Release and Transfer Application TelstraSuper



TelstraSuper RetireAccess®

About this form

Complete this form to transfer from a Transition to Retirement (TTR) income stream to a retirement income stream, if you've retired or will retire prior to the transfer.

Do not complete this form if you're still working and wish to receive income payments from a *TelstraSuper RetireAccess* account under a Transition to Retirement strategy, or if you wish to add super benefits from an accumulation account before commencing a new retirement income stream.

Due to current deeming rules, we recommend that you seek information or financial advice on how a transfer may affect you.

If you have any questions, please contact us on 1300 033 166.

Surname		Member number
Given names		Date of birth
Residential address (PO Box not acceptable)		
Suburb	State	Postcode
Home no.	Mobile no.	Business no.
Email address		
Release of preserved benefit declaration Complete this declaration if any of the funds I wish to have my superannuation benefits re	you have elected to transfer are preserved. eclassified as unrestricted non-preserved benef	ts on the following grounds (please tick ONE option):
Release of preserved benefit declaration Complete this declaration if any of the funds I wish to have my superannuation benefits re I have reached preservation age and p	you have elected to transfer are preserved. eclassified as unrestricted non-preserved benef permanently retired from the workforce on: gainfully employed for 10 hours or more per w eloyment on:	

I would like to cont	tinue to receive my current income payments and frequency
0R	
I would like to upda	ate my income payments and frequency as follows:
When are your inc	come payments to start?
Please indicate the	month and year payments are to commence:
Month	Year
Change the freque	ency of your payments
Twice-monthly	Monthly Quarterly Annually
Choose how much	n money you wish to receive
I elect to receive	e the standard minimum [‡] income payment according to my elected frequency
0R	
I elect to receive	e a gross amount of \$,# according to my elected frequency
OR	
I elect to receive	e my maximum [^] income payment according to my elected frequency.
‡ These amounts must be take	en on a pro-rata basis if commenced after 1 July.
# This amount must be above	the minimum income limit relevant to your age and below the maximum limit of 10% of your account balance on commencement. Please refer to the TelstraSupi
	sure Statement (PDS) for further details. Jual to 10% of your account balance at commencement. You are entitled to your annual maximum regardless of the commencement date of your income stream.
Banking details	
Please provide your bank	k details. Payments can only be made to a bank, credit union or building society, (no credit cards) in your name or in a joint acco
	ome paid to my current account
OR	one paid to my current account
	ome paid to the following account.
I Would like IIIy IIIC	onie paid to the following account.
Name of financial instit	ution
Branch name	
Account name	
BSB no.	Account no.

Section 1		Section 2
I would like to nominate my investment	choice as follows:	Where would you like your income drawn from?
Option	Percentage allocation %	You can choose to have your income drawn from any one of your selected investment options or to have cash flows drawn proportionately from your mix of investment options.
Growth Balanced	%	Please note income returns generated from the Diversified Income option are distributed into the Cash investment option. To draw down the income returns, the Cash option will need to be selected.
Diversified Income (restrictions apply*)	%	I would like my income drawn from the
Defensive Growth	%	option.
Conservative	%	OR I wish to have my income payments drawn proportionately acros my investment options (default). Note: If you don't make a selection your income payments will be drawn proportionately across your investment options.
International Shares	%	
Australian Shares	%	
Property	%	
Fixed Interest	%	
Cash	%	
Total (must equal 100%)	= 100%	
If you do not currently have funds invested in the Dive allocation must be equivalent to a dollar value of \$100		
Vo do slovetice and signature		
Your declaration and signature By signing this declaration, I:		
 confirm that the information in this form 	is true and correct to the best of m	ny knowledge
have read and understood the TelstraSu		
 understand that the income payments m 		
if Latill have a gurrant Taletra Cunar again	mulation account, my insurance co	ver under that account will continue and I will not receive any insurance unde

Please return completed form to: Telstra Super Pty Ltd, PO Box 14309, MELBOURNE VIC 8001

Telstra Super Pty Ltd complies with the Privacy Act 1988 (Cth).

For further information on privacy, please contact the Privacy Officer on 1300 033 166 or visit our website at telstrasuper.com.au to download a copy of our Privacy Policy or Privacy Collection Statement.

Date

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Signature X

 $\label{telephone} \ \ 1300\ \ 033\ \ 166\ \ Facsimile\ \ 03\ \ 9653\ \ 6060\ \ telstrasuper.com.au$

Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709 is the Trustee of the Telstra Superannuation Scheme (TelstraSuper) ABN 85 502 108 833.

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