

Application for membership – Employee Section (Section A)

Guidelines for completing this application

We need you to fill out Parts A and B (if required) to let us know:

PART A

- your choice of insurance cover
- which investment options you'd like your money invested in
- who you'd prefer to receive your super if you die while you're a member of ANZ Staff Super
- your Tax File Number

Part B (if required)

- To be completed if you wish to roll over benefits from a previous super fund into the Employee Section of ANZ Staff Super.

To find the information you need to complete this form just look in the section of the Product Disclosure Statement (PDS) that relates to the section you're up to.

If you're unsure of your decisions, we recommend that you see a licensed financial adviser.

Once you've finished each part of the form, don't forget to sign and return them to:
ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001

If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to **anzstaffsuper.com**.

Part A

Step 1 – Complete your personal details
Please print in black or blue pen, in uppercase, one character per box.
A ✓

Title Mr Mrs Ms Miss Other Date of birth / /

Given names

Surname

Postal address

Suburb State Postcode

Daytime Telephone Mobile

E-mail

ANZ salary number

Continued over

Step 2 – Choose your level of death and disability cover

Protect your family’s financial wellbeing – think about your death and disablement cover

I understand that:

- Automatic death and Total and Permanent Disablement cover will not be provided until:
 - I am aged 25 or more; and
 - my account balance with ANZ Staff Super is \$6,000 or over; and
 - a contribution or rollover has been paid to my account in the last 12 months.
- I can “opt in” to have cover commence from the date ANZ Staff Super receives my election even if I am under age 25 and/ or my account balance is less than \$6,000. This cover will only commence if my account balance is sufficient to pay for the premium for the cover. Terms and conditions will apply to this cover.
 - I elect to have the default of 3 blocks of death and Total and Permanent Disablement insurance cover (subject to a maximum \$1 million of cover) commence even if I am under age 25 and/or my account balance in ANZ Staff Super is less than \$6,000.
- If I don’t make a choice and I am joining as a new employee of ANZ, the default of 3 blocks of insurance cover (subject to a maximum of \$1 million) will apply when I meet the eligibility requirements set out above. Terms and conditions will apply to this cover.
- I will not be granted more than 3 blocks of insurance cover or \$1 million of cover, whichever is lesser, until my completed health statement is assessed and my election accepted by the Insurer
- Once my election is accepted, this level of insurance cover will stay in force until I apply to vary it and my application is accepted by the Insurer, and
- The cost of this insurance cover is deducted from my account monthly or on exit by redeeming some of my units.

Select one option only

- I elect **Blocks of insurance cover** (Select the number of blocks of cover (in half block increments) you would like up to a maximum of 7 blocks. If you elect more than 3 blocks or the amount of your insurance cover would exceed \$1 million, you will be sent a health statement to complete.

OR

- No cover** – I elect not to have insurance cover to provide an additional benefit if I die or become totally and permanently disabled.

Transferring your cover from other providers

- I am interested in applying to transfer death or death and TPD cover from another superannuation fund (other than a self managed superannuation fund) to ANZ Staff Super.

Voluntary salary continuance insurance

- I am interested in applying for voluntary salary continuance insurance.

Step 3 – Choose your investment options

Take control of how your super is invested

You can choose one or a combination of the four investment options in any percentage. Please ensure the total adds to 100% otherwise the default investment option will apply until it’s corrected by you.

If you don’t make a selection you’ll automatically be invested in the Balanced Growth investment option (the default investment option) and you will be classified as a MySuper member.

I’d like to invest in the following investment option(s):

	Percentage to be invested			
Aggressive Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Balanced Growth	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Cautious	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
TOTAL	1	0	0	%

Note: The investment option(s) (other than Balanced Growth) you choose using this form will become effective from the date this form is processed by ANZ Staff Super. Until this choice is processed, your super will be invested in Balanced Growth option which is the default option.

Step 4 – Nominate your beneficiaries

Please read the information in the PDS before completing this section of the Application for membership which allows you to nominate how you would prefer your benefit to be paid in the event of your death.

You can make a binding or non-binding nomination.

