuer of this product), ANZ's related companies, organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as otherwise set out in the ANZ Privacy Policy.

ANZ may send you information about its products and services from time to time. ANZ may also disclose your personal information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service. You can opt out of ANZ using and disclosing your information for this purpose at any time by contacting ANZ Customer Services on 13 13 14.

Sometimes ANZ discloses your personal information overseas. The location varies, but includes the Philippines, India, Ireland, the UK, the USA, China and countries within the European Union.

ANZ's Privacy Policy, available at anz.com/privacy, sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) ANZ deals with any privacy complaints.

NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS



1 October 2022 Customer Services Phone 13 12 87 (International +61 2 9234 6112) Email smartchoice@insigniafinancial.com.au Website anz.com				
Complete and sign the form if you intend to claim or vary a deduct ANZ Smart Choice Super GPO Box 5107 Sydney NSW 2001	cion for personal contributions and return to:			
1. MEMBER ACCOUNT NUMBER				
Member number				
2. MEMBER DETAILS				
Date of birth D D M M Y Y Y Y				
First name(s)	Last name			
Residential address				
Suburb/Town		Postcode		
Home phone	Business phone			
Mobile phone				
Tax file number (TFN)				
Note: You don't have to provide your TFN to us. However, if we do not h TFN will also assist us in correctly identifying you.	ave your TFN, we may not be able to accept your	contributions. Providing your		
3. CONTRIBUTION DETAILS				
You must complete and return this notice to ANZ if you intend to claim a t	axation deduction for part or all of your personal s	uperannuation contributions.		
Financial year ended 30 June 2 0 Y Y				
My personal contributions to this Fund in the above financial year: \$				
The amount of these personal contributions I will be claiming as a tax deduction:				
\$				
Is this notice varying an earlier notice Yes No				
Please note: A tax deduction for personal superannuation contributions may only be claimed by people in certain circumstances. Please refer to the Australian Taxation Office (ATO) or your tax adviser to determine if you are eligible to claim a personal tax deduction.				
4. DECLARATIONS				
In signing one of the declarations on this form, you should be aware that to include penalties for making false or misleading statements that do not be aware that do not be awar		ve penalty provisions		
This may include making false or misleading statements to an entity other than the ATO if the statement is required or allowed to be made under tax law, for example, a notice of intent to deduct super contributions given to a super fund.				
For more information about these penalties, refer to Superannuation and false or misleading statements which do not result in a shortfall amount at ato.gov.au				

NOTICE OF INTENT TO CLAIM OR VARY A DEDUCTION FOR PERSONAL SUPER CONTRIBUTIONS

4A. DECLARATION

Intention to claim a tax deduction

Use this declaration if you have not previously lodged a notice with the Fund for these contributions.

I am lodging this notice before both of the following dates:

- the day that I lodged my income tax return for the year stated in section 3, and
- the end of the financial year after the year stated in section 3.

At the time of completing this notice:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I have not included these contributions in an earlier valid notice.

The information given on this form is correct and complete.

Name of member						
Signature of member						
	Date	D D	ММ	2	0	Y Y

or

4B. DECLARATION

Variation of previous valid deduction notice

Use this declaration if you have already lodged a valid notice with the Fund for these contributions and you wish to reduce the amount stated in that notice.

I confirm that:

- \bullet 1 intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of Retirement Portfolio Service.
- Retirement Portfolio Service currently holds these contributions and has not begun to pay a superannuation income stream based in whole or part on these contributions.
- I wish to vary my previous valid notice for these contributions by reducing the amount I advised in my previous notice.

I confirm that either:

- I have lodged my income tax return for the year in which the contribution was made, prior to the end of the following financial year and this variation notice is being lodged before the end of the day on which the return was lodged, or
- I have not yet lodged my income tax return for the relevant financial year and this variation notice is being lodged on or before the 30 June in the financial year following the year the contribution was made, or
- the Australian Tax Office has disallowed my claim for a deduction for the relevant year and this notice reduces the amount stated in my previous valid notice by the amount that has been disallowed.

The information given on this form is correct and complete.

Name of member	
Signature of member	
	Date D D M M 2 0 Y Y

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