

LIFESTREAM GUARANTEED INCOME SUPERANNUATION BENEFIT TRANSFER REQUEST

i Use this form to request another institution to transfer your super money 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 purchase 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, simply call us on **1800 624 100** between 8:30am and 6pm (Sydney time) Monday to Friday. * These fields 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: <input type="text"/>		
Fund address		
<input type="text"/>		
		State Postcode
*Membership or Account number	Australian business number (ABN)	Unique Superannuation Identifier (USI)
<input type="text"/>	<input type="text"/>	<input type="text"/>
To: <input type="text" value="The Colonial Mutual Life Assurance Society Limited"/>		
Address		Telephone number
<input type="text" value="PO BOX 320 SILVERWATER NSW 2128"/>		<input type="text" value="1800 624 100"/>
ABN	Unique Superannuation Identifier (USI)	
<input type="text" value="12 004 021 809"/>	<input type="text" value="12 004 021 809 320"/>	

If relevant make cheques payable to **'CMLA Guaranteed Annuities'**

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: The Colonial Mutual Life Assurance Society Limited

Address

Telephone number

ABN

Unique Superannuation Identifier (USI)

If relevant make cheques payable to '**CMLA 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 Super fund of all further liabilities in respect of the benefits paid and transferred to CMLA.
- 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

SECTION 4 - PROOF OF IDENTITY

No identification is required for rollovers where your TFN is validated via the ATO SuperTic service. If your TFN cannot 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.

Issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809, AFSL 235035 (CMLA).