



**FREE TO  
SET UP!**

# PLUS SUPER

EXPERT MONEY ADVISERS

**SPECIALISING IN HELPING VISA HOLDERS  
GET STRONG SUPER RETURNS**

## Asgard

### ASGARD INFINITY EWRAP SUPER ACCOUNT APPLICATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Store: \_\_\_\_\_

Staff: \_\_\_\_\_



**Joining is easy, just fill in your  
details where you see this symbol  
and leave the rest blank. Our Agents  
will take care of the rest!**

AAA Plus Super Pty Ltd is a  
corporate authorised representative  
(No. 463544) of Synchronised Business  
Services Pty Ltd trading as Sychron  
Group (AFS License No. 243313).



**FIRST**

Fill out this  
short form



**NEXT**

Attach a copy of your  
passport ID (or 2 other pieces  
of government photo ID)



**FINALLY**

Tell all current and future  
employers to pay your  
super into this account!

**EMAIL [info@aaaplussuper.com.au](mailto:info@aaaplussuper.com.au)**

**PHONE (02) 8021 7848**



## eWRAP Super/Pension Transfer authority

# Asgard

Use this form when you wish to transfer benefits from another superannuation fund into your Asgard Infinity eWRAP Super/Pension Account. Please complete this transfer authority in BLOCK LETTERS and post it, along with the Certificate of Compliance, to Asgard, PO Box 7241, Cloisters Square WA 6850.

**Important information:**

- In this form, a reference to your 'FROM fund' means the superannuation fund you are transferring benefits from.
- Before completing this form, we recommend you ensure that you have adequate insurance arrangements in place before you cancel any existing insurance cover you may have with your FROM fund.
- If you want to transfer benefits from more than one FROM fund, please use a separate form for each FROM fund. Original signature is required on each form.
- You do not need to complete this form if you are transferring your benefits from another Asgard Super/Pension account.
- Please contact your FROM fund provider to confirm if they have any additional requirements before they can action this transfer authority.
- If you do not supply all the required information to process your request, please be aware this may delay the actioning of your request with your FROM fund.
- Privacy laws protect your privacy. Please read our privacy brochure for more information. A copy can be obtained from our website, [www.asgard.com.au](http://www.asgard.com.au)
- The completed and signed Transfer Authority needs to be returned to Asgard.

**Questions?** Call the Contact Centre on 1800 731 812 or email [ewrap@asgard.com.au](mailto:ewrap@asgard.com.au)

**1. Asgard account details -Please complete this section if you currently have as Asgard super fund, otherwise leave it blank.**

Please indicate below the Asgard account that will receive the transfer of super benefits:

**Asgard account number (if known):**

-  =

**Account name:**

[illegible]

**Account type:**

☐ Asgard Infinity eWRAP Super Account      ☐ Asgard Infinity eWRAP Pension Account

## 2. Your personal details (Mandatory)

Title Surname

[illegible]

Given names

[illegible]

Residential address

[illegible]

State    Postcode

Postal address (if different from residential address)

[illegible]

State    Postcode

Previous address

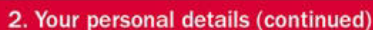
N / A

State    Postcode

Tax file number (TFN)

$$\square\square\square - \square\square\square - \square\square\square$$

Note: Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

☐ Male    ☐ Female

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☐ ☐    ☐ ☐ ☐ ☐    ☐ ☐ ☐ ☐

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[illegible]

**Note:** If your personal details have changed, you may need to contact your FROM Fund and update their records before they action this authority.

**Adviser / Office use only**

### 3. Transfer details (Mandatory)

## Part A — FROM (Transferring fund)

I request that the benefits held in the superannuation fund as detailed below be transferred to my account specified in section 1:

[illegible][illegible][illegible][illegible][illegible][illegible]

State    Postcode

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

**Part B — Amount/benefit to be transferred**

(Your account in the FROM Fund will be closed).

\$

OR

☐

\$

**Note:**

- A Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer being processed. We recommend you seek taxation advice prior to authorising the transfer.

### Part C — TO (Receiving fund)

Please forward cheque made payable to: 'Asgard Infinity eWRAP Super/Pension (Name of member)' with related documentation to:

Contact Centre 1800 731 812

Note: You must check with your TO fund to ensure they can accept this transfer.



