

Transfer authority

1. Applicant details

You must complete a separate Transfer authority for each fund you are transferring from.

title	Mr	Mrs	Miss	Ms	Other	date of birth	/	/												
first name(s)																				
last name																				
tax file number ¹																				
1 You are not obligated by law to disclose your TFN, but there may be tax consequences if you do not provide it.																				
gender	male	female																		
phone (after hours)																				
phone (business hours)																				
phone (mobile)																				
residential address																				
suburb																				
state																				
postcode																				
country																				
If the address held by your 'FROM' fund is different to your current address, please give details below.																				
previous address																				
suburb																				
state																				
postcode																				
country																				
email address																				

2. Fund details

FROM	TO
fund name	Perpetual WealthFocus Superannuation Fund
fund address	fund phone number 1 8 0 0 0 2 2 0 3 3
fund phone number	client number (if known)
membership or account number	account number (if known)
Australian business number (ABN)	Australian business number (ABN) 4 1 7 7 2 0 0 7 5 0 0
Unique superannuation identifier	Unique superannuation identifier P E R 0 0 6 8 A U
	P E R 0 4 0 3 A U

Transfer amount

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of the total value or partial value \$ of my benefit in the above superannuation fund or policy to:

Perpetual Superannuation Limited, Perpetual WealthFocus Super Plan and Pension Plan, GPO Box 4171, Sydney NSW 2001.

3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- 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
- consent to my tax file number being disclosed for the purposes of consolidating my account
- discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my 'TO' fund.

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.

first name(s)									
last name									
signature	date <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 20px; height: 25px; text-align: center;">/</td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> <td style="width: 20px; height: 25px; text-align: center;">/</td> <td style="width: 30px; height: 25px;"></td> <td style="width: 30px; height: 25px;"></td> </tr> </table>			/			/		
		/			/				

Transfer authority to your self managed super fund

1. Applicant details

You must complete a separate Transfer authority for each fund you are transferring from.

Note: if you intend to claim a tax deduction for personal superannuation contributions made during the relevant financial year you must provide us with notice of your intention to claim a deduction before you lodge a transfer authority to your self managed super fund.

title	Mr	Mrs	Miss	Ms	other		date of birth	/	/				
first name(s)													
last name													
other/previous names													
tax file number ¹													
email address													
1 You are not obligated by law to disclose your TFN, but there may be tax consequences if you do not provide it.													
gender	male	female											
phone (after hours)						phone (business hours)							
residential address													
suburb						state			postcode				
If the address held by your 'FROM' fund is different to your current address, please give details below.													
previous address													
suburb						state			postcode				

2. Fund details

FROM

fund name	Perpetual WealthFocus Superannuation Fund										
client number (if known)											
account number (if known)											
Australian business number (ABN)	4	1	7	7	2	0	0	7	5	0	0
Unique superannuation identifier	P	E	R	0	0	6	8	A	U		
	P	E	R	0	4	0	3	A	U		
Superannuation product identification number (SPIN)											

TO

SMSF name											
fund phone number											
Australian business number (ABN)											
Electronic Service Number											
SMSF bank account details											
SMSF Account name											
SMSF BSB			-								
SMSF Account number											

Transfer amount

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I authorise the transfer of the total value or partial value \$ of my benefit in the above superannuation fund or policy to the SMSF named above.

3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- 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
- consent to my tax file number being disclosed for the purposes of consolidating my account
- confirm that I am a member, trustee or director of a corporate trustee of the SMSF
- discharge the superannuation provider of my 'FROM' fund of all further liability in respect of the benefits paid and transferred to my 'TO' fund.

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.

first name(s)	
last name	
signature	date / /



Perpetual WealthFocus Super and Pension Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315
Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

Compliance Letter

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual WealthFocus Super Plan and Perpetual WealthFocus Pension Plan is part of a complying fund.

Perpetual Superannuation Limited

ABN 84 008 416 831
AFSL 225246
RSE L0003315

Level 18, Angel Place
123 Pitt Street
GPO Box 4171
Sydney NSW 2001
Australia
DX 365 Sydney

Client Services
Telephone 1800 022 033

To Whom It May Concern,

Perpetual WealthFocus Superannuation Fund (Perpetual WealthFocus Super Plan and Pension Plan)

RSE Registration No. R1057010

Australian Business Number (ABN): 41 772 007 500

Superannuation Product Identification Number (SPIN): PER0068AU (Super Plan)

Superannuation Product Identification Number (SPIN): PER0403AU (Account Based Pension)

Perpetual WealthFocus Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 26 May 1995 (as amended) (Trust Deed). The Trustee of the Fund is Perpetual Superannuation Limited.

The Trust Deed complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 (Cth) and Regulations.

Yours faithfully

Directors, Perpetual Superannuation Limited