



Request to Transfer Superannuation Benefits

This form is used when you wish to transfer monies from another superannuation fund/s into your Flexible Lifetime – Super plan.

A separate form must be completed for each benefit you wish to transfer.

Office Use Only

Plan number

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Service request number

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Planner ID

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Before signing this form to request a transfer of benefits from your previous super fund to your Flexible Lifetime – Super plan, you may ask your previous super fund for all information about your benefits in that previous super fund (including transfer/exit/withdrawal/other fees, insurance cover types and amounts and the available investment options) that you need to understand the effects of transferring your benefits from your previous super fund to your Flexible Lifetime – Super plan. If you are transferring a benefit from an existing AMP super plan to your Flexible Lifetime – Super plan, all references above to “previous super fund” mean that existing AMP super plan. Any contributions (including a transfer of superannuation benefits) may attract fees (including Contribution Fees) in Flexible Lifetime – Super. Refer to the Flexible Lifetime – Super Product Disclosure Statement dated 3 September 2005 for further Fee details.

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

1 PERSONAL DETAILS

Title	Surname

Given names

Date of birth	Sex	Member number (if known)	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		+

Address for communications. Mark (X) if this is an overseas address

Unit No.	Street No.	Street name	State	Postcode
Suburb				

Home phone number	Business phone number

Email

2 PREVIOUS SUPERANNUATION FUND DETAILS

These details can be found on a recent statement of your previous superannuation provider.

Name of previous superannuation fund or company

Address of previous superannuation fund or company				
Unit No.	Street No.	Street name	State	Postcode
Suburb				

Previous plan/member number	Date ceased employment	Approximate transfer amount
		\$

3 EXISTING AMP SUPERANNUATION PLAN TRANSFERS ONLY

A Tax Deductibility of Contributions (only applicable to transfers from plans within the AMP Superannuation Savings Trust)

Are you eligible to claim a tax deduction for your contributions? Yes No, go to **Section B, Partial Transfer** overleaf

Please contact your financial planner or accountant if you are unsure if you are eligible to claim a tax deduction.

The following information represents a notice under section 82AAT (1A) of the Income Tax Assessment Act 1936 for each year.

Please complete the following information using \$ amounts only (Nil or all is not acceptable). Please note that the Australian Tax Office will not allow this notice to be withdrawn or revoked. This notice does not cover any contributions covered by an earlier notice.

If you do not complete this section we will assume you do not wish to claim your contribution that you have made personally as a tax deduction or you have already provided notice to us (in another form or document) that you intend to claim a tax deduction for the financial year not completed overleaf.

continued overleaf

