

Enduring Rollover Request Form

OneCare Super

February 2020

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Retirement Portfolio Service (Fund)

ABN 61 808 189 263 RSE R1000986 SFN 4571 159 75

347 Kent Street, Sydney NSW 2000

Customer Services

Phone 133 667

Email customer.risk@onepath.com.au

Website onepath.com.au

Important Information

You may be requested by your existing super fund to forward details or sign additional documents. Please action this as soon as possible. Please be aware that other financial institutions may impose a fee when you withdraw from their super fund. There may also be delays in having your money transferred from your existing super fund.

If you intend to lodge a notification that you will be claiming a tax deduction for the superannuation product from which you are transferring, you may need to do so before you transfer to OneCare Super. Choosing to pay premiums by rollover may also have implications for tax payable on benefits at time of claim. Please contact your financial adviser or taxation adviser for additional guidance prior to rolling over.

OnePath Life will rely on this authority to request the exact rollover amount required to fund the insurance premium for your policy at policy commencement and at each policy renewal date. We will notify you of the amount of annual premium required prior to requesting the rollover from the nominated super fund.

1. Applicant details

Title Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy) / /

Residential address (this cannot be a PO Box)

Suburb/Town State Postcode

Country Contact phone

Tax file number - -

Please refer to 'Providing your Tax File Number' in the OneCare Super section of the OneCare Product Disclosure Statement (PDS).

2. Request for partial rollover of funds: From – Fund details (paying institution)

Institution

Fund name

Unique Superannuation Identifier (USI)

Member/Policy number

Address of paying institution

Suburb/Town State Postcode

3. Request for partial rollover of funds: To – Fund details (receiving institution)

Institution **ONEPATH LIFE LIMITED**

Fund name **RETIREMENT PORTFOLIO SERVICE**

Policy Number

Unique Superannuation Identifier (USI) **61808189263001**

Address of receiving institution **GPO BOX 4148, SYDNEY, NSW, 2001** Phone number of receiving institution **133667**

4. Approval to transfer

- I declare I have read this form and the information completed is true and correct.
- I request and consent to the transfer of superannuation benefits as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- I understand that the trustee of the fund nominated in (2) 'From-Fund details (paying institution)' is discharged from any liability in respect of the amount transferred per this form.
- I authorise OnePath Life to arrange for the rollover of funds as and when required, and for the amount required, to meet OneCare premium payments due for insurance held in respect of my life. These amounts may include current and ongoing premium payments, and any adjustments which may occur from time to time.
- I acknowledge this enduring authority allows for subsequent rollovers to be requested, as required, for the purpose of paying insurance premiums. The authority will remain effective until such time as I revoke it in writing.
- To the best of my knowledge, my other superannuation fund(s) is a complying superannuation fund under the *Superannuation Industry (Supervision) Act 1993* (Cth).
- The Retirement Portfolio Service (the Fund) is a regulated and complying superannuation fund under the *Superannuation Industry (Supervision) Act 1993* (Cth).
- I consent to change my premium frequency to an annual frequency (if applicable).
- I understand I may be eligible for a rollover rebate, which will reduce the amount of the rollover required to meet the premium amount due, and that the availability of the rollover rebate may be withdrawn in the future.
- 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, and do not require any further information.
- I approve the deduction of any applicable transfer fees, exit fees and taxes from my account with the nominated super fund in addition to the benefit being transferred (subject to legislative restrictions).
- I understand conditions apply to the transfers the Trustee can accept, and if a transfer is rejected because the conditions are not met, I will make alternative arrangements to pay the premium for OneCare Super. The conditions that apply to transfers include the following:
 - the rollover amount, plus any rollover rebate, must equal the premium due.
 - only rollovers on which any applicable fund tax has already been paid can be accepted. The rollover will be rejected if it contains, in whole or in part, an Untaxed Element of a Taxable Component.
 - rollovers which contain foreign transfer amounts (including UK transfers) or Kiwi Saver amounts cannot be accepted.
- I understand that if I cancel or change my policy, any pro-rata premium refund or reimbursement will not be paid to me but will be paid into my nominated superannuation fund accumulation account unless I nominate a different fund at the time the refund is processed, and the Trustee will retain a corresponding pro-rata amount of any rollover rebate applied.
- I understand that I am transferring an amount from my superannuation accumulation account to pay OneCare Super life insurance premiums and therefore my superannuation account balance and retirement savings may be reduced.
- I understand that each superannuation fund has differing rules such as imposing a minimum rollover amount, and I am aware of all possible member entitlements that I will lose by transferring an amount from my superannuation accumulation account, such as the cancellation of any life insurance cover I have attached to that accumulation account.
- I acknowledge that my superannuation fund may have particular processing requirements that if not satisfied may prevent or delay the processing of rollovers, and it is my responsibility to ensure any requirements of which I am notified are provided.
- I understand that where I intend to claim a tax deduction for any contributions I have made to the super fund nominated in this form, it is my responsibility to lodge the required notice of intention with the fund's trustee, before any rollovers are processed, otherwise I may be prevented from claiming the deduction on the full amount of the contributions.
- I understand that I may seek advice regarding the implications of rolling over amounts from a super fund with a service period start date earlier than the start date of my OneCare Super membership for tax payable on death and disability benefits payable from OneCare Super, and do not require further information.
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Policies. OnePath Life's Privacy Policy is available at onepath.com.au/insurance/privacy-policy and OnePath Custodians' Privacy Policy is available at onepath.com.au/superandinvestments/privacy-policy
- If I have provided information (including health and other sensitive information) about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life and OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policies.
- I/We acknowledge that OnePath Life is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the IOOF Group of companies, comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). OnePath Life and OnePath Custodians are not related bodies corporate.

Signature of member

X

Date (dd/mm/yyyy)

/ /

Head office

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