VOYAGE SUPERANNUATION MASTER TRUST
SWITCH FORM

Voyage

Oasis Fund Management Limited (**Trustee**) (ABN 38 106 045 050, RSE L0001755, AFSL 274331) is the issuer of the Voyage Superannuation Master Trust.
Macquarie Bank Limited (ABN 46 008 583 542 AFSL 237502) is the issuer of the Wrap Cash Account.

Use this form to switch your account from accumulation phase (Super) to income stream phase (Pension) or vice versa. This form cannot be used to create a Term Allocated Pension.

- If you wish to refresh your existing Pension account with new monies please use the Pension update request form instead.
- Please complete and submit the relevant forms below if you wish to take up other **optional features** that are available on your Super or Pension account.
- Existing advice and administration fee arrangements will continue on your account, where your account number remains the same. If you're creating a new account (ie a new account name and/or number), existing advice and administration fee arrangements will not be applied to your new account.
- Where an in specie transfer of assets is used to commence a pension, the assets are not received into the pension account until the day after they are transferred. Therefore, the value of these assets when the pension commences will generally be different to the transfer value due to market movements (this also applies to cash only transfers in some scenarios). This should be factored in when commencing a pension to avoid exceeding the transfer balance cap.

Optional features for your account	Super	Pension
Direct credit facility request	✓	
Direct debit request	✓	
Non-lapsing death benefit nomination	✓	✓
Change of account fees	✓	✓
Rollover authority form	✓	

1. Details of your existing account

Account name:

Date of birth:

Occupation:

Existing account switching **from** account number:

Existing account switching **to** (if applicable) account number:

*Note: you cannot switch funds to an existing pension, please use the **Pension Update request form** instead. If you do not have an existing account a new account will be opened.*

If you are switching from Super to Pension ▶ **complete sections 3–8**

If you are switching from Pension to Super ▶ **complete sections 2 and 4–8**

2. Super details

Are you switching to a new super account?

Complete this section if you are switching from pension to a new super account. If you have an existing super account, you are required to switch into that account – please include the account number in Section 1.

☐ Yes, please go to Section 4 ☐ No

3. Pension details

A. What type of pension are you applying for?

Complete this section if you are switching from super to pension. If you have an existing pension account that you want to switch benefits into, you will need to complete a ***Pension update request form***.

Pension type

You must nominate one of the below pension types before we can process your application.

☐ **Transition to retirement pension** – I have reached my preservation age but have not permanently retired from the workforce.[1]

☐ **Standard (account based) pension** – I declare I have met one of the conditions of release that allows me full access to my superannuation or I am rolling over an unrestricted non-preserved amount only.[1]

▶ *Where required, please supply the relevant documentation to verify you have met a condition of release.*[1]

If you are under age 60, please complete and submit an original TFN Declaration form with this form.

Temporary resident clients

☐ Please check this box only if you are or have been the holder of a temporary resident visa (other than a "retirement" or "investor retirement" visa) and are not an Australian citizen or permanent resident, or a New Zealand citizen. From 1 April 2009, the conditions of release under which you can access your benefits may be restricted. Please refer to your adviser or us for further information on temporary resident's conditions of release.

B. How would you like your pension to be paid?

Please select your annual pension amount:

☐ Minimum

☐ Maximum (transition to retirement pensions only). If you select Maximum, this amount will not be prorated (i.e. the maximum will be paid over the remaining period in the financial year).

☐ A specific annual amount over an entire (12 month) financial year Amount: $ ________

On 1 July, increase my annual pension payments by:

☐ Nil ☐ A specific percentage amount: ________ %. ☐ The inflation rate (CPI)

How often would you like to receive your pension payment?

☐ Fortnightly: If you select fortnightly, your first pension payment will be paid 14 days after the pension commences.

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly First payment month: ________

If you do not complete any payment details we will assume that you wish to receive the minimum annual pension amount paid monthly beginning the next available payment with an annual increase of "CPI" in line with the inflation rate.

4. Account and transfer details

A. Bank account details for withdrawals and/or pension payments

The bank account name must be in the name of the client or a joint account.

For **super accounts**, the below details will be the default account details for the payment of withdrawal requests.
For **pension accounts**, pension payments will be made to this account on or around the 15th day of the month.

Any amendments to this section must be signed in full by the applicant. This section must be completed for pension accounts.

Australian financial institution name: ________

BSB: ________ Account number : ________

Account name: ________

1. For more information, refer to the Preservation rules section of the PDS.

4. Account and transfer details (continued)

B. Amount to be transferred to the new account or existing account

If you are switching to a pension account and there are other funds you wish to include to commence the pension, please ensure that those contributions and/or rollovers are deposited into your existing super account before you submit this form.

Note that while there are outstanding transactions we will be prevented from giving effect to a request for a transfer of the full balance. Your request will not take effect until all outstanding transactions have settled.

☐ **Entire balance** (your existing account will be closed).

If that account holds insurance: ☐ cancel my insurance

☐ there is no insurance on the account.

☐ **Partial amount** by one of the following methods:

☐ transferring: $ ______ from the above account to the new account.

OR

☐ leaving: $ ______ in the above account and transferring the rest to the new account.

Importantly, you must leave the required minimum balance in the account – refer to the Product Disclosure Statement (PDS) for minimum cash and product balances.

