



Customer Identification Form For Individuals and Sole Traders

To comply with our obligations under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006, BT customers must now complete a Customer Identification Form in addition to the application form.

This Customer Identification Form is to be completed by individuals, sole traders and joint investors only. Customer identification forms for other entity types can be downloaded from www.bt.com.au/AML or can be obtained from the BT Contact Centre on 132 135.

Please follow the instructions provided.

Are you lodging your application form through a financial adviser? Please speak to your financial adviser before completing the Customer Identification Form.

Existing customers of BT or the Westpac Banking Corporation may not be required to complete the Customer Identification Form. To determine if you are required to lodge this form, please visit www.bt.com.au/AML for further information or call the BT Contact Centre on 132 135 and provide your BT/Westpac account details.

Applications received without a completed Customer Identification Form and any necessary supporting documentation, from customers who are required to be identified, cannot be processed.

Customer Identification Form For Individuals and Sole Traders

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE CUSTOMER IDENTIFICATION FORM

WHO SHOULD COMPLETE THIS CUSTOMER IDENTIFICATION FORM

If you are an individual, sole trader or joint investor investing in a new BT product.

IMPORTANT INFORMATION FOR INVESTORS

- If you are lodging your product application form through a financial adviser, please contact your financial adviser for further information.
- If you are lodging your product application form as a **direct investor** (without a financial adviser), you have two options available to you:

OPTION 1

Complete **Section 1** of the Customer Identification Form only, and attach certified copies of your identity document(s). If you choose this option, please use the **checklist** provided below.

OR

OPTION 2

Westpac branches may be able to perform the identification procedure. Please note that extra identification will be required. For full instructions and a list of documents required, please visit our website www.bt.com.au/AML.

CHECKLIST FOR OPTION 1

Before you send the Customer Identification Form, ensure that you have correctly completed all items on the **checklist** below. Ensuring that all information and documentation is provided will assist in a smooth application process.

This **checklist** section of this form is provided for your records and is not required by BT to process your application.

- Complete **all** applicable fields in **Section 1** of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to BT:
 - completed Customer Identification Form
 - certified copies of your identification document(s), and
 - product application form (except online applications) with any applicable documentation.

IMPORTANT INFORMATION FOR FINANCIAL ADVISERS

BT will also accept identification from a correctly completed Investment and Financial Services Association/Financial Planning Association (IFSA/FPA) identification form.

When using this Customer Identification Form, please complete **Sections 1 and 2**.

MORE INFORMATION

WHY WESTPAC BANK BRANCHES ARE ABLE TO COLLECT YOUR IDENTIFICATION ON BT'S BEHALF

BT is the wealth management arm of the Westpac Banking Corporation, and as such, BT and Westpac are working together to help meet the AML/CTF obligations faced when new customers join. This cooperation means that customers new to BT have the convenient option to have the identification procedure performed at a Westpac Branch if they choose.

If you require more information on our AML/CTF requirements, please visit our website www.bt.com.au/AML.

HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].

Who can certify copies of documents	
Legal	<ul style="list-style-type: none">• a solicitor or barrister (that is, 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))• a judge of a court• a magistrate• a chief executive officer of a Commonwealth court• a registrar or deputy registrar of a court• a notary public
JP	<ul style="list-style-type: none">• a Justice of the Peace
Police	<ul style="list-style-type: none">• a police officer
Accountant	<ul style="list-style-type: none">• a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership
Post office	<ul style="list-style-type: none">• an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public• a 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
Diplomatic service	<ul style="list-style-type: none">• an Australian consular officer• an Australian diplomatic officer (within the meaning of the Consular Fees Act 1985)
Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none">• an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the <i>Statutory Declaration Regulations 1993</i>)• a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 1993</i>)• an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.



Customer Identification Form For Individuals and Sole Traders

SECTION 1

INSTRUCTIONS

- Complete all applicable sections on this form using **black pen** – print in clear **CAPITAL LETTERS**.
- Complete one form for each investor (eg two forms in total for two joint investors).

SECTION 1A: PERSONAL DETAILS

Surname (must complete)

Date of Birth dd/mm/yyyy

/
 /

Full given name(s) (must complete)

Daytime contact phone number

Residential address (PO Box is **not** acceptable)

State

Postcode

Country, if not Australia

SECTION 1B: SOLE TRADER DETAILS (IF APPLICABLE)

Complete this section if you are a sole trader.

Full business name (if any)

ABN (if any)

Principal place of business (if any) (PO Box is **not** acceptable)

State

Postcode

Country, if not Australia

SECTION 1C: VERIFICATION PROCEDURE

Please send us certified copies of documents that show your full name and **either** your date of birth or residential address.

- Complete Part A to tell us what documents you are sending us.
- If you cannot send us a certified copy of a document from Part A, then complete either Part B or C.
- Contact us if you are unable to provide the required documents in Parts A, B or C.
- **Do not send original documents, only certified copies.** Please refer to the 'How to certify your documents' section for more information.

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Cross X	Select ONE valid option from this section only.
<input type="checkbox"/>	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	Certified copy of a card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
<input type="checkbox"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*

OR

Continued overleaf ▶▶

FOR MORE INFORMATION

- Contact your Financial adviser
- Go to www.bt.com.au
- Call the BT Contact Centre on 132 135 8.00am to 6.30pm (Sydney time) Monday to Friday

DIRECTORY

Our registered address is:

**Level 20, Westpac Place
275 Kent Street
Sydney NSW 2000**



BT Lifetime – Flexible Pension Application Form

Form issued 14 December 2011

BT Contact Centre ☎ 132 135 (8am–6.30pm Mon-Fri, Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the trustee of BT Lifetime – Flexible Pension RSE R1003864 ABN 83 953 436 008 SPIN BTA0135AU

- Units in the Investment Options will only be issued on receipt of this application, provided to you together with the current BT Lifetime – Flexible Pension product disclosure statement (PDS) (which includes any supplementary PDS). You must have read the PDS before completing the Application form.
- All words and phrases used in this Application form have the same meaning, if any, given to them in the PDS.

