

# Transfer your super

Pension

Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable. Form must be completed in full. Only complete this form if you are transferring your superannuation benefit/s to the AustralianSuper Pension. You will need to fill out a separate form for each fund you wish to transfer.

## 1. MEMBER DETAILS

Surname	Mr	Ms	Mrs	Miss	Dr	Other
<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Given names	Date of birth					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address						
<input type="text"/>						
Suburb	State		Postcode			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide a contact number where you may be reached during business hours, including the relevant area code:						
Telephone (BH)	(AH)		Mobile			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (optional)						Gender
<input type="text"/>						<input type="checkbox"/> M <input type="checkbox"/> F

### Your Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, AustralianSuper is authorised to request your TFN. Providing your TFN is optional. However, it is important to know that not providing your TFN means that you may be subject to a higher rate of tax. Refer to the declaration overleaf.

Your TFN

## 2. YOUR AUSTRALIANSUPER DETAILS

Fund name	Please provide your membership number (if already a member)					
AUSTRALIANSUPER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superannuation Product Identification Number (SPIN)	Australian Business Number (ABN)		Fund telephone number			
STA0100AU	65 714 394 898		1300 789 932			
Fund address						
LOCKED BAG 6, CARLTON SOUTH VIC 3053						

## 3. YOUR MEMBERSHIP DETAILS IN YOUR PREVIOUS FUND

Name of previous fund	Membership number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of previous fund	State		Postcode			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb or town	Contact number of previous fund					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your name as recorded with the previous fund						
<input type="text"/>						
Your address as recorded with the previous fund						
<input type="text"/>						
Suburb or town	State		Postcode			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of employer who contributed into this fund (if applicable)	Date you left this employer (if applicable)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY  
Membership number



## 4. IDENTIFICATION REQUIREMENTS

For the security of your account, the following identification must be provided for **each** super fund (ie if you have three funds, you will need to provide **three** copies of all of the required identification documentation):

- a certified\* photocopy of your current driver's licence or current passport.

If you don't have a driver's licence or passport, we need two documents: one from the first group and one from the second group.

### Group 1:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles you to financial benefits.

### Group 2:

- letter from Centrelink regarding a Government assistance payment

- notice issued by Commonwealth, State or Territory Government or local council within the past 12 months that contains your name and residential address; for example, an Australian Taxation Office Notice of Assessment or a rates notice from your local council.

### \*Certified means:

To have documents certified, please take the original documents and photocopies to any one of the following persons for him/her to certify that they are true and correct copies of the originals:

- justice of the peace or bail justice
- barrister or solicitor of the Supreme Court
- member of the police force
- councillor of a municipality
- registered medical practitioner
- dentist
- veterinary practitioner
- pharmacist
- bank branch manager

- minister of religion
- teacher
- person accredited as a chartered accountant
- a permanent employee of Australia Post with five or more years' continuous service
- a finance company officer with five or more years' continuous service
- an officer with or authorised representative of a holder of an Australian Financial Services License (AFSL) having five or more years' continuous service with one or more licensees
- a notary public office.

The authorised person will need to write in English. Certification must include the name, address, type of authority (ie dentist or pharmacist, etc) and telephone number of the certifying authority.

Faxed copies of certified documents do not comply with our identification requirements and are not acceptable.



## 5. DECLARATION

In signing this form, I authorise AustralianSuper to organise the transfer of money I have in another superannuation fund into the AustralianSuper Pension. I understand that:

- The trustee of my previous fund has no further liability for any of my superannuation after the benefits

have been transferred into the AustralianSuper Pension and the previous fund has sent me a final statement under Commonwealth Government legislation.

- Both superannuation funds are complying superannuation funds.
- In some cases AustralianSuper may

be required under law to deduct tax from the benefit.

- My old fund may deduct transfer or exit fees when I leave that fund.

**I have read the information on this form and believe the information I have provided to be true and correct.**

### Please sign here:

Signature

Date



## 6. PROVIDING YOUR TAX FILE NUMBER

### In providing my Tax File Number I agree to all the statements below:

I am aware that it is optional for me to provide my TFN, and that the fund is authorised to seek my TFN under the *Superannuation Industry (Supervision) Act 1993*. The fund is required by law to properly safeguard this information and only use this if for lawfully approved superannuation and taxation purposes.

### The lawful purposes include:

1. Allowing the fund to search for and amalgamate ('Match') any other benefits I may have in the fund.
2. Advising the Australian Taxation Office (ATO) for taxation purposes.
3. Advising the ATO when reporting details of contributions, to assist with the administration of the

Superannuation Guarantee and the Government Co-Contribution for Low Income Earners.

4. Allowing my TFN to be passed on to another regulated fund or retirement savings account if my benefit is rolled over or transferred, unless I have requested in writing my TFN not be passed on.
5. Advising the ATO if no contributions are received for me for a period of two years and the fund is unable to confirm my address. In these circumstances, I will be assumed to be 'lost' to the fund.
6. Advising the relevant State Government authority about my benefits if I do not claim my benefit after reaching age 65.

**I am aware that failure to quote my TFN is not an offence. However, if I choose not to provide my TFN:**

1. Benefits paid to me will be subject to PAYG tax at the highest marginal rate, plus the Medicare levy. This may be recovered after lodgement of my tax return.
2. My fund may not be able to locate other benefits for me in the fund.

**I am aware that the lawful purposes for which my TFN can be used, and the consequences of not quoting my TFN, may change as a result of future legislation.**

**I am also aware that I can request, in writing, that the fund not pass my TFN on to another fund.**