

Superannuation benefit transfer request Guaranteed Annuities Lifestream Guaranteed Income via Colonial First State FirstChoice

Important information

- This form must be mailed to: Colonial First State, Reply Paid 27, Sydney NSW 2001
- Contact phone number: 13 13 36 between 8:30 am and 6 pm (AEST/AEDT), Monday to Friday, excluding public holidays.
- ePost details (financial adviser use only) Scan and email forms via e-Post through FirstNet Adviser.

Please note

- Use this form to request another institution to transfer money from your super to a Lifestream Guaranteed Income annuity.
- Use black or blue pen and capital letters.
- You should contact your other super fund/s to find out if there are any fees, charges or other consequences for transferring your super out of that fund, such as losing any insurance cover. Please note, legislation limits the amount of superannuation monies that can be used to invest in a Lifestream Guaranteed Income annuity. We recommend you speak to a financial adviser or Tax Adviser before making a decision to transfer your benefit/s.

Section 1 – Personal details (all fie	lds must be co	ompleted)		
Title Mr Mrs Miss Ms Given name(s) Residential address	Other	Policy nul	mber	
Postal address	State	Postcode	Country	
	State	Postcode	Country	
Mobile number	Alternate	phone number		Date of birth (dd/mm/yyyy)
Email address Tay File Number (TENIX				Gender Male Female
Tax File Number (TFN) [^]				

[^] You are not obliged to disclose your TFN, but there may be tax consequences.

Section 2 - Fund details

Please note: If you have more than two super accounts to transfer from you will need multiple copies of this form.

Fund name				
runa name				
Fund address				
	State	Postcode	Country	
Membership or Account number	Australian busines	ss number (ABN)	Unique Superannuation Identifier (USI)	
То:				
Resolution Life Australasia Limited				
ABN		Unique Supera	nnuation Identifier (USI)	
84 079 300 379		84 079 300 37	84 079 300 379 014	
If relevant make cheques payable to	Posolution Life Austr	rologia Limitad		
Please note: If you have more than to	two super accounts to t	transfer from you will i	need multiple copies of this form.	
Please note: If you have more than to	two super accounts to t	transfer from you will ı	need multiple copies of this form.	
	two super accounts to	transfer from you will ı	need multiple copies of this form.	
From:	two super accounts to	transfer from you will ı	need multiple copies of this form.	
	two super accounts to	transfer from you will ı	need multiple copies of this form.	
From: Fund name	two super accounts to	transfer from you will ı	need multiple copies of this form.	
From:	two super accounts to	transfer from you will ı	need multiple copies of this form.	
From: Fund name	two super accounts to t	transfer from you will n	need multiple copies of this form. Country	
From: Fund name		Postcode		
From: Fund name Fund address	State	Postcode	Country	
From: Fund name Fund address	State	Postcode	Country	
From: Fund name Fund address Membership or Account number	State	Postcode	Country	
From: Fund name Fund address Membership or Account number To:	State	Postcode ss number (ABN)	Country	
From: Fund name Fund address Membership or Account number To: Resolution Life Australasia Limited	State	Postcode ss number (ABN)	Country Unique Superannuation Identifier (USI)	

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Section 3 - Declaration and acknowledgment

By signing this form I declare as follows:

- 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 fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I consent to my tax file number being disclosed for the purposes of commencing my account.
- I discharge the superannuation provider of my Australian super fund of all further liabilities in respect of the benefits paid and transferred to Resolution Life.
- 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	
Member's signature	Date (dd/mm/yyyy)
X	

Section 4 - Proof of identity

No identification is required for rollovers where your Tax File Number (TFN) is validated via the ATO SuperTic service. If your TFN can't be validated, no identification will be required, so long as your name, date of birth and address details provided on your request corresponds with the other funds and our records. If there is a discrepancy in your name, date of birth or address, we, or the other fund, may request that you provide further proof of your identity.

What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of the Guaranteed Annuities Lifestream Guaranteed Income annuity product. Colonial First State Investments Limited ABN 98 002 348 352, AFSL No. 232468 (CFSIL) provides platform administration services to Resolution Life in respect of this product, which is offered via the Colonial First State FirstChoice platform. The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Any guarantee offered in this product is only provided by Resolution Life. CFSIL can be contacted via contactus@cfs.com.au or by calling 13 13 36.

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