



# Guaranteed Annuities Lifestream Guaranteed Income

## APPLICATION FORM TO BE COMPLETED BY INDIVIDUALS (PART A)

Issue date: 1 April 2021

### Instructions/information on how to complete this form

- Before completing this application form, please ensure you have read the latest Product Disclosure Statement (PDS) for this product. The PDS will help you to understand the product and decide whether it's appropriate for your needs.
- Please complete this form using BLACK or BLUE INK in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓).
- Fields marked with an asterisk (\*) must be completed for the purposes of Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) laws, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

### Step 1 – Type of investment

- Short Term Income (1–5 years)
- Long Term Income (6–30 years)
- Lifetime Income - immediate

### Step 2A – Investor 1 details (Applicant for Policy Owner)

Title  
 Mr  Mrs  Ms  Miss  Other ▶

Given name(s)\*

Surname\*

Gender\*  Male  Female

Date of birth\*

Occupation and position title (specify if retired)\*

Residential address\* (PO Box is not acceptable)  
  
  
 State Postcode Country

Mailing address (if different to the above)  
  
  
 State Postcode Country

Home phone number  Work phone number

Mobile number

Email address

### Step 2B – Investor 2 details (Applicant for Joint Policy Owner)

Title  
 Mr  Mrs  Ms  Miss  Other ▶

Given name(s)\*

Surname\*

Gender\*  Male  Female

Date of birth\*

Occupation and position title (specify if retired)\*

Residential address\* (PO Box is not acceptable)  
  
  
 State Postcode Country

Mailing address (if different to the above)  
  
  
 State Postcode Country

Home phone number  Work phone number

Mobile number

Email address

### Step 3A – Tax residency - Investor 1 (personal savings only)

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia?\*  Yes  No

Is the individual a tax resident of another Country?\*  Yes ▶ complete below  No

**If the individual is a tax resident of a country other than Australia, or a dual citizen of Australia and another country, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

*A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.*

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

If there are more countries, provide details on a separate sheet and tick this box

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not require the TIN to be disclosed.

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can also be as a result of citizenship or residency.

### Step 3B – Tax residency - Investor 2 (personal savings only)

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia?\*  Yes  No

Is the individual a tax resident of another Country?\*  Yes ▶ complete below  No

**If the individual is a tax resident of a country other than Australia, or a dual citizen of Australia and another country, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

*A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.*

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

If there are more countries, provide details on a separate sheet and tick this box

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not require the TIN to be disclosed.

## Step 4A – Your investment details

Purchase price \$

### Investment

Personal savings

Money from your super (not applicable for joint owners)

Source of funds for personal savings (e.g. sale of property, accumulated savings)\*

Reinvestment from existing policy  Policy number

This investment will be made by:

Cheque - make cheque payable to 'AIA Australia Guaranteed Annuities'

Deposit (deposit the investment amount into the following bank account and attach a copy of the receipt).

Account name: AIA Australia Limited - No 1 Account

BSB: 062 000

Account number: 1085 2246

Rollover (unrestricted non-preserved super money) full balance

Rollover (unrestricted non-preserved super money) partial balance of  \$

If investing with money from your super, we require a Rollover Benefits Statement confirming the tax components of your investment. Please complete the following so we can request this on your behalf:

Fund name

Membership or account number

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

If your super fund doesn't allow electronic rollovers, please complete the Superannuation Benefit Transfer Request form available online at [aia.com.au/annuities](http://aia.com.au/annuities)

**Please also complete either Step 4B, 4C or 4D**

## Step 4B – Short term income (1–5 years)

Short term of  year/s (between 1 and 5 years inclusive)

Residual Capital Value (RCV) – indicate how much of the purchase price you want returned to you at the end of the fixed term.

\$  OR  %

(Maximum 100% or maximum amount adjusted to meet the minimum annual payment requirements for super).

Automatic reinvestment of the RCV at maturity

**Please note:** If auto-reinvesting with money from your super, the RCV may be adjusted to meet the minimum annual payment requirements.

## Step 4C – Long term income (6–30 years)

Long term of  year/s (between 6 and 30 years inclusive)

Residual Capital Value (RCV) – indicate how much of the purchase price you want returned to you at the end of the fixed term.

\$  OR  %

(Maximum 100% or maximum amount adjusted to meet the minimum annual payment requirements for super).

Indexation

No increase

Consumer price index

or

Fixed increase of  % (between 1 and 8%, no decimals)

Automatic reinvestment of the RCV at maturity

**Please note:** If auto-reinvesting with money from your super, the RCV may be adjusted to meet the minimum annual payment requirements.

### Step 4D – Lifetime income - Immediate

Guaranteed period of  years

Indexation

No increase

or

Consumer price index

Where there is a Joint Owner, please indicate how much you would like the regular payments to reduce by upon the first death and (if a Guaranteed Period is selected) after the Guaranteed Period expires.

