ANZ SMART CHOICE SUPER SUPERANNUATION CONTRIBUTIONS SPLITTING APPLICATION FORM



18 February 2017

Customer Services

Phone 13 12 87

Email anzsmartchoice@anz.com 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 OnePath Life Limited.

Instructions

Please complete this form and either:

- Scan and email to anzsmartchoice@anz.com; 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 adviser 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 including Withdrawal Fees 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 | on contributions | made during the relevant finar | ncial year? |
| Yes – if you haven't already lodged a notification, please complete to Contributions Form attached to this document. | | | |
| □ No | | | |
| 2. Member details | | | |
| Member number | | | |
| Title Mr Mrs Ms | Miss | Other (please state) | |
| First name(s) | | | |
| Last name | | | |
| Date of birth | | | |
| Residential address | | | |
| Suburb/Town | | State | Postcode |
| Home phone | Mobile phon | e | |
| Work phone | Email | | |
| 3. Contributions splitting details For contributions made in financial year ending 30 June 2 0 Y | Υ | | |
| Taxed contributions to be split Dollar amount \$ | | | |
| or \square 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 | n hanafit in tha E | and if your antire hanafit were | ato ho withdrawn at the |
| time of giving effect to this application. | i bellellt III tile i | aria, ii your eritiie beriefit were | to be withdrawn at the |
| Note: Your withdrawal will be made from your superannuation investmy our account balance or \$5,000 is required to keep your account open. | | e proportion as your future cor | ntributions. The lesser of 15% of |
| RECEIVING SPOUSE SECTION | | | |
| 4. Receiving spouse personal details | | | |
| Title Mr Mrs Ms | Miss | Other (please state) | |
| First name(s) | | | |
| Last name | | | |
| Date of birth | | | |
| Residential address | | | |
| Suburb/Town | | State | Postcode |
| Home phone | Mobile phon | e | |
| Work phone | Email | | |
| | | | |
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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, at your local ANZ branch or by calling Customer Services on 13 12 87. 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) |
| Fund's Australian Superannuation Fund Number (SFN) |
| 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 Lauthorize the deduction of amounts listed in section 3 from my ANZ Smart Chairs Support assessment and to the transfer of such amounts to the |
| • 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 as described in ANZ's Privacy Statement set out in this Application form (refer to page 4), and ANZ's Privacy Policy which can be obtained from anz.com/privacy or by calling Customer Services. If I have provided information about another person in this application, I declare that I have the consent of that person to do so. I understand that OnePath Custodians and OnePath Life requires me to inform the person concerned that I have done so and direct them to ANZ's Privacy Policy which is located at anz.com/privacy |
| Member name |
| Signature of member |
| |
| Date D D M M Z O Y Y |
| 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 as described in ANZ's Privacy Policy which is available at anz.com/privacy or by calling Customer Services. |
| Receiving spouse name |
| Signature of receiving spouse |
| |
| |
| Date D D M M D 2 O Y Y |

SUPERANNUATION CONTRIBUTIONS SPLITTING APPLICATION FORM

PRIVACY STATEMENT

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited, OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from anz.com/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- · the policy owner;
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- the Family Law Act 1975 (Cth) enables certain persons to request information about your interest in a superannuation fund; and
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth).

Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at anz.com/privacy

Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

You may elect not to receive such information at any time by contacting Customer Services.

Where you wish to authorise any other parties to act on your behalf, to receive information and/ or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 5107 Sydney NSW 2001

Email: anzsmartchoice@anz.com

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 12 87.

More information can be found in our Privacy Policy which can be obtained from our website at anz.com/privacy

Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in our Privacy Policy at anz.com/privacy

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



| 18 February 2017 | | | | | | |
|--|---|------------------------------|--|--|--|--|
| Customer Services | | | | | | |
| Phone 13 12 87 (International +61 2 9234 6112) | | | | | | |
| Email anzsmartchoice@anz.com Website anz.com/smartchoice | | | | | | |
| Complete and sign the form if you intend to claim or vary a deduct ANZ Smart Choice Super GPO Box 5107 Sydney NSW 2001 | tion 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 have your TFN, we may not be able to accept your contributions. Providing your TFN will also assist us in correctly identifying you. | | | | | | |
| 3. CONTRIBUTION DETAILS | | | | | | |
| You must complete and return this notice to ANZ if you intend to claim a | taxation 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 the law has changed to expand the administrative penalty provisions to include penalties for making false or misleading statements that do not result in a shortfall amount. | | | | | | |
| This may include making false or misleading statements to an entity oth tax law, for example, a notice of intent to deduct super contributions give | | owed to be made under | | | | |
| For more information about these penalties, refer to Superannuation and false or misleading statements which do not result in a shortfall amount at www.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 OnePath MasterFund.
- OnePath MasterFund 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 M M 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:

- I intend to claim the personal contributions in section 3 above as a tax deduction.
- I am a member of OnePath Masterfund.
- OnePath MasterFund 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 |