Complete this form using **black pen** – print in clear **CAPITAL LETTERS**

1. INVESTOR TYPE

Please indicate the type of investor you are:

- I am a new BT investor
 Proceed to Section 2
- I am an existing BT investor with a Contribution Fee Investment Option¹
- I am an existing BT investor with a Nil Contribution Fee Investment Option.¹
You may elect the Seamless Transfer option into the Plan or the Trigger Withdrawal Fee option. If the Seamless Transfer option is elected, no withdrawal fee is paid on transfer and the withdrawal fee period continues in the BT Lifetime – Flexible Pension. Alternatively you may trigger a withdrawal fee and your Adviser will select a new Contribution fee commission structure in the BT Lifetime – Flexible Pension.
- I wish to trigger a withdrawal fee; or
- I elect the Seamless Transfer option
- I am a reversionary beneficiary¹
Some parts of this form may not be applicable to you. Please refer to the 'Important information for reversionary beneficiaries' section in the PDS for further information.

¹Please specify your Investor number.

C

2. INVESTOR DETAILS

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (mandatory) (dd/mm/yyyy)

/ /

Gender

Male Female

Residential address

State

Postcode

Postal address – if different from above

State

Postcode

Daytime phone number

()

Mobile phone number

Email address*

* In the future, BT may elect to email correspondence to you

3. TAX FILE NUMBER

Contributions are unable to be accepted if you have not provided your Tax File Number (this does not include rollovers from taxed superannuation funds). Refer to the 'Understanding tax and your account based pension' section in the PDS, regarding providing your Tax File Number (TFN) to us. Claiming a TFN Exemption does not constitute providing your TFN.

Tax file number

To ensure income tax is not being deducted at a higher rate than it otherwise would, please make sure you also complete the **Tax File Number Declaration** form.

A separate Tax File Number Declaration form must be completed for each pension account set up.

I am not quoting a TFN as I am claiming an exemption

Continued on next page ▶▶



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4. NOMINATION OF BENEFICIARIES

Refer to 'Nominating your beneficiary' in the PDS for information on who you can nominate.

- I wish to make a non-binding death benefit nomination ▶ complete Section 4A only
- I wish to make a binding death benefit nomination ▶ complete Sections 4A and 4B only
- I wish to make an automatic reversion nomination ▶ complete Section 4C only

4A. Nominating your beneficiaries

You can nominate up to five beneficiaries, including your Legal Personal Representative. For more information on who you can nominate see the 'Nominating your beneficiary' section of the PDS.

If any beneficiary nominated is no longer your dependant or Legal Personal Representative at the date of death, they will not be entitled to receive a share of your benefit. You direct the Trustee to pay the share to the remaining nominees based on their proportional entitlement to your benefit.

Who would you like your benefit to be paid to in the event of your death?

Please use whole figures when specifying the '% of benefit'. Your total nomination must equal 100%.

	Full name of beneficiary	Date of birth	% of benefit	Residential address
1.		/ /	%	
2.		/ /	%	
3.		/ /	%	
4.		/ /	%	
And/or Legal Personal Representative (My estate)			%	
TOTAL			100 %	<i>Request will be INVALID if benefit allocation does not equal 100%.</i>

4B. Binding nomination

For definitions of non-binding and binding, please refer to the 'Nominating your beneficiary' section of the PDS

INVESTOR SIGNATURE

Before sending this form when making a binding nomination ensure:

- none of your beneficiaries have signed as a witness
- two witnesses have signed
- you and the witnesses sign and date the form at the same time

Signature of **Investor**

*Note: Binding nomination will be **INVALID** if investor and witnesses sign on different dates.*

Date

 / /

Must be same date as witness signature.

BINDING NOMINATION

Witnesses

I acknowledge that I am over 18 years of age, that I am not a nominee on this form and that the above notice was signed and dated by the investor in my presence.

TWO witnesses must sign to make a binding nomination

Note: your nominated beneficiaries cannot sign below

Signature of **Witness 1**

Full name of **Witness 1**

Date

 / /

Must be same date as investor signature.

Signature of **Witness 2**

Full name of **Witness 2**

Date

 / /

Must be same date as investor signature.

4C. Automatic reversion nomination

This means the benefit will be paid in pension form until the beneficiary commutes their pension. Your nomination is for the life of your pension. You cannot revoke or change this nomination. If you wish to alter your nomination, you will need to commute this pension and recommence a new pension. See the 'Nominating your beneficiary' section of the PDS for restrictions on who you can nominate.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>		Date of birth (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Given name(s) <input type="text"/>		Residential address <input type="text"/> <input type="text"/>			
Surname <input type="text"/>		<input type="text"/> <i>State</i> <input type="text"/> <i>Postcode</i>			

5. INVESTMENT AMOUNT(S)

Minimum Initial Investment is \$25,000.

5A ROLLOVERS

Please complete a separate 'Request To Transfer' form for each rollover being requested. **Note:** Your pension will not commence until all rollovers and/or transfers are received.

Please provide information on your rollovers below:

Rollover 1

Provider	
<input type="text"/>	
<input type="text"/>	
Member number	Amount (approximate)
<input type="text"/>	\$ <input type="text"/>

Rollover 2

Provider	
<input type="text"/>	
<input type="text"/>	
Member number	Amount (approximate)
<input type="text"/>	\$ <input type="text"/>

Rollover 3

Provider	
<input type="text"/>	
<input type="text"/>	
Member number	Amount (approximate)
<input type="text"/>	\$ <input type="text"/>

Rollover 4

Provider	
<input type="text"/>	
<input type="text"/>	
Member number	Amount (approximate)
<input type="text"/>	\$ <input type="text"/>

Rollover 5

Provider	
<input type="text"/>	
<input type="text"/>	
Member number	Amount (approximate)
<input type="text"/>	\$ <input type="text"/>

5B ADDITIONAL CONTRIBUTION DETAILS

Make cheques payable to: 'BTFG – RPP – <investor name>

Investment Amount(s)

Initial contributions (by cheque only)		
Personal contributions	\$	
Spouse contributions	\$	
Contributions relating to CGT small business concessions	\$	▶ attach ATO election form ¹
Directed termination payments	\$	▶ attach employer documentation ²
Contributions from certain personal injury settlements or orders	\$	▶ attach ATO election form ³

Condition 1 – Eligibility to Contribute

Please refer to the 'Getting started' section of the PDS for full details on the contribution rules.

If you are making personal/spouse contributions, please indicate under which category your contributions will be made?