No reduction  15%  25%  33.3%  50%

### Step 5A – Payment details – Investor 1

Payment frequency  Monthly  Quarterly  Half-yearly  Yearly

Please provide details of your account you want your regular payments to be credited to. The account name must be in the name of the investor.

Name of Australian financial institution Account name Branch number (BSB) Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Step 5B – Payment details – Investor 2

Payment frequency  Monthly  Quarterly  Half-yearly  Yearly

Please provide details of your account you want your regular payments to be credited to. The account name must be in the name of the Joint Owner.

Name of Australian financial institution Account name Branch number (BSB) Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Step 6A – Nominated beneficiary details (personal savings only)

First nominated beneficiary

Title  Mr  Mrs  Ms  Miss  Other   Gender\*  Male  Female

Given name(s)\*  Surname\*  Date of birth\*

Percentage of death benefit  %

Second nominated beneficiary

Title  Mr  Mrs  Ms  Miss  Other   Gender\*  Male  Female

Given name(s)\*  Surname\*  Date of birth\*

Percentage of death benefit  %

**Please note:** A Nominated Beneficiary can be changed or removed at any time during the policy term.

If you nominate more than one beneficiary, the percentages must equal 100%.

If you wish to nominate more than two beneficiaries, please include their details and percentage of death benefit in the additional comments/instructions section of this application form.

### Step 6B – Reversionary beneficiary details (not applicable for joint owners)

Title  Mr  Mrs  Ms  Miss  Other ▶  Gender\*  Male  Female

Given name(s)\*  Surname\*  Date of birth\*  /  /

Residential address (PO Box is not acceptable)\*

State      Postcode      Country

Relationship to you

Spouse  Child  Financially dependant  Interdependent  Other

For lifetime annuities, please indicate how much you would like the regular payments to reduce by upon the death of the Policy Owner and (if a Guaranteed Period is selected) after the Guaranteed Period expires.

No reduction  15%  25%  33.3%  50%

**Please note:** Once the annuity has commenced, a Reversionary Beneficiary can't be removed or changed.

### Step 7 – Identification and verification

You are required to complete this section and attach your certified ID documents and (if applicable) certified ID documents of your Power of Attorney. Please provide:

- 1 x primary photographic identification, or
- 2 x primary non-photographic identification, or
- 1 x primary non-photographic and 1 x secondary identification.

If your financial adviser (if applicable) meets the criteria as a person who can certify documents, your financial adviser must complete Step 10 of this application form.

For a valid certification, the certifier must confirm that the photocopy is a true and correct copy of the original documents, followed by their signature, name, qualification and date.

	Investor 1	Investor 2 (Joint Owner)
<b>Section 1 – Acceptable primary photographic identification</b>		
<b>Select one valid option from this section only</b>		
<ul style="list-style-type: none"> <li>• Driver's licence issued in Australia or New Zealand containing a photograph of the person, which has not expired for more than 12 months.</li> <li>• An Australian passport issued by the Commonwealth, which has not been expired for 2 years or more.</li> <li>• Proof of Age Cards issued under a law of a state or territory.</li> <li>• NSW Photo Card and Birth Card, or a WA Photo Card.</li> <li>• A national identity card, international passport or similar document issued by a foreign government, United Nations (UN) or an agency of the UN, containing a photograph and signature of the person.</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
<b>Section 2 – Acceptable primary non-photographic identification</b>		
<i>(Complete this section if you do not own a document from Section 1)</i>		
<b>Select EITHER two valid options from this section</b>		
<ul style="list-style-type: none"> <li>• Australian birth certificate.</li> <li>• Australian citizenship certificate.</li> <li>• A concession card defined in the Social Security Act 1991 and issued by Services Australia (formally the Department of Human Services/Centrelink), or the Department of Veterans Affairs, being one of the following:                             <ul style="list-style-type: none"> <li>• A pensioner concession card, or</li> <li>• A health care card, or</li> <li>• A senior's health card.</li> </ul> </li> <li>• A citizenship certificate issued by a foreign government.</li> <li>• A birth certificate issued by a foreign government, United Nations (UN) or an agency of the UN.</li> </ul> <p><b>OR – select one valid option from Section 2 above and one valid option from Section 3.</b></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Step 7 – Identificaiton and verification (continued)

