

FMS clients please fax this form to 02 9870 7556 or scan/email to info@findmysuper.com.au

Our Ref:

PEOPLES SUPER PLAN NOMINATION FORM

PLEASE CONSOLIDATE MY SUPER INTO THE PEOPLES SUPER PLAN:

YOUR PERSONAL DETAILS

Title: _____ Given Names: _____ Surname: _____

Street Address: _____ Suburb: _____ State: _____

Postcode: _____ Email: _____

Date of Birth: _____ Best Contact Number: _____

Tax File Number: _____

Please consolidate all my active and lost superannuation accounts into The Peoples Super Plan administered by AMP Signature Super ABN 76 514 770 399 SPIN AMP0735AU.

I take full responsibility for my withdrawal/transfer out request of my other superannuation funds into the superannuation fund nominated on this form. If I am requesting a transfer, I understand and acknowledge the implications and effects of transferring my benefits from my existing superannuation plan/s to the fund or plan specified on this form including any withdrawal fees that may apply to plans or insurance benefits. I understand that if I am not entitled to transfer my insurance benefits to the Peoples Super Plan, I will lose any insurance I may have with my previous funds when I transfer the balances to my account with the Peoples super Plan.

I have not sought any financial advice and I discharge Find My Super Pty Ltd and its license holder, Self-Managed Super Institute Pty Limited, from all responsibility.

I have read and understand the product disclosure statement from the fund that I have nominated.

I understand that Find My Super Pty Ltd may deduct a consolidation fee \$98.00 from my nominated super account.

I appoint Find My Super Pty Ltd to obtain proof of insurance cover from my previous superannuation fund and this authority serves as my appointment to achieve this outcome. Please provide such proof of cover via email to info@findmysuper.com.au or in writing to P.O Box 115, North Ryde BC 1670, NSW. Please also appoint Find My Super AFSL 292925 as representative to my accounts until further notice.

I have read and agree with the terms and conditions of the Find My Super Pty Ltd website and its privacy statement on the website.

Privacy statement: **Information You Give Us**

We receive and store any information you enter on our Web site or give us in any other way. This includes such things as your name, address, and suggestions about the superannuation funds with which you think you may have "lost" superannuation. This information is used to ensure that the information sources with which we consult, such as the Australian Taxation Office and the superannuation funds with which you have funds.

Signature _____

Appointment accepted by Find My Super adviser _____

These forms must be faxed to 02 9870 7556 OR emailed to info@findmysuper.com.au to begin the search and consolidation process.

To complete your superannuation membership of the Peoples Super Plan you need to post the originals along with the copy of identification for example your driver's license, passport or birth certificate to.

**Find My Super
Reply Paid 115
North Ryde BC, NSW 1670
(No stamp required)**

SignatureSuper®

Personal member application form - The Peoples Superannuation Plan

You must have received and read the Product Disclosure Statement for SignatureSuper to understand how the product works before completing this application form.

If you have any questions about how to complete this form or need further copies, please contact AMP Corporate Superannuation (contact details are below)

ADDRESS FOR RETURN

Find My Super
Reply paid 115
Noth Ryde BC, NSW 1670 (No stamp required)

1. PERSONAL DETAILS

1.1 Personal member applicant's details

In this section we require your details.

Title: Surname:

Given names:

Date of birth: Sex: Tax file number:

Occupation (or specify if retired/student): Industry (if applicable):

Country of residence: Country of citizenship:

Residential address (must not be a Post Office Box)

Address:

Suburb: State: Postcode:

Phone number: Fax number: Mobile number:

Email address:

2. ADD/CHANGE PERSONALISED FEE STRUCTURE

Refer to your Plan Summary for information on the fee structure applicable to you..

Complete this section if you have agreed to a Member Advice Fee with Find My Super (FMS).

One off amount \$98.00

- I acknowledge that the arrangements for the payment of the Member Advice Fee are described in the PDS and section 2 of this form.
- I have agreed with FMS to the Personalised Fee Structure outlined in this form.

3. INVESTING

If you do not select an investment option(s) by returning the investment options selection form with this application, you will be invested in the default investment option until you choose to change your investment options. The default investment option is Balanced Enhanced Index.

Refer to your Product Disclosure Statement Part 2 - the Investment Choices catalogue for details on the investment options.

