

Roll-in Your Super Form


By completing this form, you will request the transfer of either the whole or partial balance of your superannuation benefits between funds.

This form will NOT change the fund to which your employer pays your contributions. The Standard Choice Form must be used 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
- > 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 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?

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 superchoice.gov.au or call the ATO on **13 10 20**.

Things You Need To Consider When Transferring Your Superannuation

When you transfer the whole balance of your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- > Fees – your **FROM** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your TO fund may also charge entry or deposit fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- > Death and disability benefits – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

What Happens If I Do Not Quote My Tax File Number (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However if you do not provide your TFN, your contributions may be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional tax rate of 15%.


If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Roll-in Your Super Form

under the *Superannuation Industry (Supervision) Act 1993*

Completing this form

- > Read the important information pages
- > Refer to instructions where indicated with a 
- > This form may be used for whole or partial balance transfers

After completing this form

- > Sign the authorisation

Tick one*:

Roll-in **full balance** OR Roll-in **partial balance** of: \$

Section 1 – Your personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Tax file number	Account type (tick one):
<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Super Account <input type="checkbox"/> Allocated Pension Account

Surname*

Given name(s)*

Residential address

Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different from above)

Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (home)	Telephone (work)	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Section 2 – Fund details

From

Fund's name*

Fund address (if known)

Fund phone number (if known)

Member or account number*

Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)*
or Unique Superannuation Identifier (USI)*

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

To

Fund's name

Fund address

Fund phone number

Member 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.

Section 3 – 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 any superannuation provider for information about 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)

Please sign here*

Date (DD/MM/YYYY)

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

Please return this completed form by

Mail First Super
PO Box 666
Carlton South, VIC 3053

OR

Email forms@firstsuper.com.au

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

Call 1300 360 988
Email mail@firstsuper.com.au
Website firstsuper.com.au