	Investor 1	Investor 2 (Joint Owner)
<b>Section 3 – Acceptable secondary identification</b> <i>(The document must contain both your full name and residential address)</i>		
<ul style="list-style-type: none"> <li>A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth or a refund by the Commonwealth to you (e.g. notice of assessment).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A notice issued by a local government body or utilities provider within the preceding three months that records the provision of services to you (e.g. rates, gas, water, electricity bill).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you (e.g. pension statement).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 4 – Individuals that reside in an aged care facility</b> <i>(Only complete this section if the documentation requirements on Section 1, 2 and 3 cannot be met and you reside in an aged care facility.)</i>		
<ul style="list-style-type: none"> <li>A notice or invoice issued by the aged care facility at which you reside, issued within the preceding three months, that records your name and the provision of care services to you, and</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A letter from Centrelink or Medicare which confirms your address is that of the aged care facility and/or which confirms that the aged care facility is receiving benefits on behalf of you.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>For lifetime policies, at least one form of ID must contain your date of birth.</li> <li>Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.</li> <li>Documents in a previous name must be accompanied by a change of name certificate (e.g. marriage certificate).</li> </ul>		

### List of persons who can certify documents:

- A Justice of the Peace.
- A police officer.
- A person who, under a law in force in a State or Territory, is currently licensed or registered to practise in the following occupations: chiropractor, dentist, legal practitioner, medical practitioner, nurse, optometrist, patent attorney, pharmacist, physiotherapist, psychologist, trademarks attorney or veterinary surgeon.
- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
- A permanent employee of The Australian Postal Corporation with two (2) or more years of continuous service who is employed in an office supplying postal services to the public.
- A bank, finance company, building society or credit union officer with two (2) or more continuous years of service.
- A teacher employed on a full-time basis at a school or tertiary education institution.
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner.
- A judge of a court.
- A magistrate.
- A chief executive officer of a Commonwealth court.
- A Registrar, or Deputy Registrar, of a court.
- A Clerk of a court.
- A Commissioner for Affidavits or Commissioner for Declarations.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- A notary public in a foreign country.
- A registered minister of religion or marriage celebrant.
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two (2) or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two (2) or more years of continuous membership.

## Step 8 – Adviser service fee

Complete this section if you wish to have any Upfront or Ongoing Adviser Service Fees paid in respect of your annuity. If you authorise an Ongoing Adviser Service Fee, your after-tax (where applicable) regular payments will be reduced by this amount at the same payment frequency as your regular payments. Please refer to the PDS or speak with your financial adviser for further details.

I/we authorise AIA Australia to pay my/our financial adviser:

An Upfront Adviser Service Fee of \$  (incl. GST) OR  % (incl. GST) of amount received (no more than 2 decimal places)

And/or

An Ongoing Adviser Service Fee of \$  (incl. GST) of the gross regular payments (no more than 2 decimal places).

## Step 9 – Declaration

- I/We have read and understood the Guaranteed Annuities Lifestream Guaranteed Income PDS with an issue date of 1 April 2021, the Policy Document and any Supplementary PDS (where applicable).
- I/We have completed this application in Australia.
- I/We wish to apply to AIA Australia for the Lifestream Guaranteed Income identified in this application.
- I/We declare the answers to all questions, declarations and all information supplied by me/us or on my/our behalf in relation to this application is true and correct (including those not in my/our own handwriting).
- I/We will promptly advise AIA Australia if it changes.
- I/We declare that I am /we are the named person/s or am authorised to provide this information on their behalf.
- I/We declare that all the information/documentation required under the anti-money laundering and counter-terrorism financing laws has been completed.
- I/We declare that all the information/documentation required under the Foreign Account Tax Compliance Act (FATCA) has been completed.
- I/We understand that:
  - AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) is part of the AIA Group. AIA Australia guarantees all benefit payments under policies described in the PDS.
  - Neither AIA Company Limited nor any of its subsidiaries (other than AIA Australia to the extent provided in this PDS) guarantee Lifestream Guaranteed Income annuities or the repayment of capital or interest by AIA Australia. Investments in Lifestream Guaranteed Income annuities are not deposits or other liabilities of AIA Company Limited nor any of its subsidiaries (other than AIA Australia).
- I/We declare that if this application is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of the power (a certified copy of the Power of Attorney must be submitted with this application).
- I/We have read and understood the 'Privacy of your personal information' section of the PDS. I/We acknowledge and consent to the collection, use and disclosure of my/our personal information as detailed in that section.
- I consent to my tax file number being disclosed and acknowledge it is being collected for the purposes of commencing my account and calculating applicable taxes, levies and charges on benefits.
- I acknowledge that AIA Australia is authorised under the Income Tax Assessment Act 1997 (Cth) to collect my TFN, which will only be used for lawful purposes.
- I/We have read the 'Adviser Service Fees' (ASF) section of the PDS and request AIA Australia to pay the Adviser Service Fee as indicated in Step 8 of this application form.
- I/We understand that:
  - Any Upfront Adviser Service Fee is refundable under the cooling off provisions of this PDS.
  - Any Ongoing Adviser Service Fee will be deducted from the after-tax regular payment and therefore I/we will receive as payment an amount less than the amount stated as being my regular payment on my quote.
  - Any Adviser Service Fees are negotiated between my financial adviser and me/us. AIA Australia does not monitor the amount of the Adviser Service Fee or the service provided in respect of the fee and that any Adviser Service Fee is paid to the listed financial adviser in accordance with the arrangements we have in connection with the financial adviser.
  - Where AIA Australia is unable to process a payment of an Adviser Service Fee due to insufficient funds, I/we will deal directly with the financial adviser to make alternative arrangements for payment.
  - Where any part of the investment includes borrowed funds, no percentage based Adviser Service Fee can be paid.
  - The amount used to calculate my annuity regular payments and any Residual Capital Value will not include the Upfront Adviser Service Fee that I/we have authorised AIA Australia to pay.

