

COMPLETING THIS FORM

- Read the important 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 to either your FROM (transferring) or TO (receiving) 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➤ See 'What happens if I do not quote my tax file number?'

*Sex 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, give details below.

Address

Suburb

State/territory Postcode

Fund details

FROM (Transferring fund)

* Fund name

Fund phone number

*Membership or account number

Australian Business Number (ABN)

Unique Superannuation Identifier

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

TO (Receiving fund)

*Fund name

Fund phone number

*Membership or account number

Australian Business Number (ABN)

Unique Superannuation identifier

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

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 have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- 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.

*Name (Print 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 form Rollover initiation request to transfer whole balance of superannuation benefits between funds

By completing this form, you will initiate a rollover request to transfer the whole balance of your super benefits between funds. This form can not be used to transfer part of the balance of your super benefits.
 You can not use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund (NAT 74662).

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

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the request form to either your FROM fund or your TO 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 super benefits
 - transfer benefits if you don't know where your super is
 - transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
 - change the fund to which your employer pays contributions on your behalf
 - open a super account
 - transfer benefits under certain conditions or circumstances – for example, if there is a super 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?

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 employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit ato.gov.au or call the Australian Taxation Office (ATO) on 13 10 20.

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

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 – for example, Justice of the Peace or Australia Post employee – and date.

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

- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court
- a registrar or deputy registrar of a court
- a justice of the peace
- a notary public officer
- a police officer
- 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
- an Australian consular officer or an Australian diplomatic officer
- an officer with two or more years of continuous service with one or more financial institutions
- a finance company officer with two 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 two or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth with two or more years continuous service
- a permanent employee of the State or Territory, or State and Territory authority with two or more years continuous service
- a permanent employee of a local Government authority with two or more years of continuous service
- a permanent employee of the Institute of Chartered Accountants in Australia, CPA Australia, or the National Institute of Accountants, with two or more years continuous membership.

WHERE DO I SEND THE FORM?

You can send your completed and signed form to either the transferring or the receiving fund.

MORE INFORMATION

- For more information about super, visit the:
 - Australian Securities & Investments Commission (ASIC) website at moneysmart.gov.au
 - ATO website at ato.gov.au/super
- For more information about this form, phone the ATO on 13 10 20.