Please list below the dependants (as defined on the following page) you wish to nominate and indicate the percentage of your benefit you wish to allocate to each person listed (please attach an additional page if you wish to nominate more than four beneficiaries). Please ensure that the percentages add up to 100%. Tick the box to indicate if you'd like your benefit paid to your estate, then select and complete either option 1 or option 2.

Name of first nominee

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you** (Select one option only)

Spouse Child Financial Dependand Legal Personal Representative Interdependency Relationship

Address*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth / / Proportion of payout %

Name of second nominee

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you** (Select one option only)

Spouse Child Financial Dependand Legal Personal Representative Interdependency Relationship

Address*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth / / Proportion of payout %

Name of third nominee

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you** (Select one option only)

Spouse Child Financial Dependand Legal Personal Representative Interdependency Relationship

Address*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth / / Proportion of payout %

Name of fourth nominee

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship to you** (Select one option only)

Spouse Child Financial Dependand Legal Personal Representative Interdependency Relationship

Address*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth / / Proportion of payout %

TOTAL 1 0 0 %

OR

I would like all (100%) of my benefit paid to my estate

Step 4 – Nominate your beneficiaries (continued)

- * Please provide the contact address and date of birth for each of your nominees to assist us to contact them in the event of your death.
- ** The persons you nominate must be your 'Dependant' or legal personal representative (that is, the executor or administrator of your estate).

'Dependant' is defined as:

- your spouse – whether by marriage, a de facto relationship (including same-sex partners) or a registered relationship under a law of State or Territory (including same-sex partners);
- your children including step-children, adopted children and your spouse's children;
- any other person who the Trustee considers is wholly or partially dependent on you at the time of death; or
- any person you have an interdependency relationship with. Two people (whether or not related by family) have an interdependency relationship if:
 1. they have a close personal relationship;
 2. they live together; and
 3. one or each of them provides the other with financial support; and
 4. one or each of them provides the other with domestic support and personal care.

An interdependency relationship will also exist between two people if they have a close personal relationship but do not meet the other criteria as listed above (2, 3 & 4) because either or both of them suffer from a physical, intellectual or psychiatric disability.

Any amounts paid to your legal personal representative would be distributed according to your Will, or if you don't have a Will, according to the laws of the State in which you resided at the date of your death.

Please tick one option only and complete the relevant details for that option.

Option 1 – Non-binding nomination

By signing below I declare that I have read this section and understand that:

- the nominations I have made on this form are not binding on the Trustee and the Trustee is not obliged to pay a death benefit to the dependant(s) I nominate
- the Trustee cannot consider a nomination unless it is in favour of my spouse, my children, a person who is financially dependent on me and/or a person who is my dependant under superannuation law
- if a nominated beneficiary does not survive me, his/her share of the benefit may be paid, at the discretion of the Trustee, to my estate or to my other dependants.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

X

□ □ / □ □ / □ □ □ □

Option 2 – Binding nomination

By signing below I declare that I have read this section and understand that:

- My nomination in this form will be legally binding on the Trustee if it is still valid and in effect at the time of my death.
- My nomination in this form will be invalid if:
 - it has not been completed correctly, or completed prior to my admission to membership of ANZ Staff Super.
 - the persons nominated or my Dependants and/or legal personal representative at the time of my death are no longer alive
 - the Trustee is legally restrained or prohibited from paying my super to one or more of the persons nominated in this form.
- My nomination in this form will expire and cease to have effect:
 - after 3 years, unless I re-confirm, revoke or amend it at an earlier time;
 - if and for so long as the Trustee is prevented from making a payment due to Family Law; or
 - I am subject to a Court Order prohibiting me to make a binding death benefit nomination or requiring me to amend or revoke a binding death benefit nomination.
- The information provided within this form will be used by the Trustee to contact those nominated to determine whether they are still my dependants and/or legal personal representative at the time of my death. The information may be disclosed to the administrator, my employer and other parties as required and I consent to the handling of my personal information in this way.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

X

□ □ / □ □ / □ □ □ □

Step 4 – Nominate your beneficiaries (continued)

Witness One (insert full name)

I confirm that I am at least 18 years of age, am not a person nominated in Step 4 of this form and that the member named above has signed this form in my presence.

