



Superannuation Payment

AUTHORITY FORM

Total Care Plan Super

AIA Australia is part of the AIA Group and is responsible for the administration of Total Care Plan Super and provides insurance benefits to the Fund as insurer.

Authority for AIA Australia to request transfers or rollovers to Total Care Plan Super

Completing this form authorises AIA Australia to request a transfer or rollover on your behalf to Total Care Plan Super from your Nominated Super Fund Account stated at Section 2 for the amount of insurance premiums plus other taxes, fees and costs payable under Total Care Plan Super.

Fees

Your superannuation provider may charge you withdrawal or other fees for making a rollover or transfer to Total Care Plan Super. If you are not already aware of the fees your superannuation provider may charge, you should contact them for further information before completing this form.

Proof of identity

Please note your superannuation fund may require you to provide proof of identity, eg a certified copy of your Birth Certificate, Passport or Driver Licence. Speak with your fund administrator to confirm what (if any) identification requirements they need before allowing the partial rollover and whether this is required once only or for each subsequent rollover.

Section 1 – Total Care Plan Super member details

My Total Care Plan Super policy number/s (if known)

Unique Superannuation Identifier (USI)

19 905 422 981 777

Title Mr Mrs Miss Ms Other:

Surname

Full given name(s)

Date of birth

 / /

Occupation (if retired, state retired)

Main country of residence, if not Australia

Residential address (PO Box is not acceptable)

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Work phone number

 ()

Home phone number

 ()

Mobile phone number

Fax number

 ()

Email address

Section 2 – Your nominated super fund account

You should make sure that your account balance is sufficient each year to pay the premium plus the taxes, fees and costs payable under Total Care Plan Super, as well as continuing to meet the minimum balance requirements of the transferring fund.

Super Fund name

Product names

ABN

Unique Superannuation Identifier (USI)

Account number

Postal address

Suburb

State

Postcode

Super Fund email address

Super Fund phone number

Section 3 – Transfer or rollover authorisation

I authorise:

- AIA Australia from time to time to request, on my behalf, that the trustee ('trustee') of the superannuation fund nominated in Section 2 of this form transfer or rollover from my account an amount nominated by AIA Australia to Total Care Plan Super for the payment of insurance premiums plus other taxes, fees and costs payable under Total Care Plan Super. I understand and agree that the amount transferred or rolled over may be net of any withdrawal or other fees charged under the transferring fund.
- AIA Australia to do all acts and execute such documents on my behalf as are necessary to complete the requested transfer or rollover.
- AIA Australia to transfer or rollover from my account in accordance with the default arrangements set by the trustee of the transferring fund for transfers or rollovers.

This authority continues until the earliest of the following:

- it is revoked in writing by me;
- AIA Australia receives a replacement authority signed by me;
- I cease to hold my Total Care Plan Super policy; or
- I die.

Section 4 – Declaration

I declare that:

- my account is my superannuation account and I have authority to transact on it.
- the details provided in this form are true and correct.
- the authority in Section 3 includes an authority for any other person authorised by AIA Australia to do the things authorised in this form and that the request for a transfer or rollover may be made in any form agreed between AIA Australia and the trustee.
- I am aware that my superannuation provider can provide me with information about the effect this transfer will have on my benefits, including information about any fees and charges that may apply. I have already obtained this information or decided not to obtain it.
- I acknowledge and agree that I'm responsible for ensuring there are sufficient funds in my superannuation account to pay the premium, fees and any other amounts payable under Total Care Plan Super as they fall due, as well as ensuring the minimum balance requirements of my superannuation account are met.
- I am aware and agree that any refund of monies transferred or rolled over to Total Care Plan Super under this Authority will be repaid to the superannuation account I have nominated in this form.

Print name

Your signature

Date

Please send the Superannuation Payment Rollover Authority Form to:

AIA Australia PO Box 320
SILVERWATER NSW 2128
OR Email au.cservice@aia.com