### Super rollover authorisation

- I am aware I may ask my superannuation provider for information about any 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 and acknowledge it is being collected for the purposes of commencing my account and calculating applicable taxes, levies and charges on benefits.
- I acknowledge that AIA Australia is authorised under the Income Tax Assessment Act 1997 (Cth) to collect my TFN, which will only be used for lawful purposes.
- I discharge the superannuation provider of my 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.

By ticking (✓) the box beside my signature below I indicate that I do not want to receive marketing information from AIA Australia.

Signature of Investor 1\*

 

Print Name\*

Date\*

Signature of Investor 2 (Joint Owner)\*

 

Print Name\*

Date\*

## Step 10 – Financial adviser to complete

Verify the individual's full name and date of birth or residential address. For lifetime annuities, the date of birth must be verified. Receipt of a completed form will constitute your agreement as a reporting entity that you have completed the identification and verification of the investor for the purposes of anti-money laundering and counter-terrorism financing laws.

### Investor 1 details

ID document details	Document 1	Document 2
Document type (e.g. passport)		
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted
Date verified		

### Investor 2 details (Joint Owner)

ID document details	Document 1	Document 2
Document type (e.g. passport)		
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted
Date verified		

- I certify that I have provided the Investor(s) with the Guaranteed Annuities Lifestream Guaranteed Income PDS with an issue date of 1 April 2021, the Policy Document and any supplementary PDS (where applicable).
- I have negotiated in accordance with my obligations the Adviser Service Fee indicated in Step 8 of this application and I have read the 'Adviser services fees' section of the PDS and I understand that all Adviser Service Fees are paid to my dealer group in accordance with the arrangements between AIA Australia and that dealer group.
- I certify that the adviser sections of the relevant Identification and Verification form for all Investor(s) have been completed.
- If required, I give permission for AIA Australia to contact the Investor(s) directly to clarify any matter in relation to this application.
- If using the eProcess, I certify that I have read and understood the additional eProcess terms and conditions outlined below.

### eProcess terms and conditions

1. Originals of all documents including copies of verification documents sent via the eProcess must be retained by me and be made available to AIA Australia upon request.
2. Documents sent to the nominated email address are said to be received by AIA Australia on the date we have a record of sending an acknowledgement back to you that the application has been received. If your original email is received after 5pm on a Sydney business day, then we will not view the email until the next Sydney business day.



**Step 10 – Financial adviser to complete (continued)**

Financial adviser name

Financial adviser group name

Financial adviser number

AFSL number

Phone number

Email address

Financial adviser signature

Date

Additional comments/instructions

## Application checklist

To ensure that we are able to process your application promptly, please check that you have:

- Chosen the correct part of the application form to complete. Part A for individuals. Part B for Australian companies, trusts or super funds.

### Step 1

- Selected the type of investment.

### Step 2A/2B

- Provided your investor details including surname, given name, date of birth and residential address.

### Step 3A/3B (Personal Savings only)

- Provided tax residency status.

### Step 4A

- Provided your investment details including the details of your super rollover (if applicable).  
 Attached a cheque or a copy of the direct deposit receipt (if applicable).

### Step 4B, 4C or 4D

- Completed either step 4B, 4C or 4D.

### Step 5A/5B

- Selected the payment frequency and provided your Australian financial institution details.

### Step 6A

- Provided your Nominated Beneficiary details (if applicable).

### Step 6B

- Provided your Reversionary Beneficiary details (if applicable).

### Step 7

- Attached certified identification (ID) documents.  
 Attached certified ID documents of Power of Attorney (if applicable).  
 The certifier must confirm the photocopy is a true and correct copy of the original ID, followed by their signature, name, qualification and date. If you have a financial adviser, and step 10 is completed you are not required to provide Certified ID documents.

### Step 8

- Provided details of any Upfront Adviser Service Fee (if applicable).  
 Provided details of any Ongoing Adviser Service Fee (if applicable).

### Step 9

- Read the declaration, signed and dated application form.