- I am under age 65
- I am aged 65 – 74 with contributions other than employer contributions being made by me or on my behalf and I have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the current financial year (spouse contributions only to age 70)

Condition 2 – Access to Superannuation Benefits

To be eligible to invest in the BT Lifetime – Flexible Pension, you must have either:

- Superannuation benefits with unrestricted non-preserved components; or
- Superannuation benefits with a preserved or restricted component or you have made a contribution or received a spouse contribution and in all cases have met one of the following criteria:

Select one box only

- I am over age 55 and have ceased gainful employment, and do not intend ever again to become gainfully employed for 10 hours a week or more.
- I am aged 60 – 64 and ceased gainful employment with an employer on or after the age of 60.
- I am unlikely because of my ill health to ever again engage in gainful employment for which I am reasonably qualified by education, training or experience. The Trustee will need you to complete additional documents. Please contact Customer Relations on 132 135 for details.
- I am aged 65 or over
- I have a terminal medical condition

¹ ATO Capital gains tax cap election

² Directed termination payment statement

³ ATO Contributions for personal injury form

Continued on next page ▶▶

6. INVESTMENT CHOICE AND PAYMENT OPTIONS

How often would you like to receive your payments?
If you do not make a selection, the default is 'Annually' and paid in June

Monthly Quarterly (Mar, Jun, Sept, & Dec)
Annually Specify month payment is required

How much would you like to receive at each payment? If you do not make a selection, the default is 'the minimum'

Minimum allowed under Government rules
If you invest between 1 June to 30 June, you are not required to receive a payment until after 30 June. If this is applicable to you and you would like to receive a payment before June 30, please specify the amount you require.
\$

Specific amount per payment of: \$
Is the specified amount you've requested net or gross?
If you do not make a selection, the default is 'Gross'
Net (after tax) Gross (before tax)

Do you wish to automatically increase your payment amount in line with inflation (CPI) at 1 July each year?
If you do not make a selection, the default is 'No'

No Yes

Investment Choice and Payment Details

Specify how your funds are to be invested and how you would like to have your income paid. Initial investment will be invested in BT Cash Investment Option unless you nominate otherwise. Income payments will be prorated across your Investment Options in accordance with your initial investment allocation if no selection is made.

Investment Option	Investment Choice		Payment details		Office use only			
	\$ Amount OR	% Investment	\$ Amount OR	% Payment	Contribution fee		Nil contribution fee	
					Trust code	APIR codes	Trust code	APIR codes
Stable								
BT Cash	\$	%	\$	%	CS1	BTA0491AU	CS2	BTA0175AU
Conservative								
BT Multi-manager Conservative	\$	%	\$	%	CM1	BTA0227AU	CM2	BTA0233AU
BT Conservative Outlook	\$	%	\$	%	CO1	BTA0492AU	CO2	BTA0151AU
Macquarie Conservative	\$	%	\$	%	MC1	BTA0193AU	MC2	BTA0213AU
BT Australasian Bond	\$	%	\$	%	AB2	BTA0006AU	AB2	BTA0154AU
BT Global Bond	\$	%	\$	%	GB1	BTA0008AU	GB2	BTA0155AU
Moderate								
BT Multi-manager Balanced	\$	%	\$	%	BM1	BTA0228AU	BM2	BTA0234AU
BT Balanced Returns	\$	%	\$	%	BR1	BTA0493AU	BR2	BTA0150AU
BlackRock Balanced	\$	%	\$	%	MB1	BTA0194AU	MB2	BTA0214AU
BT Property Securities	\$	%	\$	%	PS1	BTA0010AU	PS2	BTA0156AU
Dynamic								
BT Multi-manager Growth	\$	%	\$	%	GM1	BTT0229AU	GM2	BTA0235AU
BT Future Goals	\$	%	\$	%	FG1	BTA0066AU	FG2	BTA0149AU
MLC Growth	\$	%	\$	%	MG1	BTA0195AU	MG2	BTA0215AU
BT Australian Share	\$	%	\$	%	AS1	BTA0007AU	AS2	BTA0152AU
Colonial First State Australian Shares	\$	%	\$	%	FS1	BTA0191AU	FS2	BTA0211AU
Aggressive								
BT International Share	\$	%	\$	%	IS1	BTA0009AU	IS2	BTA0153AU
Aberdeen Actively Hedged International Equities	\$	%	\$	%	CR1	BTA0192AU	CR2	BTA0212AU
Total Investment		100%		100%				

* Please use whole numbers only.

7. PAYMENT ACCOUNT DETAILS

Account into which all payments are deposited. Payments cannot be made to third parties. You can select any **Australian** bank, building society or credit union account in your name or a joint account of which you are one of the account holders.

Name of **Australian** financial institution

Branch name

BSB number

Account number

Account holders name(s)

8. ADVICE FEE DETAILS (TO BE COMPLETED BY BOTH INVESTOR AND ADVISER)

For the purposes of this section, **BT Classic Lifetime – Flexible Pension** is called a '**BT account**'.

This section sets out the arrangements between the Trustee, you (being the investor named in section 2) and your financial adviser named in section 8E (**financial adviser**).

Use this section if you have agreed with your financial adviser to have an advice fee deducted from your BT account.

How to complete this section:

- **complete section 8A or 8B or both** (depending on your agreement with your financial adviser).

You and your financial adviser must:

- **read** the terms and conditions in section 8C; and
- **sign and date** the declaration in sections 8D and 8E, respectively.

Information about the advice fee arrangement

An advice fee can be deducted as:

- a one-off fee payable to your financial adviser; and/or
- an ongoing fee payable to your financial adviser each month.

The maximum total amount of advice fees that can be deducted in a 12 month period* from your BT account is the lesser of \$5,000 or 2.5% of your account balance.

* The 12 month period is based on the 12 months up to and including the month for which the advice fee payment is to be deducted.

By entering into an advice fee arrangement you will be entitled to a fee rebate. The rebate amount represents a refund of the ongoing commission amounts included as part of the management costs which are reflected in the daily unit prices of your investment options. The rebate amount may vary depending on the fee structure applicable to your BT account, your investment options and who your financial adviser is. Your financial adviser will provide you with details of your rebate amount. The rebate will be credited as additional units proportionally to all your investment options in your BT account at the end of each month. Details of any advice fee and fee rebate that have been applied to your BT account will appear on your periodic statement for that period.

