Combine Your Super Form

Use this form to transfer your full or partial superannuation balance from another fund into your First Super account.

FIRST super

An Industry SuperFund

Office Use Only: Member Number

If you are combining super from more than one account, you will need to use a separate form for each account.

In this form we will refer to your other super account as your **from** fund and your First Super account as your **to** fund.

Please complete this form in a blue or black pen using **CAPITAL LETTERS**. Check boxes (✔) where applicable.

Before you combine your super

Before combining your super, you should consider any fees and costs that may apply and the impact on your current insurance cover and benefits. When you combine your super account, any insurance cover you have with your **from** fund does not automatically transfer. If you want to transfer your cover, you will need to do this before combining your super. You should wait until you have received written confirmation from us that your cover has transferred to your First Super account before you combine your super. For more information about transferring your cover, please read the *Insurance guide* at **firstsuper.com.au/pds**. If you are in a defined benefit scheme with your other fund, you should speak with your employer and/or your other fund about the process of combining your existing account with your First Super account.

Combine your super online

The fastest way to transfer other super to First Super is online. Simply log into your firstonline account at **firstsuper.com.au/login** and go to 'Combine your super'.

www

Section 1 | Your personal details

Title (Mr, Mrs, Ms etc)

Date of birth (DD/MM/YYYY) / /

Gender ☐ Male ☐ Female ☐ Other

Surname

Given name(s)

Other / previous names

Residential address

Suburb **State** **Postcode**

Postal address ☐ (Tick box if same as above) **State** **Postcode**

Telephone (home) **Telephone** (work) **Mobile**

Email address

If you know that the address held by your **from** fund is different to your current address, please provide those details below.

Previous address

Suburb **State** **Postcode**

Section 2 | Tax File Number (TFN)

☐ **Use my TFN to process my super transfer.**

Enter your TFN:

It is not compulsory to provide your TFN, but without it we may not be able to accept all types of contributions from you, you may pay extra tax on your contributions, and it may be harder to keep track of or locate your super.

By providing your TFN, you are authorising us to give this information to your **from** fund, who will use it to confirm your identification with the Australian Tax Office and transfer your super.

Section 3 | Whole or partial transfer

Do you want to transfer the whole balance of your **from** fund to First Super or part of your balance? If you are only transferring part of your balance, tell us how much you wish to transfer.

☐ **Whole** – transfer my whole account balance. This will close your **from** fund account.

☐ **Partial** – transfer the nominated amount. $

Section 4 | Fund details

FROM FUND:

Fund name

Fund phone number

Member or account number (if known)

Australian Business Number (ABN)

Unique Superannuation Identifier

IF YOUR FROM FUND IS A SELF-MANAGED SUPERANNUATION FUND (SMSF):

Fund name

Australian Business Number (ABN)

Electronic service address (ESA)

TO FUND (FIRST SUPER):

Fund name

First Super

Fund phone number

1300 360 988

Member or account number

Australian Business Number (ABN)

56 286 625 181

Unique Superannuation Identifier

FIS0001AU

Section 5 | Authorisation

By signing this form:

> I declare that I have fully read and understood this form and the information I have provided is true and correct.

> I am aware I may ask any superannuation provider about fees or charges that may apply, or any other information about the effect this transfer may have on my benefits such as insurance cover, and do not require any further information.

> I discharge the superannuation provider of my **from** fund of all further liability in respect of the benefits paid and transferred to First Super.

> I request and consent to the transfer of my superannuation as described within this form and authorise the superannuation provider of my **from** fund and First Super to give effect to this transfer.

Print name

Please sign here

✗

Date (DD/MM/YYYY)

/ /

Privacy statement

First Super collects and uses your personal information according to our Privacy Policy so we can provide you with services and benefits in connection with your account. This information may include your name and date of birth, contact details and tax file number. In general, we will only disclose your personal information to a third party for a purpose you would reasonably expect in relation to the Fund, where it is required by law, mentioned in our Privacy Policy or otherwise disclosed to you and to which you have consented. You can refuse to provide us with your personal information, but if you do, we may be unable to administer your account. You can read our *Privacy Policy and Information Collection Statement* at **firstsuper.com.au/privacy-policy** or call us on **1300 360 988**.

Please return this completed form by:

First Super, PO Box 666, Carlton South, VIC 3053

mail@firstsuper.com.au

Want to know more? We're here to help.

1300 360 988

mail@firstsuper.com.au

Download the First Super app to manage your account

firstsuper.com.au

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