### Step 10 (Financial adviser to complete)

- Had your financial adviser provide their details and sign and date the application form (if applicable).

### TFN Declaration Form

- Completed and signed an original TFN declaration form (and if applicable a Withholding declaration form). It is not an offence to not quote your TFN, however if you choose not to provide us with your TFN or claim an exemption, we may withhold an amount at the highest marginal tax rate (including any applicable levies and charges).

### Quote

- Attached a valid quote.  
 Attached quote matches application.

**If your application is incomplete or your quote has expired, we won't proceed with setting up your annuity until all required information is received.**

### Where to send

Please send your application form, cheque or direct deposit receipt, certified ID, Tax File Number declaration form and Withholding declaration form (if applicable) and valid quote to:

Post	eProcess (financial adviser use only)
AIA Australia Guaranteed Annuities GPO Box 3306 Sydney NSW 2001	Scan and email forms to: <b>NewBusinessAnnuity@cba.com.au</b>



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
Print X in the appropriate boxes.
Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

- OR I have made a separate application/enquiry to the ATO for a new or existing TFN.
OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.
OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name
First given name
Other given names

3 What is your home address in Australia?

Suburb/town/locality
State/territory Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Previous family name

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

A I A A U S T R A L I A
L I M I T E D

4 What is your business address?

G P O B O X 3 3 0 6
Suburb/town/locality
S Y D N E Y
State/territory Postcode
N S W 2 0 0 1

5 What is your primary e-mail address?

6 What is your date of birth? Day Month Year

7 On what basis are you paid? (select only one) Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one) An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer? Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold. Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature
Date Day Month Year
You MUST SIGN here
There are penalties for deliberately making a false or misleading statement.

5 What is your primary e-mail address?

6 Who is your contact person? Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer
Date Day Month Year
There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740

IMPORTANT See next page for: payer obligations lodging online.

Sensitive (when completed)



30920619

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Complete this declaration to authorise your payer to adjust the amount of tax withheld from payments made to you.

You must provide, or have previously provided, your payer with a completed Tax file number declaration (NAT 3092), quoting your tax file number or claiming an exemption from quoting it, before you can make a Withholding declaration.

- Read the Instructions before completing this declaration.
- Print neatly in BLOCK LETTERS.
- Print  in the appropriate boxes.

## Section A: Payee's declaration

To be completed by payee.

**1 What is your name?** Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

**2 What is your date of birth?**

Day                  Month                  Year  
 /  /

**3 What is your tax file number (TFN)?**

For information about tax file numbers, see instructions.

  

If you have not provided your TFN, indicate if any of the following reasons apply:

I have lodged a TFN application.                   I am claiming an exemption because I am a pensioner.

**4 Are you an Australian resident for tax purposes?** Yes  No  You must answer **no** at questions 5.

**5 Are you claiming or do you want to claim the tax-free threshold from this payer?** Yes  No

**6 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?** Yes  No

Are you:  
 Single                   A member of an illness-separated couple                   A member of a couple

### DECLARATION BY PAYEE

The tax laws impose heavy penalties for giving false or misleading statements.

I declare that the information I have given on this form is true and correct.

Signature of payee

Date                  Day                  Month                  Year  
 /  /

### Privacy

For information about your privacy, visit our website at [ato.gov.au/privacy](http://ato.gov.au/privacy)

**Sensitive** (when completed)

## Section B: Payer's declaration

 To be completed by payer.

### YOUR DETAILS

**1 What is your Australian business number (ABN)  
(or your withholding payer number if you are not in business)?**

7 9 0 0 4 8 3 7 8 6 1

**2 What is your registered business name or trading name  
(or your individual name if you are not a business)?**

AIA Australia Limited

### HOW MUCH SHOULD YOU WITHHOLD?

The payee's answers at questions 4 and 5 will indicate which of the weekly, fortnightly or monthly tax tables you should use as the base rate of withholding.

A **yes** answer at question 6 will generally require a variation of the rate of withholding specified in the tax tables.

### DECLARATION BY PAYER

 The tax laws impose heavy penalties for giving false or misleading statements.

**I declare that the information I have given on this form is true and correct.**

Signature of payer

Date Day   / Month   / Year

#### Privacy

For information about your privacy, visit our website at [ato.gov.au/privacy](http://ato.gov.au/privacy)

#### WRITTEN NOTICE

This declaration will constitute written notice under section 15-15 of schedule 1 to the Taxation Administration Act 1953 (TAA 1953) of the Commissioner's approval to vary the amount required to be withheld where:

- the payee has given a completed Tax file number declaration to the payer, or they have entered into a voluntary agreement with the payer
- the payee has notified the payer of the varied rate of withholding in writing on this approved form at section A.