You must complete section 8A or 8B or both (depending on your agreement with your financial adviser).

8A. ONE-OFF ADVICE FEE

Please pay a one-off advice fee of:

\$

This amount is inclusive of GST and will be deducted once only from your BT account. It will be deducted proportionally across all of your investment options.

8B. ONGOING ADVICE FEE

Use this section to set-up an ongoing advice fee arrangement.

Please pay an ongoing advice fee of:

\$ per month **OR** : % per year

This amount is inclusive of GST and will be deducted proportionally from all your investment option(s) at the end of each month. This will start at the month end following the date your request is received and processed.

Number of monthly payments

(please specify up to a maximum of 24 payments)

If the number of monthly ongoing advice fee payments is left blank, payments will be deducted each month until 24 payments have been made or an advice fee cancellation form is received from you (or your financial adviser), whichever is earlier.

8C. READ THESE TERMS & CONDITIONS

- The Trustee and your financial adviser agree that if you request your financial adviser to provide you with advice for the advice fee (set out in sections 8A and/or 8B (as applicable):
 - your financial adviser will provide that advice in return for the payment by the Trustee of the advice fee;
 - the Trustee will pay the advice fee to your financial adviser and deduct that amount from your BT account.
- The advice and services related to the advice fee:
 - will be agreed between you and your financial adviser; and
 - must relate solely to your interest in your BT account.
- The ongoing advice fee payable (if set out in section 8B) will continue to be paid to your financial adviser's Dealer Group even if your financial adviser subsequently changes, as the Dealer Group will remain responsible for the ongoing advice until you decide to cancel this arrangement.
- The one-off advice fee (if set out in section 8A) will be charged once only and will be deducted proportionally from all your investment option(s) as at the date that your advice fee request is received.
- The ongoing advice fee (if set out in section 8B) will be deducted proportionally from all your investment option(s) at the date of processing at the end of each month.
- Your direction to the Trustee can be:
 - cancelled at any time by you or your financial adviser by completing an Advice Fee Cancellation form; or
 - amended at any time by completing a new Advice Fee form.

8D. INVESTOR DIRECTION AND SIGNATURE

To: The Trustee
My financial adviser

I:

- direct that the amount(s) specified in sections 8A and 8B (as applicable) be paid by the Trustee to my financial adviser and deducted from my BT account according to the Terms and Conditions set out in section 8C;
- acknowledge that my financial adviser has advised me of the services to be performed and the amount of the fee rebate to which I will be entitled by entering into this advice fee arrangement; and
- confirm that the amount to be deducted from my BT account and paid to my financial adviser relates solely to advice in relation to my interest in my BT account.

Signature of **Investor**

Date (dd/mm/yy)

**INVESTOR MUST SIGN AND DATE THIS SECTION
AND AFTER DECLARATION BELOW**

8E. ADVISER USE ONLY

Adviser First Name

Adviser Surname

Adviser number

A

Adviser Declaration and signature

To: The Trustee
The Investor (specified in section 2)

I:

- agree to the Terms and Conditions set out in section 8C;
- confirm that the advice and the services that I will provide to the investor will be solely in relation to the investor's BT account;
- declare that I have advised the investor of the services to be performed and the amount of the fee rebate to which they will be entitled by entering into this advice fee arrangement; and
- irrevocably direct the Trustee to rebate to the investor's BT account the ongoing commission amounts included in the management costs which are reflected in the daily unit prices of the investor's investment options (which will be credited as additional units proportionally to all the investment options in the investor's BT account at the end of each month).

If I am **not** a Westpac Financial Planner, I:

- declare that I am authorised to provide advice in relation to the investor's BT account under an Australian Financial Services Licence; and
- acknowledge that the advice fee payable in respect of the investor's BT account is governed by the Terms and Conditions of the Dealer Group Agreement, a copy of which I acknowledge I have received and read.

If I am a Westpac Financial Planner, I declare that:

- I am a representative of Westpac Banking Corporation (AFSL 233714); and
- I am authorised to provide advice in relation to the investor's BT account.

Signature of **Adviser**

Date (dd/mm/yy)

Adviser stamp (please use black ink only)

8E(i) Adviser contact details

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Daytime phone number

()

Office postcode

Email address

InvestmentLink ILCN (client no.)

ILGN group number

New Financial Adviser information

You need to provide the following to BT:

Authorised Representative

- Letter/fax from head agent confirming the AFSL number and that the Adviser is an Authorised Representative, and
- Copy of the written notice from the head agent authorising the Adviser to provide financial services on their behalf.

Head Agent

- Copy of AFSL issued by ASIC

9. INVESTOR DECLARATION AND SIGNATURE

The BT Lifetime – Flexible Pension PDS contains important information about investing in BT Lifetime – Flexible Pension. If you give this Application Form to another person you must, at the same time and by the same means, give them this PDS and any supplementary PDS. If you receive this PDS from the internet or other electronic means, we will send you on request a paper copy of the PDS and any supplementary PDS together with an Application Form, free of charge.

By signing this Application Form, you:

- Acknowledge that your rights in relation to BT Lifetime – Flexible Pension are governed by the terms of the Trust Deed of the Fund dated 28 December 1995 (as amended from time to time) and agree to be bound by such terms
- Acknowledge that you have read and understood all parts of the PDS for BT Lifetime – Flexible Pension and agree to, consent to, and acknowledge the terms and conditions intended to be binding on you in the PDS (including those set out in the 'Terms and conditions you agree' section)
- Acknowledge that none of Westpac Banking Corporation (ABN 33 007 457 141) or any of its related entities stands behind or otherwise guarantees the capital value or the investment performance of any Investment Option offered in the PDS or any related assets
- Acknowledge that investments in the Plan are not deposits or other liabilities of Westpac Banking Corporation or any other company in the Westpac Group of companies and that investments in the Plan are subject to investment risks, including possible delays in repayment and loss of income and principal invested
- Acknowledge that you have read the section titled 'Privacy' of this PDS and agree that the Trustee and any person who is at any time a member of the Westpac Group may collect, use, disclose, and handle my personal information in the manner set out in that section
- Declare that all the details given on this Application Form are true, correct and complete
- Acknowledge that the Corporations Act prohibits any person from passing on to another person the Application Form unless it is attached to or accompanied by the complete and unaltered PDS and any supplementary PDS
- Acknowledge that if you have received this PDS from the internet or other electronic means, you have received it personally, or a paper print out of it, accompanied by or attached to this Application Form
- You are eligible to invest into the BT Lifetime – Flexible Pension as you have met the conditions in the 'Getting started' section of the PDS and section 5 of this Application Form
- Acknowledge that if you provide your TFN, you have received and understood the 'Tax file number (TFN)' section of the PDS.
- Acknowledge that you have read an understood section 8 on the Application form (Advice Fee Details) and have completed this, if applicable