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## Employment Details:

If you've had more than 3 jobs, please provide details on an additional piece of paper.

If you have been using the same super fund, there's no need to list every job.

### • Job #1:

Company Name:	Your Job Title:
Employer's Email: <i>(Please list if you'd like us to find your super)</i>	Employer's Phone: <i>(Please list if you'd like us to find your super)</i>
The Date you Started this Job: (DD/MM/YY) ____ / ____ / ____	The date you Finished this Job: (DD/MM/YY) <i>(not applicable if you still work here)</i> ____ / ____ / ____
Super fund:	Super membership number:

### • Job #2:

Company Name:	Your Job Title:
Employer's Email: <i>(Please list if you'd like us to find your super)</i>	Employer's Phone: <i>(Please list if you'd like us to find your super)</i>
The Date you Started this Job: (DD/MM/YY) ____ / ____ / ____	The date you Finished this Job: (DD/MM/YY) <i>(not applicable if you still work here)</i> ____ / ____ / ____
Super fund:	Super membership number:

### • Job #3:

Company Name:	Your Job Title:
Employer's Email: <i>(Please list if you'd like us to find your super)</i>	Employer's Phone: <i>(Please list if you'd like us to find your super)</i>
The Date you Started this Job: (DD/MM/YY) ____ / ____ / ____	The date you Finished this Job: (DD/MM/YY) <i>(not applicable if you still work here)</i> ____ / ____ / ____
Super fund:	Super membership number:



#### 4. Declaration and signature (Mandatory)

I request that the trustee of my FROM fund (specified in Part A of section 3) to transfer my superannuation benefits (specified in Part B of section 3) to BT Funds Management Limited ABN 63 002 916 458 (BTfM, theTrustee), as trustee of the Asgard Infinity eWRAP Super Account and Asgard Infinity eWRAP Pension Account (ABN 90 194 410 365).

I make the following statements:

- I declare I have fully read this form and the information I completed is true and correct.
- I am aware that 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 have obtained or do not require such information.
- I authorise the trustee of my FROM fund to provide any and all relevant information to the Trustee.
- I authorise the Trustee to act on my behalf in arranging and receiving information on this transfer.
- I understand and acknowledge the implications and effects of transferring my benefits from my FROM fund to my Asgard account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my Asgard account.

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.

Signature \_\_\_\_\_

Date

Full Name

[illegible]

## Things to consider when transferring your super

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super 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.

- **Tax file number (TFN)** -- you are not obligated to provide your TFN to your super 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 super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of super in the future.

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

Note: If you choose not to provide your TFN the transferring fund may ask you to prove your identity.

### 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.

Have you changed your name or 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 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	Certified copy of the marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Certified copy of the guardianship papers or Power of Attorney.





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**Adviser / Office use only**

**Declaration by financial adviser**

I confirm that I have conducted the relevant customer identification procedure in line with the obligations under AML/CTF Law, and:

- I have attached the necessary certified proof of identity documents with the application; or
- I have sighted and retained copies of the necessary certified proof of identity documents as recorded in the 'Verification procedure' table in this booklet.
- I agree that where my client has agreed to adviser fees as part of this account application, this form once properly completed and signed constitutes an agreement between myself, the Trustee and my client and that I am entering into this agreement on my own behalf and, where I am a representative of a dealer group, as agent of the dealer group. Signing this form constitutes a request for payment by and on behalf of my client of agreed adviser fees. I have ensured that my client has agreed to the payment of adviser fees and has signed this form.
- I represent and warrant that the financial advice and related services for which adviser fees will be deducted from my client's account and paid to myself (or to my dealer group who will receive the payment on my behalf) relate solely to my client's interest in the account to which this form relates. Where adviser fees relate to contributions/deposits made to my client's account, the financial advice and related services provided will relate directly to those contributions/deposits. I represent and warrant that the amount of each agreed adviser fee is, and will be, proper and reasonable in respect of the financial advice and related services that have been, or will be, provided.