#### STORING AND DISPOSING OF WITHHOLDING DECLARATIONS

The information in the completed Withholding declaration form must be treated as sensitive. Once you have completed, signed and dated the declaration, you should file it. **Do not send it to us.**

Under the TFN guidelines in the Privacy Act 1988, you must use secure methods when storing and disposing of TFN information. Under tax laws, if a payee submits a new Withholding declaration or leaves your employment, you must still keep this declaration for the current and next financial year.

 Do not send this declaration form to us.

**Sensitive** (when completed)



# Guaranteed Annuities Lifestream Guaranteed Income

## APPLICATION FORM TO BE COMPLETED BY AUSTRALIAN COMPANIES, TRUSTS OR SUPER FUNDS (PART B)

Issue date: 1 April 2021

Instructions/information on how to complete this form

- Before completing this application form, please ensure you have read the latest Product Disclosure Statement (PDS) for this product. The PDS will help you to understand the product and decide whether it's appropriate for your needs.
- Please complete this form using BLACK or BLUE INK in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓).
- Fields marked with an asterisk (\*) must be completed for the purposes of Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) laws, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

### Step 1 – Type of investment

- Short Term Income (1–5 years)
- Long Term Income (6–30 years)
- Lifetime Income - immediate

### Step 2 – Type of entity

Please select the type of entity investing. In this form a 'regulated' Australian super fund means a fund regulated by the ATO or APRA. An 'unregulated' trust includes family, testamentary, charitable or other type of trust.

- Australian company  Step 3A
- Australian unregulated trust (company trustee)  Step 3B
- Australian unregulated trust (individual trustee)  Step 3C
- Australian regulated superannuation fund (company trustee)  Step 3B
- Australian regulated superannuation fund (individual trustee)  Step 3C

Is the entity a charity?\*  Yes  No Country established, if not Australia ▶

Source of funds (e.g. sale of property, accumulated savings)\*

Is the entity's primary business activity investing?\*  Yes  No

Tick 'yes' if the entity earns more than 50% of its total income from investment activities. For example, rent, interest or dividends, or more than 50% of the entity's assets produce or are held for producing investment income.

**Please note:** Joint ownership is not available. For identification purposes, additional documentation is required with your application. Please download the appropriate identification form at [aia.com.au/annuities](http://aia.com.au/annuities) or contact us on 1800 624 100 between 8:30am–6pm (AEST/AEDT), Monday to Friday, excluding public holidays.

### Step 3A – Australian company details

Name of Australian Company or Company Trustee\*

ABN/ACN\*

Business address (PO Box is not acceptable)\*

State

Postcode

Country

Please provide details of contact person

Title\*  Mr  Mrs  Ms  Miss  Other ▶

Given name(s)\*

Surname\*

Date of birth\*

Phone number

Mobile phone number

Email address

### Step 3B – Australian trust or superannuation fund details – company trustee

Name of Australian Trust or Superannuation fund*	ABN/ACN/ARSN*	
<input type="text"/>	<input type="text"/>	
Full business name of the trustee in respect of the Trust or Superannuation fund*	ABN/ACN*	
<input type="text"/>	<input type="text"/>	
Residential or business address (PO Box is not acceptable)*		
<input type="text"/>		
<input type="text"/>		
State Postcode Country		
Please provide details of contact person		
Title* <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other ▶	<input type="text"/>	
Given name(s)*	Surname*	Date of birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	Mobile phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 3C – Australian trust or superannuation fund details – individual trustee

#### Primary Trustee

The Primary Trustee is the primary signatory on the application form. If the entity type is an Australian unregulated trust, the Primary Trustee completes the 'identification verification requirements'.

Name of Australian Trust or Superannuation Fund*	ABN	
<input type="text"/>	<input type="text"/>	
Title* <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other ▶	<input type="text"/>	
Given name(s)*	Surname*	Date of birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential or business address (PO Box is not acceptable)*		
<input type="text"/>		
<input type="text"/>		
State Postcode Country		
Phone number	Mobile phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of all directors/beneficial owners on the appropriate AML/counter-terrorism financing identification form and attach this as part of your application.

### Step 4A – Your investment details

Purchase price	\$ <input type="text"/>
Reinvestment from existing policy <input type="checkbox"/>	Policy number <input type="text"/>
This investment will be made by:	
Cheque - 'AIA Australia Guaranteed Annuities Annuities'	<input type="checkbox"/>
Deposit (deposit the investment amount into the following bank account and attach a copy of the receipt).	<input type="checkbox"/>
Account Name: AIA Australia Limited - No 1 Account	
BSB: 062 000	
Account number: 1085 2246	

Please also complete either Step 4B, 4C or 4D

### Step 4B – Short term income (1-5 years)

Short term of <input type="text"/> year/s (must be between 1 and 5 years inclusive)
Residual Capital Value (RCV) – indicate how much of the purchase price you want returned to you at the end of the fixed term.
\$ <input type="text"/> OR <input type="text"/> % (max 100%)
Automatic reinvestment of the RCV at maturity <input type="checkbox"/>



### Step 4C – Long term income (6-30 years)

Long term of  year/s (must be between 6 and 30 years inclusive)

Residual Capital Value (RCV) – indicate how much of the purchase price you want returned to you at the end of the fixed term.

