



Guaranteed Annuities Lifestream Guaranteed Income via Colonial First State FirstChoice

SUPERANNUATION BENEFIT TRANSFER REQUEST

Issue date: 1 April 2021

Use this form to request another institution to transfer money from your super to a Lifestream Guaranteed Income annuity. USE BLACK OR BLUE PEN AND CAPITAL LETTERS.

You should contact your other super fund/s to find out if there are any fees, charges or other consequences for transferring your super out of that fund, such as losing any insurance cover. Please note, legislation limits the amount of superannuation monies that can be used to invest in a Lifestream Guaranteed Income annuity. We recommend you speak to a financial adviser or Tax Adviser before making a decision to transfer your benefit/s. If you would like more information about your benefit, contact Colonial First State on 13 13 36 between 8am-7pm (AEST/AEDT), Monday to Friday, excluding public holidays. Fields marked with an asterisk (*) are mandatory.

Section 1 – Personal details

Title	Family name*	Given name(s)*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other names known by (if any)/Previous names	Date of birth*	Gender*	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address (PO Box is not acceptable)*			
<input type="text"/>			
		State	Postcode
If you know that the address held by your From fund is different to your current residential address, please give details below.			
Previous address			
<input type="text"/>			
		State	Postcode
Telephone number	Tax file number#	# You are not obliged to disclose your tax file number, but there may be tax consequences.	
<input type="text"/>	<input type="text"/>		
Email address			
<input type="text"/>			

Section 2 – Fund details

If you have more than two super accounts to transfer from you will need multiple copies of this form.

Fund name*

From:

Fund address

State Postcode

Membership or Account number* Australian business number (ABN) Unique Superannuation Identifier (USI)

To:

ABN Unique Superannuation Identifier (USI)

If relevant make cheques payable to '**AIA Australia Guaranteed Annuities**'

Issued by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (Colonial First State) provides platform administration services to AIA Australia in respect of this annuity product. For further information see the Guaranteed Annuities Lifestream Guaranteed Income via Colonial First State FirstChoice PDS.

Section 2 – Fund details (continued)

If you have more than two super accounts to transfer from you will need multiple copies of this form.

Fund name*

From:

Fund address

State

Postcode

Membership or Account number*

Australian business number (ABN)

Unique Superannuation Identifier (USI)

To: AIA Australia Limited

ABN

Unique Superannuation Identifier (USI)

79 004 837 861

79 004 837 861 320

If relevant make cheques payable to 'AIA Australia Guaranteed Annuities'

Section 3 – Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I consent to my tax file number being disclosed for the purposes of commencing my account.
- I discharge the superannuation provider of my Australian super fund of all further liabilities in respect of the benefits paid and transferred to AIA Australia.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name (Print in **block** letters)*

Signature*

Date*

X

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Section 4 – Proof of identity

No identification is required for rollovers where your TFN is validated via the ATO SuperTic service. If your TFN can't be validated, no identification will be required, so long as your name, date of birth and address details provided on your request corresponds with the other funds and our records. If there is a discrepancy in your name, date of birth or address, we, or the other fund, may request that you provide further proof of your identity.

Post	ePost (financial adviser use only)
Colonial First State Reply Paid 27 Sydney NSW 2001	Scan and email forms via e-Post through FirstNet Adviser