Signature

Date

Witness Two (insert full name)

I confirm that I am at least 18 years of age, am not a person nominated in Step 4 of this form and that the member named above has signed this form in my presence.

Signature

Date

Step 5 – Provide your tax file number

Don't pay more tax than you have to – let us know your Tax File Number.

Your Tax File Number is confidential and you don't have to give it to ANZ Staff Super. It is not an offence to not provide your Tax File Number. However, you may pay more tax than you have to if you don't supply it.

My Tax File Number is: - -

Special note: The Trustee is required by law to ask for your Tax File Number. By providing your Tax File Number, you're allowing the Trustee to use it to:

- find or identify your super when there's no other way
- work out any tax payable
- pass your Tax File Number to the Australian Taxation Office when you receive your super payout or have unclaimed super money after reaching pension age or if otherwise required
- pass your Tax File Number to any other super fund or account to which your super is transferred in the future, unless you tell the Trustee in writing not to do so
- report details of contributions to the Australian Tax Office for working out whether any tax is applicable if contributions for you exceed certain limits, and
- where required by law, pass your Tax File Number to other government agencies.

If you don't provide your Tax File Number now or later:

- you may pay more tax on contributions made by your employer and certain other contributions made by or for you. In some circumstances, you may be able to claim this back, but time limits and other rules may apply
- the Trustee will only be able to accept contributions made for you by your employer. No other contributions, for example, non-concessional (after-tax) contributions, can be accepted
- you may pay more tax on your super benefit that you would otherwise (although you can claim this back when you lodge your tax return), and
- it may be more difficult to find your super in the future if you change your address without notifying the Trustee or if you rollover any other super accounts you may have.

The legal purposes for which the Trustee can use your Tax File Number and the consequences for not quoting your Tax File Number may change in the future.

Date of birth

Your name

Step 6 – Sign the form

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made
- accept that I will be bound by the provisions of the Trust Deed and Rules which govern the operation of ANZ Staff Super
- acknowledge that if I've provided my email address details in this application form, the Trustee may, at its discretion, use that email address to send information, including any annual reports, member and exit statements and notices of any material changes or the occurrence of significant events, to me by electronic means
- acknowledge that I have read and understood the attached Product Disclosure Statement and agree to be bound by it
- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

 / /

Please return your completed form (Part A) to:

**ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001**

Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The administrator, Australian Administration Services Pty Limited (ABN 62 003 429 114) which forms part of the Link Group of companies, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super's actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' enquiries or complaints.

Members' personal information may be disclosed to related entities of the administrator located overseas (in particular, its related entity Link Administration Private Limited (India)) as part of the day-to-day provision of administration or ancillary services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super
Mail: GPO Box 2139
Melbourne VIC 3001
Phone: 1800 000 086
Fax: (02) 9287 0320
Email: enquiry@anzstaffsuper.com

The Trustee's Privacy Policy Statement is available on ANZ Staff Super's website **anzstaffsuper.com** or by calling us on **1800 000 086**. You can also access the administrator's privacy policy on our website.

Rollover form - Employee Section (Section A)

Part B

Roll other super money into your account in the Employee Section of ANZ Staff Super

Just fill in this form and send it back to ANZ Staff Super. It's that simple. We will contact your other fund(s) and look after all the transfer details. There is no charge from ANZ Staff Super for this service. If you have more than one fund you want to transfer, you can photocopy this form. Your transfer will be processed faster if you attach a copy of a recent member statement from your previous super fund.

If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to anzstaffsuper.com.

Step 1 – Complete your personal details

Please print in black or blue pen, in uppercase, one character per box.