\$  OR % (max 100%)

Indexation

No increase

Consumer price index

or

Fixed increase of % (between 1 and 8%, no decimals)

Automatic reinvestment of the RCV at maturity

### Step 4D – Lifetime income - immediate (only applicable for Australian super funds where the Life Insured is aged 50 or over and has met a condition of release)

Guaranteed period of  years

No increase

or

Consumer price index

#### Life Insured

Title  Mr  Mrs  Ms  Miss  Other ▶

Given name(s)\*

Surname\*

Gender\*

Male  Female

Date of birth\*

/  /

Occupation and position title (specify if retired)\*

Residential address (PO Box is not acceptable)\*

State Postcode Country

Phone number

(  )

Mobile number

Email address

#### Reversionary Beneficiary details

Title  Mr  Mrs  Ms  Miss  Other ▶

Given name(s)\*

Surname\*

Date of birth\*

/  /

Residential address (PO Box is not acceptable)\*

State Postcode Country

Relationship to you

Spouse  Child  Financially dependent  Interdependent  Other

Please indicate how much you would like the regular payments to reduce by upon the death of the Life Insured.

No reduction  15%  25%  33.3%  50%

**Please note:** Once the annuity has commenced, a Reversionary Beneficiary can't be removed or changed.

For Lifetime annuities, the date of birth of the Life Insured must be verified. You are required to attach a certified copy of the Life Insured's birth certificate, driver's licence or passport.

## Step 5 – Payment details

Payment frequency  Monthly  Quarterly  Half-yearly  Yearly

Please provide details of your account you want your regular payments to be credited to. The account name must be in the name of the investor. For example, "John Smith as trustee for Smith Family Trust".

Name of Australian financial institution Account name Branch number (BSB) Account Number

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## Step 6 – Adviser service fee

Complete this section if you wish to have any Upfront or Ongoing Adviser Service Fees (ASFs) paid in respect of your annuity. If you authorise an Ongoing Adviser Service Fee, your after-tax (where applicable) regular payments will be reduced by this amount at the same payment frequency as your regular payments. Please refer to the PDS or speak with your financial adviser for further details.

I/we authorise AIA Australia to pay my/our financial adviser:

An Upfront Adviser Service Fee of \$  (incl. GST) or  % (incl. GST) of amount received (no more than 2 decimal places)

And/or

An Ongoing Adviser Service Fee of \$  (incl. GST) of the gross regular payments (no more than 2 decimal places).

## Step 7 – Declaration

- I/We have read and understood the Guaranteed Annuities Lifestream Guaranteed Income PDS with an issue date of 1 April 2021, the Policy Document and any Supplementary PDS (where applicable).
- I/We have completed this application in Australia.
- I/We wish to apply to AIA Australia for the Lifestream Guaranteed Income identified in this application.
- I/We declare that where Lifetime Income is requested the superfund applying must have lifetime pension in its trust deed and the life insured (member of that fund) has satisfied a condition of release in order to receive that pension and that the purpose/intent of the investment is to discharge the Fund's liabilities (contingent or not) in respect of superannuation income stream that are currently payable by the Fund or for structured settlement purposes.
- I/We declare the answers to all questions, declarations and all information supplied by me/us or on my/our behalf in relation to this application is true and correct (including those not in my/our own handwriting).
- I/We will promptly advise AIA Australia if it changes.
- I/We declare I/We are authorised by, and have consent of, the entity and any beneficial owners to provide the information.
- I/We declare the entity and any beneficial owners are aware that information about them and the annuity may be provided to the tax authorities.
- I/We declare that all the information/documentation required under the anti-money laundering and counter-terrorism financing laws has been completed.
- I/We declare that all the information/documentation required under the Foreign Account Tax Compliance Act (FATCA) has been completed.
- I/We understand that:
  - AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) is part of the AIA Group. AIA Australia guarantees all benefit payments under policies described in the PDS.
  - Neither AIA Company Limited nor any of its subsidiaries (other than AIA Australia to the extent provided in this PDS) guarantee Lifestream Guaranteed Income annuities or the repayment of capital or interest by AIA Australia. Investments in Lifestream Guaranteed Income annuities are not deposits or other liabilities of AIA Company Limited nor any of its subsidiaries (other than AIA Australia).
- I/We declare that if this application is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of the power (a certified copy of the Power of Attorney must be submitted with this application).
- I/We have read and understood the 'Privacy of your personal information' section of the PDS. I/We acknowledge and consent to the collection, use and disclosure of my/our personal information as detailed in that section.
- I/We have read the 'Adviser Service Fees' (ASF) section of the PDS and request AIA Australia to pay the Adviser Service Fee as indicated in Step 6 of this application form.