Signature (financial adviser)

Date (DD/MM/YYYY)

**SYNCHRON**

Dealer stamp

**Declaration**

- I confirm that before this application was signed by me, I was given a copy of the current PDS (consisting of the PDS, Additional Information Booklet (AIB) and the 'List of Available Investment Options') and any Supplementary Product Disclosure Statement(s) (SPDS) (as confirmed by my financial adviser), which I have read and understood.
- I expressly acknowledge the 'Important information' on the contents page of the PDS.
- I give and make the 'Investor declarations, conditions and acknowledgments' as part of the AIB.
- I confirm all details in this application are true and correct.
- I agree to receive any communications (including any confirmation of any transaction or dealing, notice of material changes and significant events and other information I may request) details of illiquid investments and documents (including the product disclosure statements for underlying managed investments and periodic reports) which the Trustee is required or permitted to give, or has agreed to give, to me relating to my account via Investor *Online*, or any other electronic means chosen by the Trustee (and for these purposes, I agree I will be taken to have received the relevant information whether or not I access the information).
- By signing this Form, I consent to the Trustee deducting and paying agreed adviser fees to my financial adviser (or to their dealer group who will receive the payment on behalf of my financial adviser) from my account on my behalf, as remuneration for financial advice and related services that my financial adviser provides in relation to my account.

Signature



Date

Step 1: Employee/member details (Please provide your details here).

Please provide your name as it will appear on your account.

Title

Surname

Given names

Step 2: Your chosen fund details

Account number

Fund name: Infinity eWRAP Super Account

Fund ABN: 90 194 410 365

SPIN: ASG0020AU

Telephone: 1800 731 812

Email: [ewrap@asgard.com.au](mailto:ewrap@asgard.com.au)

Step 3: Employers details

Employer name

Step 3: Employee details

I request that all future employer contributions are to be made to the fund specified in Step 2.

Employee name

Employee number (if applicable)

Employee email address

Signature

Date

PLEASE GIVE THIS COMPLETED FORM TO YOUR EMPLOYER. DO NOT SEND THIS FORM TO THE TAX OFFICE OR ASGARD

Methods of payment — Instructions for employers

There are a number of ways you can make contributions to your employee's account:

• Payment by cheque

- The cheque should be made payable to 'Asgard Infinity eWRAP Super Account (Name of investor)' and crossed as 'Non negotiable'.
- Please post the cheque together with the employee name, account number and contribution type to the below address:  
Asgard  
PO Box 7241  
Cloisters Square WA 6850

• Payment by BPAY®

- The biller code is: 66019 (for superannuation guarantee payments)
- Your employee will need to provide you with their Customer Reference Number.



## **Appointment of Attorney and Declaration of Representative**

This power of attorney and declaration of representative is made on this date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

by Taxpayer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tax File Number (TFN): \_\_\_\_\_ of Overseas Address: \_\_\_\_\_

Super Fund Name 1) \_\_\_\_\_ Membership Number: \_\_\_\_\_

Super Fund Name 2) \_\_\_\_\_ Membership Number: \_\_\_\_\_

Super Fund Name 3) \_\_\_\_\_ Membership Number: \_\_\_\_\_

I hereby appoint the following representatives:

Lisa Mitchell, Carolina Vassao Teixeira, Vignesh Balasubramani & Aussie Tax Returns Pty Ltd. (ABN: 14 151 351 941)  
at Suite 1002 Level 10, 109 Pitt Street Sydney, NSW 2000 Australia  
PO Box 20019, World Square, Sydney, NSW, 2002 Australia / Tel: 02 8068 1170 / Fax: 02 8068 4375

to act as my attorney and representative. My attorney may exercise the authority conferred on my attorney by Part 2 of the Powers of Attorney Act 2003 to do all such things and perform all such acts on my behalf as I could do or perform personally. The attorney shall carry out any act and sign any document on my behalf in every way as fully and effectively as I could do those things myself on all Australian matters set out below:

- (a) Prepare, sign and lodge my Australian tax return(s);
- (b) Sign a Statutory Declaration in the event of lost PAYG Payment Summary(ies);
- (c) Request and receive from my employer(s) any Payment Summaries, statements of earnings, superannuation details (including member number) and Tax File Number;
- (d) Prepare, sign and process any agreements, consents or other documents (including superannuation applications, transfers, consolidations and claim forms and tax return forms) required to refund any taxes or facilitate the payment(s) of any superannuation benefits;
- (e) Request and receive any monies from the Australian Taxation Office or any superannuation refund(s) of which I am or was a member;
- (f) Deposit any Australian tax or superannuation refund cheques or monies into Aussie Tax Returns Pty Ltd's trust account or other such trust accounts;
- (g) Charge and be paid fees for the work my attorney performs pursuant to this Power of Attorney;
- (h) Deduct the amount of the attorney's fees from any tax or superannuation refund received on my behalf;
- (i) Forward the amount referred to in clause (f) to me by depositing the amount into the bank account I nominate for that purpose, after deducting payment for any fees and payments owing to Aussie Tax Returns Pty Ltd and/or any other authorised parties;
- (j) If the amount referred to in clause (i) remains unpaid or unclaimed for three months (for reasons such as my bank account having been closed or not accepting the deposit), I authorise my attorney to deduct an administration fee of twenty per cent (20%) of the amount to be paid from the account in quarterly instalments.