A ✓

Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Ms <input type="radio"/>	Miss <input type="radio"/>	Other <input type="text"/>		Date of birth												
Given names																			
Surname																			
Residential address																			
Suburb															State			Postcode	
Postal address (if different from above)																			
Suburb															State			Postcode	
Daytime Telephone								Mobile											
E-mail																			
ANZ salary number																			

Continued over

Please return your completed form to:
ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001

Step 2 – Provide details of your previous super fund

Name of previous fund or policy

Address of previous fund

Suburb

State

Postcode

Telephone

Membership or policy number

Name of old employer who contributed to the previous fund

Date ceased employment with this employer

Approximate value

Step 3 – Attach proof of identity

You may need to provide proof of identity to your previous super fund to allow payment of your super benefit to ANZ Staff Super. Please check with your previous fund if certified ID is required. If you have more than one rollover, you will need to check the requirements of each of your previous super funds.

If ID is required, please attach a copy of either your driver's licence or passport (or acceptable alternatives), certified where required. If you have more than one rollover and certified ID is required by each fund, please attach an original certified copy for each rollover. See the **"Providing proof of identity"** section for details of certification and acceptable alternative documents.

I have attached identification (certified where required) **OR** I have not attached identification as it is not required

If you do not provide proof of identity where it is required, there may be delays in processing your payment(s).

Step 4 – Sign the form

I request that you transfer the total value held in respect of me for the above super fund or policy to ANZ Staff Super:

- I understand that on payment by my previous super fund, I discharge that super fund from any further liability in respect of the amount transferred
- I approve the deduction of any appropriate fees from the amount transferred subject to legislative restrictions
- I request that any further contributions received by my previous super fund after my payment, be redirected to my membership with ANZ Staff Super
- I understand that I will receive confirmation once my money has been received in ANZ Staff Super
- I understand that I have the right to ask my previous super fund for information that I reasonably require for the purpose of understanding any super entitlements I may have in that fund, including information about any fees and charges that may apply to the transfer and information about the effect of the transfer on any entitlements I have in my previous super fund. I confirm that I do not require such information from my previous fund
- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

Date

**Please return your completed form (Part B) to:
ANZ Staff Super, GPO Box 2139, Melbourne VIC 3001**

Notes for previous superannuation provider

Name of Fund: ANZ Staff Super (Section A) **SFN:** 129 796 941 **ABN:** 83 810 127 567

RSE Licence: L0000543 **Registration No:** R1000863 **Unique superannuation identifier (USI):** 83810127567801

When transferring money into ANZ Staff Super please note:

- ANZ Staff Super is a regulated super fund under the Superannuation Industry (Supervision) Act 1993. Accordingly ANZ Staff Super can accept the rollover of both preserved and non-preserved benefits in accordance with the Superannuation Industry (Supervision) Act
- cheques should be made payable to ANZ Staff Super – **Account of [member's name]**
- please forward:
 - this authority
 - the cheque
 - a Rollover Benefits Statement
 - other associated documentation to:
ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001

Completing proof of identity

Primary photographic identification

You will need to provide a copy of one of the following primary identification documents:

- Current Australian or foreign driver's licence (including the back of the driver's licence if your address has changed)
- Australian passport
- Current foreign passport¹, or similar document issued for the purpose of international travel¹
- Current card issued under a State or Territory for the purpose of proving a person's age
- Current national identity card issued by a foreign government for the purpose of identification¹

Identification documents must not be expired (excepting an Australian passport which may be expired within 2 years).

Alternative identification

If you are unable to provide any primary photographic identification, you will need to provide **two** identification documents, one from each of the following lists:

- Birth certificate or birth extract¹
- Citizenship certificate issued by the Commonwealth
- Pension card issued by the Department of Human Services (Centrelink) that entitles the person to financial benefits
- Medicare card
- Foreign drivers' licence¹

AND

- Letter from the Department of Human Services (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Tax Office Notice of Assessment issued in the last 12 months¹

Name change

If you have changed your name, you must provide a certified copy of the relevant name change document¹, for example, a Marriage Certificate issued by the Registry of Births Deaths & Marriages, Decree Nisi or Deed Poll (in addition to the above identification).

If your legal name or date of birth does not match exactly to our records (excluding aforementioned name changes), please contact us for further instructions.

¹ **Translation:** If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation), to translate from a language other than English into English.

Signing on behalf of another person

If you are signing on behalf of the applicant you will need to provide the following:

- A **certified** copy of the Guardianship papers or Power of Attorney; and
- A **certified** copy of the appropriate proof of identity for the holder of the Guardianship or Power of Attorney.