**Step 7 – Declaration (continued)**

- I/We understand that:
  - Any Upfront Adviser Service Fee is refundable under the cooling-off provisions of this PDS.
  - Any Ongoing Adviser Service Fee will be deducted from the after-tax regular payment and therefore I/we will receive as payment an amount less than the amount stated as being my regular payment on my quote.
  - Any Adviser Service Fees are negotiated between my financial adviser and me/us. AIA Australia does not monitor the amount of the Adviser Service Fee or the service provided in respect of the fee and that any Adviser Service Fee is paid to the listed financial adviser in accordance with the arrangements we have in connection with the financial adviser.
  - Where AIA Australia is unable to process a payment of an Adviser Service Fee due to insufficient funds, I/we will deal directly with the financial adviser to make alternative arrangements for payment.
  - Where any part of the investment includes borrowed funds, no percentage based Adviser Service Fee can be paid.
  - The amount used to calculate my annuity regular payments and any Residual Capital Value will not include the Upfront Adviser Service Fee that I/we have authorised AIA Australia to pay.

By ticking (✓) the box beside my signature below I indicate that I do not want to receive marketing information from AIA Australia.

Signature of Director/Company officer/Trustee\*

Print Name\*

Date\*

Signature of Director/Company officer/Trustee\*

Print Name\*

Date\*

## Step 8 – Financial adviser to complete

- I certify that I have provided the Investor(s) with the Guaranteed Annuities Lifestream Guaranteed Income PDS with an issue date of 1 April 2021, the Policy Document and any supplementary PDS (where applicable).
- I have negotiated in accordance with my obligations the Adviser Service Fee indicated in Step 6 of this application and I have read the 'Adviser service fees' section of the PDS and I understand that all Adviser Service Fees are paid to my dealer group in accordance with the arrangements between AIA Australia and that dealer group.
- I certify that the adviser sections of the relevant Identification and Verification form for all Investor(s) have been completed.
- If required, I give permission for AIA Australia to contact the investor(s) direct to clarify any matter in relation to this application.
- If using the eProcess, I certify that I have read and understood the additional eProcess terms and conditions outlined below.

### eProcess terms and conditions

1. Originals of all documents including copies of verification documents sent via the eProcess must be retained by me and be made available to AIA Australia upon request.
2. Documents sent to the nominated email address are said to be received by AIA Australia on the date we have a record of sending an acknowledgement back to you that the application has been received. If your original email is received after 5pm on a Sydney business day, then we will not view the email until the next Sydney business day.

Financial adviser name

Financial adviser group name

Financial adviser number

AFSL number

Phone number

Email address

Financial adviser Signature

Date

Additional comments/instructions

## Application checklist

To ensure that we are able to process your application promptly, please check that you have:

Chosen the correct part of the application form to be completed. Part A for individuals. Part B for Australian companies, trusts or super funds.

### Step 1

Selected the type of investment.

### Step 2

Provided type of entity details.

### Step 3A or 3B or 3C

Provided your investor details (including contact details, phone number and email).

### Step 4A

Attached a cheque or a copy of the direct deposit receipt (if applicable).

### Step 4B, 4C or 4D

Provided your investment details and selected the automatic reinvestment feature (if applicable).

For Australian super funds, provided details of the Life Insured and Reversionary Beneficiary (if applicable).

### Step 5

Selected the payment frequency and provided your Australian financial institution details.

### Step 6

Provided Upfront Adviser Service Fee details (if applicable).

Provided Ongoing Adviser Service Fee per gross regular payment details (if applicable).

### Step 7

Read the declaration, signed and dated the application form.

### Step 8 (Financial adviser to complete)

Had your financial adviser provide their details and sign and date the application form (if applicable).

### AML & FATCA form

Completed and signed the appropriate AML & FATCA form.

Attached certified ID documents of your Power of Attorney (if applicable).

The certifier has confirmed the photocopy is a true and correct copy of the original ID, followed by their signature, name, qualification and date.

### Quote

Attached a valid quote.

Attached quote matches application.

**If your application is incomplete or your quote has expired, we won't proceed with setting up your annuity until all required information is received.**

### Where to send

Please send your application form, cheque or direct deposit receipt (if applicable), certified ID, and valid quote to:

Post	eProcess (financial adviser use only)
AIA Australia Guaranteed Annuities GPO Box 3306 Sydney NSW 2001	Scan and email forms to: <b>NewBusinessAnnuity@cba.com.au</b>