You may be able to change your investment options to suit your financial needs.

4. TAX FILE NUMBER (TFN) NOTIFICATION

We are required to tell you the following details before you provide your Tax File Number (TFN) for your superannuation products. Under the Superannuation Industry (Supervision) Act 1993, the trustee is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request the trustee in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence if you do not quote your TFN. However, giving your TFN to the fund will have the following advantages (which may not otherwise apply):

- We will be able to accept all types of contributions to your account.
- The tax on contributions to your account will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits, and
- It will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

More information about the use of Tax File Numbers for superannuation changes can be obtained from the Australian Taxation Office Superannuation Hotline 13 10 20.

I have read the above and agree to provide my Tax File Number (TFN).

Tax File Number:

5. YOUR ACKNOWLEDGEMENT AND DECLARATION TO BECOME A MEMBER

You should ensure that you understand the consequences of applying to become a Personal member of SignatureSuper (which is a part of the AMP Superannuation Savings Trust) by reading all parts of the applicable Product Disclosure Statement and seeking professional advice.

By signing this application form:

- I declare that I have received, read and understood the accompanying SignatureSuper Product Disclosure Statement (including any Supplementary Product Disclosure Statement).
- I declare that at the date of this application, I:
 - am an employee of a member of an association who is not a SignatureSuper employer, or
 - am a self-employed member of the association.
- I declare that I apply to become a member of SignatureSuper, which is part of the AMP Superannuation Savings Trust (SST).
- I declare that to the best of my knowledge, information and belief, the information provided in my application is true and correct.
- I understand that if I join as a Personal member, I need to make an initial contribution of at least \$1,000 and can then contribute as often as I like subject to maintaining a minimum balance of \$1,000. If I do not maintain this minimum balance, I understand that benefits may be transferred to another personal arrangement within the SST.
- Where I am applying to become a member of the SST with the assistance of a financial planner, I declare that I have authorised my financial planner to derive this form on my behalf and to use the information provided by me in this application and any other form relevant to the SST to complete and submit an electronic application on my behalf.

I declare that any document or information to be used for the purposes of this application (whether or not provided on or with this application):

- a) if it is about another person, is provided with the authority of that person (if required), and
- b) may be used for any other products, services or benefits offered or provided to me/us by or through the trustee or any other company in the AMP group.

(Note: If you wish to check any information before signing, you may request a copy of this information from your financial planner or the trustee.)

- If an agent is signing this application on my behalf, the last 2 declarations above are also given by and bind the agent in the agent's personal capacity.

Applicant signature

Date

____/____/____

Request to transfer whole balance of superannuation benefits between funds under the *Superannuation Industry (Supervision) Act 1993*

COMPLETING THIS FORM * Read the important information pages * This form is only for whole (not part) balance transfers	AFTER COMPLETING THIS FORM * Sign the authorisation * Send form and certified proof of identity documents to: Client Services Reply Paid 115 North Ryde BC NSW 1670
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Personal details

Title:
*Family name:
*Given names:
Other/Previous names:

*Date of birth:
Tax file number:
Under the *Superannuation industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

*Gender:
*Contact phone number:

Residential address

*Address:
*Suburb or town:
*State/territory:
*Postcode:

Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Address:
Suburb or town :
State/territory:
Postcode:

Fund details

FROM

*Fund name:
Fund phone number:
Membership or account number:
Australian business number (ABN):
Superannuation Product Identification Numbers (SPIN):

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

TO

*Fund name: **The Peoples Super Plan**
*Fund phone number: **1300 366 019**
*Membership or account number:
Australian business number (ABN): **76 514 770 399**
Superannuation Product Identification Numbers (SPIN): **AMP0735AU**

You must check with your TO fund to ensure they can accept this transfer.

Proof of identity

I have attached a certified copy of my driver's license or passport

OR

I have attached certified copies of both

Birth/Citizenship certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (< 1 year old) with name and address

Authorisation

By using this request form I am making the following statements:

- a)** I declare I have fully read this form and the information completed is true and correct.
b) I am aware I may ask my superannuation provider for information about any fee 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.
c) If the **TO** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
d) I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transfer 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.

***Name (Print in BLOCK LETTERS):**

***Signature:**

***Date:** ____ / ____ / ____

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

IN – CONFIDENCE – when complete