INVESTOR MUST SIGN AND DATE THIS FORM

! *If signing under a Power of Attorney (POA), you verify that at the time of signing, you have not received notice of revocation of that power. Please provide an originally certified copy of the POA including the appointed POA's signature. If the POA's signature is not included, please attach two originally certified copies of identification.*

Signature of **Investor**

Date (dd/mm/yy)

Signatory name (please print)

10. CHECKLIST

- Ensure that this Application Form is current and is completed and personally signed by the applicant
- Ensure that the Tax File Number Declaration Form has been completed and signed
- If rolling over from an external source, have you completed the separate Request to Transfer form and sent it to the paying institution?
- Attach any forms required if making a contribution (see section 5B)

Make cheques payable to: 'BTFG – RPP – <investor name>'

Please mail your completed application form, and TFN Declaration to:

- mail BT Lifetime – Flexible Pension
BT Financial Group
GPO Box 2675, Sydney NSW 2001

This page is left blank intentionally.



BT Lifetime – Flexible Pension Request to Transfer

BT Contact Centre © 132 135 (8am–6.30pm Mon-Fri, Sydney time)

BT Funds Management Limited ABN 63 002 916 458, AFSL 233724, RSE L0001090 is the trustee of BT Lifetime – Flexible Pension RSE R1003864, SPIN BTA0135AU

COMPLETING THIS FORM

- Check that the fund you are transferring your benefits TO can accept this transfer
- Read the important information page
- If you do not complete all of the fields, there may be a delay in processing your request
- Refer to instructions where indicated with a **i**
- This form can NOT be used to transfer part of the balance of your superannuation benefits

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to the **FROM** or **TO** fund specified in this form

PERSONAL DETAILS

Title

Mr Mrs Miss Ms Other

Family name

Given name(s)

Other/Previous names

Date of birth (dd/mm/yy)

Gender

Male Female

Contact phone number

()

Residential address

State Postcode

Previous address

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

Postcode

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

* See over for additional information

FUND DETAILS

FROM (Where your investment currently resides)

Fund name

Fund ABN

Fund address

Postcode

Fund contact phone number

()

Superannuation Product Identification Number (SPIN)

Member number

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

NOTE: If you have made a personal contribution to your account with this fund in the current or previous financial years and you have not completed a Personal Tax Deduction notice for those contributions, please contact the **FROM** fund named above for more information.

TO (Where you would like your investment to reside after the transfer)

Fund name

BT Lifetime – Flexible Pension

Fund ABN

83 953 436 008

Fund address

GPO Box 2675
Sydney NSW Postcode **2001**

Fund phone number

132 135

Member number

Superannuation Product Identification Number (SPIN)

SPIN – BTA 0135AU

Make cheques payable to 'BTFG – RPP – <investor name>'.

PROOF OF IDENTITY

See 'Completing proof of identity' below

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 signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees 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.
- 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.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred 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

IMPORTANT INFORMATION

COMPLETING THE REQUEST TO TRANSFER FORM

By completing this form, you will request the transfer of the **whole** balance of your superannuation benefits between funds.

This form can **not** be used to transfer part of the balance of your superannuation benefits.

This form will **not** change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

WHEN COMPLETING THIS FORM

- Print clearly in BLOCK LETTERS.

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your fund.

IMPORTANT INFORMATION

This transfer may close your account (you will need to check this with your **FROM** fund).

THIS FORM CAN NOT BE USED TO:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your **TO** fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

• Fees

Your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** fund may also charge entry or deposit fees on transfer.

Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.

• Death and disability benefits

Your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund 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 TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

TRANSFERS TO SELF MANAGED SUPERANNUATION FUNDS

You may use this form to transfer your benefits to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 and retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee, or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

COMPLETING PROOF OF IDENTITY

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

ACCEPTABLE DOCUMENTS

The following documents may be used.

EITHER

ONE OF THE FOLLOWING DOCUMENTS ONLY:

- driver's licence issued under State or Territory law
- passport.

OR

ONE OF THE FOLLOWING DOCUMENTS:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

ONE OF THE FOLLOWING DOCUMENTS:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory Government, or local council within the past 12 months that contains your name and residential address.
For example:
 - Tax Office Notice of Assessment
 - Rates notice from local council.

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

WHERE DO I SEND THE FORM?

You can send your completed and signed form with your certified proof of identify documents to either fund

MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at www.fido.asic.gov.au, or
- Australian Taxation Office website at www.ato.gov.au/super.

For more information about this form, phone the Australian Taxation Office on **13 10 20**.

This page is left blank intentionally.

Tax file number declaration

The information you provide in this declaration will enable your payer to work out how much tax to withhold from payments made to you.

⊖ Do not use this form if you are a beneficiary wanting to provide your tax file number to the trustee of a **closely held trust**. For more information visit www.ato.gov.au/trustsandtfnwithholding

ⓘ You must provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

ⓘ TERMS WE USE

- **payer** – we are referring to the business or individual making payments under the pay as you go (PAYG) withholding system.
- **payee** – we are referring to the individual being paid.

WHEN SHOULD YOU USE THIS FORM?

You should complete this form before you start to receive payments from a new payer. For example, when you receive:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes
- payments under labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

The information you provide on this form is used to determine the amount of tax to be withheld from payments made to you. For example, whether you:

- claim the tax-free threshold
- are an Australian resident for tax purposes
- have a Higher Education Loan Program (HELP) debt
- have a Financial Supplement debt.

ⓘ You do not need to complete this form if you have reached age 60 and commenced a superannuation benefit that does not include an untaxed element for that benefit.

WHERE CAN YOU FIND YOUR TFN?

