

Perpetual WealthFocus Super and Pension Plan

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458 Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

Transfer authority

1. Applicant details

You must complete a se	eparate	Transf	er author	rity for ea	ach fund y	ou are transferr	ring from.			
title	Mr	Mrs	Miss	Ms	Other		date of bir	th /	/	
first name(s)										
last name	Щ	Ц	Щ		44					
tax file number ¹		Ш								
	1 You	are not of	oligated by	law to dis	close your T	FN, but there may	be tax consequer	nces it you do r	not provide it.	
gender	m	ale	fema	le						
phone (after hours)	щ	Н	44	44	щ.	phone (busin	ness hours)	щ.	щ	
phone (mobile)										
residential address										
suburb							state	p	ostcode	
country		Ш								
	If the	address	held by	your 'FF	OM' fund	is different to y	our current ad	ldress, pleas	e give detail	ls below.
previous address										
suburb							state	p	ostcode	
country										
email address	Ш	Ш	Ш	Ш	ш		шШ			
2. Fund details	;									

FROM			то												
fund name			fund name	Perpetual WealthFocus Superannuation Fund											
fund address			fund phone number client number (if known)	1	8	0	0	C) 2	2 2	2	0	3	3	
fund phone number			account number (if known)												
membership or account number			Australian business number (ABN)	4	1	7	7	2	0	0	7	5	0	0	
Australian business number (ABN)			Unique superannuation identifier	1		Р	Е	R	0	0	6	8	Α	U	
Unique superannuation identifier						Р	Е	R	0	4	0	3	Α	U	
Transfer amount															
If you have multiple accou	unt numbers with this fur	nd, you must co	omplete a separate forn	n for	each	aco	cour	nt yo	ou w	/ish	to t	rans	fer.		
I authorise the transfer of	the total value or	partial value	\$ o	f my	bene	efit i	n the	e ab	ove	sup	oera	ınnu	atior	1	

Equity Trustees Superannuation Limited, Perpetual WealthFocus Super Plan and Pension Plan, GPO Box 4171, Sydney NSW 2001.

3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- 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
- · consent to my tax file number being disclosed for the purposes of consolidating my account
- 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.

first name(s)	I	Ι	I	I	Ι	Ι	Ι	Ι	I	I	Ι	I	L				I	Ι	Ι	Ι	Ι	
last name																						
signature														d	ate		/	Ī	/		Ī	T



Perpetual WealthFocus Super and Pension Plan

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458 Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

Transfer authority to your self managed super fund

1. Applicant details

You must complete a separate Transfer authority for each fund you are transferring from.

Note: if you intend to claim a tax deduction for personal superannuation contributions made during the relevant financial year you must provide us with notice of your intention to claim a deduction before you lodge a transfer authority to your self managed super fund.

title	Mr	Mı	rs	Miss	Ms	othe	r				d	ate (of bi	rth	I	/			/	I		
first name(s)																						
last name	Ц	Ц	4	Ш	Щ	щ	Ļ	Ц	Ц	4				Ц		_	Ц	Ц	Ц	Ц	Ц	
other/previous names	Ц	Щ	Ų.	Щ	Щ	Щ																
tax file number ¹		Щ		Ш		Щ																
email address																						
	1 Y	ou are n	ot ob	ligated b	y law to d	isclose yo	our TFI	N, but t	here r	nay b	e tax	cons	eque	nces	if you	do r	not pr	ovide	it.			
gender	Н	male	Ļ	fem	ale															P		
phone (after hours)	Ц	Щ	4	Щ	_	Щ	W	pho	ne (b	usine	ess h	ours	s)	Ц		Ц	Ц	Ц		Ц	L	Ļ
residential address																						
suburb											st	ate				р	ostc	ode				
	If th	e add	ress	held by	y your 'F	ROM' f	und is	diffe	rent	to yo	our c	urre	nt a	ddre	ss, p	leas	e giv	/e de	etails	s belo	ow.	
previous address	Ш	щ	4	44	щ	щ	╄	Ш	Ц	4				Ц					Ш	Ц	Ш	L
suburb											st	ate				р	ostc	ode				

2. Fund details

FROM												то
					ealt tion			6				
fund name												SMSF name
client number (if known)												fund phone number
account number (if known)												Australian business number (ABN)
Australian business number (ABN)	4	1	7	7	2	0	0	7	5	0	0	Electronic Service Number
Unique superannuation	n						_					SMSF bank account details
identifier			Р	Е	R	0	0	6	8	Α	U	
			Р	Ε	R	0	4	0	3	Α	U	SMSF Account name
Superannuation												
product identification												SMSF BSB –
number (SPIN)												SMSF Account number
Transfer amount												
If you have multiple ad	cco	unt	nun	nber	s wi	th th	nis f	und,	, yoı	ı mı	ıst c	omplete a separate form for each account you wish to transfer.
I authorise the transfer of the total value or partial va							or		na	valı	of my benefit in the above superannuation	
fund or policy to the SMSF named above.										vaic	or my benefit in the above superdiffication	

3. Authorisation

By signing this request form I:

- declare I have fully read this form and the information completed is true and correct
- 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
- · consent to my tax file number being disclosed for the purposes of consolidating my account
- confirm that I am a member, trustee or director of a corporate trustee of the SMSF
- 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.

first name(s)	Т	Г	Г	Γ	Γ	Ι	Ε	Г	Г	Г					Г	Γ	Γ	Г		
last name																				
signature												6	late	٦	/	Г	/	T	T	Г



Perpetual WealthFocus Super and Pension Plan

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE L0001458 Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

Compliance Letter

This letter can be provided to the fund you are rolling over from in order to confirm that Perpetual WealthFocus Super Plan/Wholesale Super Plan and Perpetual WealthFocus Pension/Wholesale Pension Plan is part of a complying fund.

Level 18, Angel Place 123 Pitt Street GPO Box 4171 Sydney NSW 2001 Australia

Client Services
Telephone 1800 011 022

To Whom It May Concern,

Perpetual WealthFocus Superannuation Fund (Perpetual WealthFocus Super Plan and Pension Plan

RSE Registration No. R1057010

Australian Business Number (ABN): 41 772 007 500

Superannuation Product Identification Number (SPIN): PER0068AU (Super Plan)

Superannuation Product Identification Number (SPIN): PER0403AU (Account Based Pension)

Perpetual WealthFocus Superannuation Fund (the Fund) is a complying superannuation fund constituted under a trust deed dated 26 May 1995 (as amended) (Trust Deed). The Trustee of the Fund is Equity Trustees Superannuation Limited.

The Trust Deed complies with the preservation and portability standards currently imposed on complying superannuation funds under the Superannuation Industry (Supervision) Act 1993 (Cth) and Regulations.

Yours faithfully

as Trustee for Perpetual WealthFocus Superannuation Fund Equity Trustees Superannuation Limited