## **Appointment of Tax Agent & Electronic Tax Return and Superannuation Application, Consolidation / Transfer and Return Lodgement Declaration and Funds Transfer Declaration**

I authorize and declare that:

- Aussie Tax Returns is appointed to act as my tax agent (Tax Agent Reference Number 9472001)
- The information provided to Aussie Tax Returns for the preparation of the above-named documents is true and correct
- Aussie Tax Returns is authorised to provide the above-named documents to the Australian Tax Office (ATO)

By signing this declaration, the taxpayer agrees to Aussie Tax Returns holding these records on the taxpayer's behalf.

I agree to and accept the terms and conditions of service as written online at [www.aussietaxreturns.com.au](http://www.aussietaxreturns.com.au) (including points a to j noted above) and to any changes in the terms and conditions which Aussie Tax Returns may effect from time to time, and to the fees of the agent which represents the services I have requested and which are provided by Aussie Tax Returns and/or its affiliate companies. All prospective clients are advised that Aussie Tax Returns Pty Ltd reserves the right to make the commercial decision as to whether or not they choose to act on the behalf of any prospective client irrespective of this Power of Attorney. Clients are advised that they must notify Aussie Tax Returns in writing within 24 hours should they wish to cancel their application. Unless there are extenuating circumstances, Aussie Tax Returns reserves the right to not accept any notices of cancellation after 24 hours when processing and / or lodgement work on the application has commenced.

I authorise that payment be made out in the name of AUSSIE TAX RETURNS PYT PTD and any correspondence be forwarded to: AUSSIE TAX RETURNS, PO BOX 20019, WORLD SQUARE, NSW 2002.

Signed, sealed and delivered by: **X** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Taxpayer / Principal's Signature

In the presence of: \_\_\_\_\_ on behalf of all staff at Aussie Tax Returns Pty Ltd

Representatives:

Lisa Mitchell

Carolina Vassao Teixeira

Vignesh Balasubramani







Select from one of the following fee types:

Increase to start in ☐ January ☐ April ☒ July ☐ October     Year

[illegible]



## TIME CRITICAL

### LETTER OF AUTHORITY TO PROCEED

Client Name: \_\_\_\_\_

Adviser Name: **ANDREW COCHRANE** – Adv.Dip.FS (FP) FChFP AFP

I instruct you to proceed immediately with the insurances/investments discussed today, on the understanding that a Statement of Advice will be provided to me within five (5) days. A brief summary of the insurance / investment agreed on is as follows.

(Note a full description of the insurances/investments requested will be included with the Statement of Advice).

I am commencing and / or consolidating my existing superannuation accounts into the Asgard Infinity eWRAP Super Account for competitive fees, better ongoing service, larger and more transparent investment options together with additional life and disablement insurance should I wish to include this cover in my Asgard Infinity eWRAP Superannuation Account.

Please tick one:

☐

I **want** to have insurance cover in my superannuation plan.

☐

I **do not want** to have insurance cover in my superannuation plan.

I acknowledge that you have disclosed to me that AAA Plus Super Pty Ltd is entitled to receive the following remuneration, fees, commission and other benefits:

An ongoing advice fee of \$15 + \$1.50 Goods & Services Tax per month – deducted from my Asgard Infinity eWRAP Superannuation Account.

For Superannuation Accounts where life and disablement insurance is included, an ongoing additional advice fee of \$5.00 + \$0.50 Goods & Services Tax per month – deducted from my Asgard Infinity eWRAP Superannuation Account. **Not applicable if no insurance in place.**

Client Signature: **X** \_\_\_\_\_

Date: (dd/mm/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_