You will find your tax file number (TFN) on:

- your income tax notice of assessment
- certain correspondence sent to you by the Australian Taxation Office (ATO)
- a payment summary issued to you by your payer.

If you have a registered tax agent, they may also be able to tell you your TFN.

- ⓘ If you still can't find your TFN you can:
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday
 - visit your nearest ATO shopfront (phone **13 28 61** to make an appointment).

If you phone or visit us we need to know we are talking to the right person before we can discuss your tax affairs. We will ask for details only you, or someone you have authorised would know. An authorised contact is someone who you have previously told us can act on your behalf.

DO YOU NEED TO APPLY FOR A TFN?

If you don't have a TFN and want to provide a TFN to your payer you will need to complete and lodge a TFN application form. There are a range of forms available depending on your circumstances.

For more information see page 4.



Australian Government
Australian Taxation Office

OTHER FORMS YOU MAY NEED TO COMPLETE

You may need to complete the following forms:

- **Withholding declaration** (NAT 3093) if:
 - you want to claim entitlement to the senior Australians tax offset (question 9) or other tax offsets (question 10)
 - you want to advise your payer to adjust the amount withheld from payments made to you
 - you want to change information you previously provided in a *Tax file number declaration* (NAT 3092). For example:
 - advise your payer that you have become, or ceased to be, an Australian resident for tax purposes
 - claim, or discontinue claiming, the tax-free threshold
 - advise your payer of, or make changes to, your HELP or Financial Supplement repayment obligations
 - increase the rate or amount to be withheld
 - claim or vary your entitlement to zone, overseas forces, dependent spouse, special tax offset or senior Australians tax offset
- **Medicare levy variation declaration** (NAT 0929) if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments (see 'More information' on page 4)
- **Flood levy exemption declaration** (NAT 73797) if you are entitled to claim an exemption from paying the temporary flood and cyclone reconstruction levy (flood levy) applying to income for the 2011–12 year only (see 'More information' on page 4).

➡ For more information on the temporary flood and cyclone reconstruction levy visit www.ato.gov.au/floodlevy. The flood levy will only apply from 1 July 2011 to 30 June 2012.

SECTION A: TO BE COMPLETED BY THE PAYEE

Question 1

What is your tax file number (TFN)?

This question asks you to quote your TFN. If you need to find your TFN, refer to 'Where can you find your TFN?' on page 1.

⊘ Your payer and the ATO are authorised by the *Taxation Administration Act 1953* to collect your TFN on this form. It is not an offence not to quote your TFN. However, your payer is required to withhold the top rate of tax plus the Medicare levy (or the top rate of tax if you are not an Australian resident for tax purposes) from all payments made to you if you do not provide your payer with a completed *Tax file number declaration* (NAT 3092) which quotes your TFN or claims an exemption from quoting your TFN.

You may claim an exemption from quoting your TFN.

Print in the appropriate box if you:

- have lodged a TFN application or enquiry form for individuals or made a phone or ATO shopfront enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer who must withhold at the standard rate during this time. After 28 days, if you have not given your TFN to your payer, they will withhold the top rate of tax plus the Medicare levy (or the top rate of tax if you are not an Australian resident for tax purposes) from future payments
- are claiming an exemption from quoting a TFN because you are:
 - under 18 years of age and do not earn enough to pay tax
 - an applicant or recipient of certain pensions, benefits or allowances from:
 - Centrelink – however you will need to quote your TFN if you receive Austudy, Newstart, sickness or parenting allowance
 - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
 - the Military Rehabilitation and Compensation Commission.

Provision of your TFN to your superannuation fund

Your payer must quote your TFN to the superannuation fund to which contributions are being made on your behalf. If your superannuation fund does not have your TFN, we can provide it to them. After this is done:

- your superannuation fund can accept all types of contributions to your account (or accounts)
- additional tax will not be imposed on contributions as a result of failing to provide your TFN to your superannuation fund

- there will be no additional tax to be deducted when you start drawing down your superannuation benefits, other than the tax that may ordinarily apply
- you can trace different superannuation accounts in your name so that you receive all your superannuation when you retire.

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for purposes of the superannuation laws. The trustee of your superannuation fund may disclose your TFN to another superannuation provider if your benefits are being transferred. You may write to the trustee of your superannuation fund and ask them not to disclose your TFN to any other trustee.

For more information about privacy, see 'Privacy of information' on page 4.

Question 6

On what basis are you paid?

Check with your payer if you are not sure.

Question 7

Are you an Australian resident for tax purposes?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- have been in Australia continuously for six months or more and for most of that time you worked in the one job and lived in the same place
- will be or have been in Australia for more than half of the financial year (unless your usual home is overseas and you do not intend to live in Australia).

If you go overseas temporarily and do not set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

The criteria we use to determine residency are not the same as used by the Department of Immigration and Citizenship or Centrelink.

⚠ FOREIGN RESIDENT TAX RATES ARE DIFFERENT

A higher rate of tax applies to foreign residents' taxable income and foreign residents are not entitled to a tax-free threshold.

You are not entitled to claim the tax-free threshold and tax offsets if you are not an Australian resident for tax purposes. However, there is an exception with zone or overseas forces tax offsets – see question 10.

➡ For more information on your entitlement:

- visit www.ato.gov.au/declarationguide
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

Answer 'NO' to this question if you are not an Australian resident for tax purposes. You must also answer 'NO' at questions 8, 9 and 10 (unless you are a foreign resident claiming a senior Australians, zone or overseas forces tax offset).

Question 8

Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each year that is not taxed. It is available only to people who are Australian residents for tax purposes (that is, people who answered 'YES' at question 7).

⚠ DO YOU HAVE MORE THAN ONE JOB OR PAYER?

You can claim the tax-free threshold from only one payer at a time, generally, from the payer you expect to pay you the most during the income year. To change the payer you are currently claiming the tax-free threshold from, you must complete a *Withholding declaration* (NAT 3093) to advise the payer you no longer want to claim it from them. If you are already claiming the tax-free threshold from Centrelink you cannot also claim it from another payer.

Answer 'YES' if you:

- are an Australian resident for tax purposes
- are not currently claiming the tax-free threshold from another payer
- want to claim the tax-free threshold.