Mandatory: If you have selected Partial amount above, please specify the assets (including cash) to be transferred out of or remain in the existing account (depending on your election). If there is insufficient room, please attach an additional page to your request. *Missing or incomplete information may delay the processing of the switch of asset(s).*

Investment name	Investment code	Units	Full holding (please ✓)	Value
Cash[2]			☐	$
			☐	$
			☐	$
			☐	$
			☐	$
			☐	$
			☐	$
			☐	$

Note:

- for listed securities you must transfer the full holding or the number of units. You cannot select a dollar value.
- term deposits must be transferred in full.
- term deposit maturity instructions and dividend reinvestment plans will be reset to 'cash' for all assets transferred. Your adviser will need to update these instructions online.
- where an in specie transfer of assets is used to commence a pension, the assets are not received into the pension account until the day after they are transferred. Therefore, the value of these assets when the pension commences will generally be different to the transfer value due to market movements. This should be factored in when commencing or updating a pension to avoid exceeding the transfer balance cap.

Importantly, you must leave the required minimum balance in the account – refer to the Product Disclosure Statement (PDS) for minimum cash and product balances.

Where there is a difference between the Investment name and Investment code, the investment code will be used as the default.

2. Please ensure that the cash minimum of $2,500 will be maintained in this account.

5. Deduction Notice

You must complete this section if you are switching your account from accumulation (super) to income stream phase (pension) and if you have made a personal contribution in the current or prior financial year and intend to claim or vary a deduction on the personal contribution. If you do not complete this section, we will proceed with your switch request.

	For contributions made in the **current financial year**	For contributions made in the **prior financial year**
a. Contribution(s) made in the **financial year** ending:	30 June 20	30 June 20
b. **Personal contributions** (covered by this notice) that I will be claiming as a tax deduction (this amount is in addition to any amounts included in earlier Deduction Notice(s) for the relevant financial year).	$	$
c. **Varying an earlier notice:** If you are varying an earlier Deduction Notice by reducing the amount you wish to claim please state the total deduction amount you wish to claim for the entire financial year.	$	$

Deduction notices – important information

Only complete if the switch includes personal contributions for which you wish to lodge or vary a deduction notice. This will be taken to be a Deduction Notice in the Australian Taxation Office (ATO) approved form. **You cannot lodge or vary a deduction notice for contributions once a pension has commenced based in whole or part on the contributions and in certain other circumstances. Please speak to your adviser for further information.**

6. Tax File Number

If you do not provide your Tax File Number (TFN), we are unable to accept contributions made by you or someone on your behalf (other than your employer). For super accounts being established for a minor, the minor's TFN must be quoted in order for us to accept contributions for them.

Tax File Number (TFN) or TFN exemption reason:

Please note: an exemption reason is not sufficient, in place of a TFN, for us to accept member contributions.

If you are under age 60 and switching to a pension account, please complete and submit an original TFN Declaration form with this form.

7. Beneficiary nomination

If you wish to make a nomination that is not catered for on this form, please speak to your adviser. You should update your nomination when commencing a pension. Please note we cannot accept a nomination made by an attorney or any other agent. **Please complete either (A) or (B) but not both.**

A. Non-lapsing death benefit nomination

☐ Please cross this box if you have an existing valid Non-lapsing nomination on your existing Voyage account which you wish to apply to this new account.

Please supply the existing account number:

Please note: if you enter an existing account number here the existing account must have a valid Non-lapsing Nomination (not a reversionary pension nomination).

To setup a new nomination, please complete the Non-lapsing death benefit nomination form.

B. Reversionary pension option (not available for super accounts)

It is important to note that a reversionary pension nomination generally can not be revoked. Please speak to your financial adviser for further information on reversionary nominations.

Title:

Full given name(s):

Surname

7. Beneficiary nomination (continued)

Date of birth (dd/mm/yyyy):

Gender:

☐ Male ☐ Female

Street number and name or PO Box:

Suburb: State: Postcode:

Country:

Relationship to you:

☐ Spouse

☐ Qualifying child[3]

☐ Interdependent person (who is not a child)

☐ Financially dependent person (who is not a child)

8. Declaration and signature

By completing this form, you accept and agree to be bound by the **Terms and Conditions** of the Voyage Superannuation Master Trust (**Service**) and the Product Disclosure Statement (**PDS**) for the Service. If you do not already have a copy of the PDS, you can obtain it from our website at **wrapinvest.com.au/voyage** or by contacting us.

Signature: Date:

Title: Full name:

3. A qualifying child is a child who (at the time of the member's death) is: (a) less than age 18, or (b) aged 18 to 24 inclusive and is financially dependent on the member, or (c) aged 18 or more and has a qualifying disability (broadly, this is a disability that is permanent or likely to be permanent and results in the need for ongoing support and a substantially reduced capacity for communication, learning or mobility).

Sign

Wet signature, or

Electronic signature from an approved provider.

Visit Help Centre to view our requirements.

Submit

Upload to **Request Centre** (advisers only)

Email to **service@wrapinvest.com.au**

Mail to **GPO Box 3154, Sydney, NSW, 2001**

Need Help?

If you're an adviser, you can visit **Adviser Help Centre** or chat to us through Adviser Online

If you're a member, please speak to your adviser, or call us on **1800 095 825**.