

Asgard

For Super/Pension accounts

- The Nominated Bank Account must be held in your name, or if it is a joint account, you must be one of the bank account holders.
- If you have made an election in the Account details section, the Nominated Bank Account will be used for your pension payments. If no election was made, your pension payments will be paid to the bank account as per your previous pension payment instructions.

3. Completing proof of identification

You will need to provide an **original certified copy** of your identification with this form. Acceptable documents which you can use to prove your identity are listed below.

Either:

One of the following primary photographic identification documents: ☐ Australian driver's licence/learner's permit ☐ Australian passport – must not be cancelled, defaced or mutilated (a passport that has expired within the preceding 2 years is acceptable) ☐ Australian proof of age card issued by a State or Territory ☐ Foreign passport or travel document issued by a foreign government, the United Nations, or an agency of the United Nations (must not be cancelled, defaced or mutilated) which contains either a signature OR a unique identifier of the person* ☐ Foreign driver's licence/permit that contains a photograph of the person in whose name it is issued and the individual's date of birth* ☐ National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier of the person* * Documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.	OR	One of the following non-photographic identification documents: ☐ Australian birth certificate (or extract) issued by a State or Territory ☐ Australian citizenship certificate (including a Citizenship by Descent Certificate) ☐ Centrelink pension card (Australian) ☐ Centrelink health care card (Australian) AND One of the following secondary identification documents: ☐ A notice issued by the Commonwealth or a State/Territory within the last 12 months that includes the individual's name and residential address and records the provision of financial benefits (e.g. Centrelink notice) ☐ A notice issued by the Australian Taxation Office (ATO) within the last 12 months that includes the individual's name and residential address and records a debt payable by or to the individual (e.g. tax assessment) ☐ Utilities notice issued by a local government or utilities provider within the last 3 months and includes the customer's name and residential address and records the provision of a service to that address or name
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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	Original 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	Original certified copy of the guardianship papers or Power of Attorney.



Certification of identification 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 below (eligible certifiers) and ask them to certify that the photocopy is a true and correct copy of the original document.

The eligible certifier 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 of authorised certifier], as [select appropriate person from authorised list below], certify that this [name of document] is a true copy of the original [signature and date].

Who can certify copies of documents

- A solicitor or barrister
- A justice of the Peace
- A police officer
- An Accountant who is:
 - a fellow of the National Tax Accountants' Association;OR a member of any of the following:
 - Chartered Accountants Australia and New Zealand;
 - the Association of Taxation and Management Accountants;
 - CPA Australia;
 - the Institute of Public Accountants
- 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
- An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the *Statutory Declaration Regulations 1993*)
- A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the *Statutory Declaration Regulations 1993*)
- 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

For a complete list of people who can certify your identification documents please refer to our website bt.com.au/content/dam/public/panorama/pdf/BT_Panorama_-_How_to_certify_documents_flyer.PDF.

4. Acknowledgements/declaration

By signing this form, I:

1. confirm that I have attached the necessary certified copy of identification with this form (as set out in section 3)
2. confirm that all details in this form are true and correct
3. authorise and request that BTFM and/or Asgard transfer funds when I direct from my Account to the Nominated Bank Account set out in section 2
4. acknowledge and agree that BTFM and/or Asgard may refuse to accede to this request at any time, exercising such discretion reasonably. In particular, I acknowledge that any transfer of funds requested by me will only be made if there are sufficient funds in my Account on the day of transfer
5. acknowledge and agree that BTFM and/or Asgard is not liable for any loss or damage that I may suffer in connection with the transfer of funds to or from the Nominated Bank Account including where a transfer of funds is not affected or is delayed for any reason (unless the loss or damage are a direct result of the gross negligence, wilful default or breach of duty of BTFM and/or Asgard)
6. agree to the consents in the Privacy Statement and Consent Request section.

5. Signature

Note: Signature must be in ink, we cannot accept digital signatures.

Signature

Date / /

Full name



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Please select **one** of the scenarios below and confirm you have performed the relevant steps by checking **all** of the relevant boxes with a cross and provide your details.

NOTE: All three steps within the scenario must be performed to enable submission of this request. If this form doesn't contain the customer's original ink signature or if the certified identification is not original, do not accept this request.

☐ I have sighted the original identification and taken a photocopy of which I have written my certification statement on, signed, dated and branch stamped.

☐ I have confirmed the customer's original ink signature is provided on page 3 of this form.

☐ I have verified all identification documents are current and not past expiration date.

OR

☐ I have collected an original certified copy and it contains the original signature of the person who certified them.

☐ I have confirmed the customer's original ink signature is provided on page 3 of this form.

☐ I have verified all identification documents are current and not past expiration date.

[illegible]

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Date / | |

Branch stamp

Please email this form and the certified copy of original identification to nbasubmission@asgard.com.au. Once completed, write "EMAILED" on the front page of this form and return all documents and identification to customer. *Note: Please ignore auto reply email.*

Trustee: BT Funds Management Limited (BTfM) ABN 63 002 916 458 AFSL 233724
 Asgard Independence Plan – Division 2 ABN 90 194 410 365
 Custodian and Administrator: Asgard Capital Management Ltd (Asgard) ABN 92 009 279 592 AFSL 240695
 Customer Relations team 1800 998 185, PO Box 7490, Cloisters Square, WA 6850



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Asgard – Nominated Bank Account addition or amendment | 4 of 4

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