! WITHHOLDING FOR LOW INCOME TAX OFFSET

If you answer 'YES' your payer will reduce your withholding to allow a claim for 70% of the low income tax offset amount where your payment is at the relevant level.

Answer 'NO' if you either:

- answered 'NO' to question 7
- have claimed the tax-free threshold from another payer, or
- do not wish to claim the tax-free threshold.

➤ For more information on your entitlement, which payer you should claim it from, or how to vary your withholding rate:

- visit www.ato.gov.au/declarationguide
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

Question 9

Do you want to claim the senior Australians tax offset by reducing the amount withheld from payments made to you?

! CLAIM BENEFITS AND TAX OFFSETS WITH ONLY ONE PAYER

You are not entitled to reduce your withholding amounts, or claim the senior Australians tax offset with more than one payer at the same time.

If you receive income from more than one source and need help with this question, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.

How your income affects the amount of your tax offset

You must meet the eligibility conditions to receive the senior Australians tax offset. Your rebate income, not your taxable income, determines the amount, if any, of senior Australians tax offset you will receive.

Answer 'YES' if you are eligible and choose to receive the senior Australians tax offset. You can reduce the amount withheld from payments made to you during the year by completing a *Withholding declaration* (NAT 3093). If your payer does not have copies of the form, see 'More information, Products' on page 4.

Answer 'NO' if you are either:

- not eligible for the senior Australians tax offset
- already claiming the senior Australians tax offset with another payer, or
- eligible but want to claim your entitlement to the tax offset as a lump sum in your end-of-year income tax assessment.

➤ For more information on your eligibility to claim the tax offset or rebate income:

- visit www.ato.gov.au/declarationguide
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

Question 10

Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?

! CLAIM TAX OFFSETS WITH ONLY ONE PAYER

You are not entitled to claim tax offsets with more than one payer at the same time.

You may be eligible for:

- a zone tax offset if you live or work in certain remote or isolated areas of Australia
- an overseas forces tax offset if you serve overseas as a member of Australia's Defence Force or a United Nations armed force

- a dependent spouse tax offset
- a special tax offset for a dependent invalid relative, dependent parent, housekeeper caring for an invalid spouse or a dependent child-housekeeper.

Answer 'YES' to this question if you are eligible and choose to receive tax offsets by reducing the amount withheld from payments made to you from this payer. You also need to complete a *Withholding declaration* (NAT 3093).

Answer 'NO' to this question if you are not eligible for the tax offsets, choose to receive any of these tax offsets as an end-of-year lump sum through the tax system, or are already claiming the offset from another payer.

! FOREIGN RESIDENT

If you are not a resident of Australia for tax purposes, you are not entitled to claim a dependent spouse tax offset or a special tax offset. You may be entitled to claim the zone or overseas forces tax offset.

➤ For more information on your entitlement:

- visit www.ato.gov.au/declarationguide
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

Question 11

(a) Do you have an accumulated Higher Education Loan Program (HELP) debt?

Answer 'YES' if you have an accumulated HELP debt.

Answer 'NO' if you do not have an accumulated HELP debt, or you have repaid your HELP debt in full.

! You have a HELP debt if:

- the Australian Government lends you money under HECS-HELP, FEE-HELP, OS-HELP or VET FEE-HELP
- you have a debt from the previous Higher Education Contribution Scheme (HECS).

➤ For information on repaying your HELP debt:

- visit www.ato.gov.au/declarationguide
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

(b) Do you have an accumulated Financial Supplement debt?

Answer 'YES' if you have an accumulated Financial Supplement debt.

Answer 'NO' if you do not have an accumulated Financial Supplement debt, or you have repaid your Financial Supplement debt in full.

➤ For information on repaying your Financial Supplement debt:

- visit www.ato.gov.au/declarationguide
- phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

Have you repaid this debt?

When you have repaid your accumulated HELP or Financial Supplement debt, you must complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

! SIGN AND DATE THE DECLARATION

Make sure you have answered all the questions in Section A and signed and dated the declaration. Give your completed declaration to your payer.

SECTION B: TO BE COMPLETED BY THE PAYER

! Important information for payers. See the reverse side of the PAYER'S copy of the form.

➤ MORE INFORMATION

Internet

- Visit www.ato.gov.au/declarationguide for more information about residency, tax-free threshold, HELP, Financial Supplement debt or your entitlement to claim tax offsets.
- If you are a permanent migrant or temporary visitor to Australia apply for a TFN online at www.iar.ato.gov.au
- Visit www.abr.gov.au to apply for an Australian business number (ABN) online for sole traders, companies, partnerships, trusts and superannuation funds.
- Visit www.ato.gov.au/floodlevy for more information on the temporary flood and cyclone reconstruction levy.

Phone

- Payee – for more information phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users, phone **13 36 77** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 7799**)
- Speak and Listen (speech-to-speech relay) users, phone **1300 555 727** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 8000**)
- internet relay users, connect to the NRS on www.relayservice.com.au and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email helpdesk@relayservice.com.au

If you phone we need to know we are talking to the right person before we can discuss your tax affairs. We will ask for details only you, or someone you have authorised, would know. An authorised contact is someone who you have previously told us can act on your behalf.

Products

We produce a number of products that may be useful to you.

You can get the following forms and publications from ATO shopfronts or our website at www.ato.gov.au/onlineordering or by phoning **1300 720 092**:

- *Withholding declaration* (NAT 3093)
- *Medicare levy variation declaration* (NAT 0929)
- *Withholding declaration – upwards variation* (NAT 5367)
- *Flood levy exemption declaration* (NAT 73797)
- *Repaying your HELP debt* (NAT 3913)
- *Tax file number – application or enquiry for individuals* (NAT 1432)
- *Tax file number – application or enquiry for individuals living outside Australia* (NAT 2628)
- *Tax file number – application or enquiry for Aboriginals or Torres Strait Islanders* (NAT 1589)

OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at www.ato.gov.au or contact us.

This publication was current at **July 2011**.

PRIVACY OF INFORMATION

We are authorised by the *Income Tax Assessment Act 1936* to ask for information on this declaration. We need this information to help us administer those laws.

Where we are authorised by law to do so, we may give this information to other government agencies. These agencies could include Centrelink, Australian Federal Police, Child Support Agency, Departments of Families, Housing, Community Services and Indigenous Affairs, Veterans' Affairs, and Education, Employment and Workplace Relations.

