

Request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a ➤
- This form is only for whole (not part) balance transfers.

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your **FROM** or **TO** fund.

Personal details

Title: Mr Mrs Miss Ms Other

*Family name

*Given names

Other/previous names

*Date of birth Day / Month / Year

Tax file number

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

➤ See 'What happens if I do not quote my tax file number?'

*Gender Male Female

*Contact phone number

Residential address

*Address

*Suburb

*State/territory *Postcode

Previous address

➤ If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Address

Suburb

State/territory Postcode

Fund details

FROM

*Fund name

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

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

TO

*Fund name

*Fund phone number

*Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

❗ You must check with your **TO** fund to ensure they can accept this transfer.

***Proof of identity** ➤ See 'Completing proof of identity'

I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (<1 year old) with name and address

Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware 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 do not require any further information.
- If the **TO** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.

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.

***Name** (Print in BLOCK LETTERS)

***Signature**

***Date** Day / Month / Year

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Completing the request to transfer whole balance of superannuation benefits between funds form

By completing this form, you will request the transfer of your superannuation benefits between funds. This form can NOT be used to transfer part of the balance of your superannuation benefits. This form will NOT change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits TO can accept this transfer.

WHEN COMPLETING THIS FORM

- Refer to these instructions where a question shows a message like this: 
- Print clearly in BLOCK LETTERS.

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the checklist below.
- Send the request form to your fund.

IMPORTANT INFORMATION

-  This transfer may close your account (you will need to check this with your FROM fund).

This form can NOT be used to:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

CHECKLIST

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your TO fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

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. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

JS 6676-03/2007

IN-CONFIDENCE – when completed

Completing proof of identity

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

ACCEPTABLE DOCUMENTS

The following documents may be used.

EITHER

One of the following documents only:

- driver's licence issued under State or Territory law
- passport.

OR

<p>One of the following documents:</p> <ul style="list-style-type: none"> ■ birth certificate or birth extract ■ citizenship certificate issued by the Commonwealth ■ pension card issued by Centrelink that entitles the person to financial benefits. 	<p>AND</p>	<p>One of the following documents:</p> <ul style="list-style-type: none"> ■ letter from Centrelink regarding a Government assistance payment ■ notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example: <ul style="list-style-type: none"> – Tax Office Notice of Assessment – Rates notice from local council.
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HAVE YOU CHANGED YOUR NAME OR ARE YOU 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 certified 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	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

CERTIFICATE OF COMPLIANCE

With respect to the proposed rollover of benefits to Christian Super, we certify that:

1. The Fund is a Resident Regulated Fund under the Superannuation Industry (Supervision) Act (SIS) and administered as a complying superannuation fund..
2. Preserved benefits cannot be paid in cash to members until permanent retirement from the workforce on or after age 55, death, total permanent disablement or another condition under SIS.
3. No minimum applies for transfers-in.
4. No penalties apply for early withdrawal from the Fund.
5. Christian Super is not subject to direction by the Australian Providential Regulation Authority under SIS against accepting employer contributions.

The benefit cheque should be made payable to 'Christian Super'

Please forward to: Christian Super, Locked Bag 5073, Parramatta NSW 2124

Christian Super ABN 66 628 776 348 SFN A1242 009 45 SPIN CHR0001AU RSE Registration No. R1004137

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy', followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

WHERE DO I SEND THE FORM?

You can send your completed and signed form with your certified proof of identity documents to either fund.

MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at www.fido.asic.gov.au, or
- Australian Taxation Office website at www.ato.gov.au/super

For more information about this form, phone the Australian Taxation Office on 13 10 20.