Note: Certified ID is also required for the member.

Continued over

How to certify documents

After sighting the original and the copy and making sure both documents are identical, the certifier must include on EACH page:

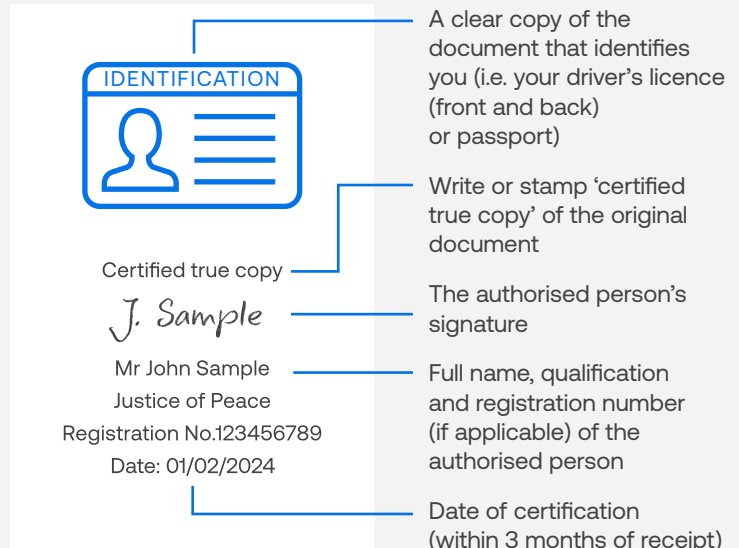
- Written or stamped 'certified true copy'
- Signature and printed full name
- Qualification (such as Justice of the Peace, Australia Post employee, etc)
- Date (the date of certification must be within the 3 months prior to our receipt)

Verification

A verification of the certifying party may be performed. If a discrepancy arises, you may be requested to re-certify documentation.

Important note

The information in this document is a guide only and we may request additional documentation prior to any payment.



Who can certify documents in Australia

- Permanent employee of the **Australian Postal Corporation** with two or more years of continuous service who is employed in an office supplying postal services to the public.
- Agent of the **Australian Postal Commission** who is in charge of an office supplying postal services to the public.
- **Australian Consular Officer or Australian Diplomatic Officer** (within the meaning of the *Consular Fees Act 1955*)
- **Bank officer, building society officer or credit union officer** (with two or more continuous years of service)
- **Commissioner for Affidavits or Declarations**
- **Registrar or Deputy Registrar** of a Court, **Judge, Magistrate, Master** of a Court, Chief Executive Officer of a Commonwealth Court
- **Finance Company Officer** (with two or more continuous years of service with one or more finance companies)
- **Financial adviser or financial planner**
- **Justice of the Peace**
- **Legal practitioner** (i.e. a person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia as a legal practitioner [however described])
- **Member of the Institute of Chartered Accountants in Australia and New Zealand, the Australian Society of Certified Practising Accountants or Member of the Institute of Public Accountants**
- **Notary Public**
- **Officer with, or Authorised Representative of an Australian Financial Services Licensee** (who has had at least two years of continuous service with one or more licensees)
- **Pharmacist**
- **Police Officer, Sheriff or Sheriff's Officer**

Who can certify documents outside of Australia

- **an authorised staff member of an Australian Embassy, High Commission or Consulate**
- **an authorised employee of the Australian Trade Commission** who is in a country or place outside Australia
- **a Notary Public**
- **an officer** with 2 or more continuous years' service with one or more Australian financial institutions or overseas financial institutions with which ANZ has an existing correspondent banking relationship
- **a person** in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents

Important notice: In preparing this document the Trustee has not taken into account the investment objectives, financial situation and particular needs ("financial circumstances") of any person. Accordingly, before acting on the advice contained in this document, you should assess whether the advice is appropriate in light of your own financial circumstances and consider contacting your financial adviser. This document and interests in ANZ Staff Super are issued by ANZ Staff Superannuation (Australia) Pty Limited. You should consider the relevant PDS before making a decision in relation to a financial product.