Only certain people and organisations can ask for your TFN. These include employers, some Australian Government agencies, including Child Support Agency, trustees for superannuation funds, payers under the PAYG system, higher education and vocational education and training (VET) providers and investment bodies such as banks. We are authorised by the *Taxation Administration Act 1953* to collect your TFN. You are not required by law to provide your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld.

If you need more information about how the tax laws protect your personal information, or have any concerns about how the ATO has handled your personal information, phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

WHAT TO DO IF YOU ARE CONCERNED ABOUT PRIVACY ISSUES

If you have privacy concerns visit the Privacy Commissioner's website at www.privacy.gov.au



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the Instructions before you complete this declaration.

www.ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

TFN input boxes

See Privacy of information on page 4 of the Instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Name input boxes: Surname, First given name, Other given names

3 If you have changed your name since you last dealt with the ATO, show your previous family name

Previous family name input boxes

4 What is your date of birth? Day Month Year

Date of birth input boxes

5 What is your home address in Australia?

Home address input boxes: Suburb or town, State/territory, Postcode

6 On what basis are you paid? (Select only one.)

Employment basis selection boxes: Full-time, Part-time, Labour hire, Superannuation income stream, Casual

7 Are you an Australian resident for tax purposes? Yes No

8 Do you want to claim the tax-free threshold from this payer?

Claim tax-free threshold selection box

If you have more than one source of income and currently claim the tax-free threshold from another payer, do not claim it now.

9 Do you want to claim the senior Australians tax offset by reducing the amount withheld from payments made to you?

Senior Australians tax offset selection box

10 Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?

Special tax offset selection box

11 (a) Do you have an accumulated Higher Education Loan Program (HELP) debt?

HELP debt selection box

(b) Do you have an accumulated Financial Supplement debt?

Financial Supplement debt selection box

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature and Date input boxes

There are penalties for deliberately making a false or misleading statement.

Once Section A is completed and signed, give it to your payer.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or your withholding payer number? Branch number (if applicable)

ABN and Branch number input boxes

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

Applied for one selection box

3 What is your registered business name or trading name (or your individual name if not in business)?

Business name input boxes

4 What is your business address?

Business address input boxes: Suburb or town, State/territory, Postcode

5 Who is your contact person?

Contact person input boxes and Business phone number

6 If you no longer make payments to this payee, print X in this box

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature and Date input boxes

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to: For WA, SA, NT, VIC or TAS; For NSW, QLD or ACT

IMPORTANT See reverse side of PAYER's copy for: payer obligations, lodging online.

TAXPAYER-IN-CONFIDENCE (when completed)

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Tax file number declaration

This declaration is NOT an application for a tax file number.
■ Use a black or blue pen and print clearly in BLOCK LETTERS.
■ Print X in the appropriate boxes.
■ Read all the Instructions before you complete this declaration.

www.ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

See Privacy of information on page 4 of the Instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the ATO, show your previous family name

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb or town

State/territory Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation income stream Casual employment

7 Are you an Australian resident for tax purposes? Yes No You must answer No at question 8.

8 Do you want to claim the tax-free threshold from this payer?
Only claim the tax-free threshold from one payer.

If you have more than one source of income and currently claim the tax-free threshold from another payer, do not claim it now.
Yes No Answer No at questions 9 and 10 unless you are a foreign resident claiming a senior Australians, zone or overseas forces tax offset.

9 Do you want to claim the senior Australians tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the Instructions. No

10 Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration (NAT 3093). No

11 (a) Do you have an accumulated Higher Education Loan Program (HELP) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. No

(b) Do you have an accumulated Financial Supplement debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once Section A is completed and signed, give it to your payer.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or your withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?
Yes No See 'More information' on page 4 of the Instructions.

3 What is your registered business name or trading name (or your individual name if not in business)?
B T F U N D S M A N A G E M E N T
N O . 2 L I M I T E D

4 What is your business address?

Suburb or town
State/territory Postcode

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
For WA, SA, NT, VIC or TAS Australian Taxation Office PO Box 795 ALBURY NSW 2640
For NSW, QLD or ACT Australian Taxation Office PO Box 9004 PENRITH NSW 2740
IMPORTANT See reverse side of PAYER's copy for:
■ payer obligations
■ lodging online.

TAXPAYER-IN-CONFIDENCE (when completed)

PAYER INFORMATION

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

⊖ IS YOUR EMPLOYEE ENTITLED TO WORK IN AUSTRALIA?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Immigration and Citizenship website at www.immi.gov.au

PAYER OBLIGATIONS

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with Section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables published by the ATO. If the payee gives you another declaration, it overrides any previous declarations.

HAS YOUR PAYEE ADVISED YOU THAT THEY HAVE APPLIED FOR A TFN, OR ENQUIRED ABOUT THEIR EXISTING TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax plus the Medicare levy from future payments, unless we tell you not to.

IF YOUR PAYEE HAS NOT GIVEN YOU A COMPLETED FORM YOU MUST:

- notify the ATO within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax plus the Medicare levy (or the top rate of tax if they are not an Australian resident for tax purposes) from any payment to that payee.

LODGING THE FORM

You need to lodge TFN declarations with the ATO within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). You need to retain the payer's copy for your records. For information on storage and disposal see below.

You may lodge the information:

- online – lodge your TFN declaration reports using software that complies with ATO specifications. There is no need to complete Section B of each form as the payer information is supplied by your software.
- by paper – complete Section B and send the original to the ATO within 14 days.

➔ For more information about lodging your TFN declaration report online, visit www.ato.gov.au/lodgetfndeclaration

PROVISION OF PAYEE'S TFN TO THE PAYEE'S SUPERANNUATION FUND

If you make a superannuation contribution for your payee, you need to give your payee's TFN to their superannuation fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

STORING AND DISPOSING OF TFN DECLARATIONS

Under the TFN guidelines in the *Privacy Act 1988*, you must use secure methods when storing and disposing of TFN information. You may store electronic files of scanned forms as an alternative to storing paper forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- leaves your employment, you must retain a copy of the last completed form for the current and following financial year.

⊖ PENALTIES

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep the payer copy of completed TFN declarations for your records
- provide the payee's TFN to their superannuation fund where the payee quoted their TFN to you.