

Australian Expatriate Superannuation Fund

Member Contribution

Form **12**

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
Member Services 1300 323 489

1. Member details

Member number/s

Full name

Email address

Date of birth
[dd/mm/yy]

2. Eligibility to Contribute

AESF can only accept your contributions if you are able to answer YES to one of the following questions:

- YES**, I am aged under 65 years.
- YES**, I am aged 65 to 74 years [inclusive] and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in this financial year.

3. Contribution Amount and Payment Details

Cheque

Please find attached my cheque for \$

Cheques are made payable to **Sargon CT Pty Ltd ACF Tidswell Master Super Plan - AESF Division**

EFT - AUD

I will be electronically transferring an amount of \$

BSB: **105 025** Account No: **063 877 640** Account Name: **Sargon CT Pty Ltd ACF Tidswell Master Super Plan AESF Division**

Note: You must use your Member Number as a reference to avoid any delays in crediting payment to your account.

EFT - GBP

I will be electronically transferring an amount of \$

Account No./IBAN: **201640GBP01** SWIFT/BIC: **SGBLAU2S**

Account Name: **Sargon CT Pty Ltd ACF Tidswell Master Super Plan AESF Division**

Note: You must use your Member Number as a reference to avoid any delays in crediting payment to your account.

EFT - USD

I will be electronically transferring an amount of \$

Account No./IBAN: **201640USD04** SWIFT/BIC: **SGBLAU2S**

Account Name: **Sargon CT Pty Ltd ACF Tidswell Master Super Plan AESF Division**

Note: You must use your Member Number as a reference to avoid any delays in crediting payment to your account.

Issued by the Trustee
Tidswell Financial Services Ltd
ABN 55 010 810 607
AFSL 237628
RSE Licence L0000888

When complete

email or post this form:

australia@ivcm.com

AESF

Lvl2, Suite 210,
25 Solent Circuit
PO Box 7403
Norwest Business Park
Baulkham Hills NSW 2153
Australia

4. Contribution Fee

I consent and authorise the Trustee to deduct a contribution fee as stated below from my account to pay my financial adviser for the advice provided in relation to my account in AESF.

Contribution Fee [once off] \$ % **Note:** If no Contribution fee is nominated, 0% / \$0.00 will apply

5. Declaration

I declare that the information I have given on this form is true and correct.

I understand that the effective date of the contribution will be the date that all required information has been received by the Trustee. Please allow up to 3 days for AESF to receive EFT contributions.

Member's signature

Date [dd/mm/yy]