

DATA COLLECTION FORM

**PLEASE COMPLETE, SIGN AND DATE BOTH PARTS OF THIS FORM AND MAIL TO:
PENSION TRANSFERS DIRECT PTY LTD, PO BOX 1286 WEST PERTH, WA 6872**

If you have more than one fund please complete a separate Letter of Authority for each fund. (For extra forms, photocopy Part 2 of this form, download from our website or request a PDF version by emailing admin@agoodmove.com.au).

PART 1 YOUR DETAILS/PAYMENT DETAILS

BEFORE SENDING:

- Complete your details as thoroughly as possible
- Sign and date the bottom of the form

PART 2 LETTER/S OF AUTHORITY

BEFORE SENDING:

- Complete your details and make sure they match PART 1
- If possible, include a copy of a recent statement from your UK pension fund/s
- Sign and date the bottom of the form/s

HOW DID YOU HEAR ABOUT US?

- Newspaper advertising
- Television advertising
- Email
- Referral
- Web search
- Other:

PTD226A-0408EDM-DCF



YOUR DETAILS

Name:

Date of birth:

Address:

Married: No Yes

If Yes, spouse's name:

Date of birth:

Best daytime contact telephone:

Email:

Occupation:

Date of first Australian tax residency (or return to Australia if an Australian):

Date of last United Kingdom residency:

Since arriving in (or returning to) Australia have you had any period of Non Australian tax residency?

No Yes

If Yes, please specify dates:

Is your total Australian annual taxable income from all sources greater than \$ 6000? No Yes

Have you got an Australian Tax File Number?: No Yes

Have you made any Non Concessional (after tax personal) contributions to an Australian superannuation fund since 1st July 2007? No Yes

If Yes, please list the amounts and the dates they were made:

Data Collection Form PART 2



LETTER OF AUTHORITY

Name: _____ Date of birth: _____

Address: _____

Name of UK pension fund or employer (if possible, please enclose a copy of your latest statement): _____

Address of UK pension fund or employer: _____

Period of fund or scheme membership (eg: May 1984 to May 1996): _____

Policy or Reference Number: _____

National Insurance Number: _____

To whom it may concern

Please accept this letter as my authority for you to release information concerning my pension entitlement to:

Pension Transfers Direct
PO Box 1286
West Perth WA 6872

Telephone: +61 8 9485 1064
Facsimile: +61 8 9485 1082
E-mail: admin@agoodmove.com.au

Signed: _____ Date: _____

Data Collection Form PART 2



LETTER OF AUTHORITY

Name: _____ Date of birth: _____

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Signed: _____ Date: _____