


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 *Employee Choice of Fund Form* must be used to change funds.

You can also search for any other super and roll in on our website at firstsuper.com.au/findlostsuper.

BEFORE COMPLETING THIS FORM

- > Read the important information below
- > Check that First Super 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 First Super.

IMPORTANT INFORMATION

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

This form cannot 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 First Super 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 more information about whether you are eligible to choose the fund to which your employer contributions are made, visit the *Choosing a super fund* section of moneysmart.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 – 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. 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)?

Under the *Superannuation Industry (Supervision) Act 1993*, First Super is authorised to collect, use and disclose your Tax File Number (TFN).

First Super may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request in writing that First Super does not disclose it

Declining to quote your TFN is not an offence. However, giving us your TFN will have the following advantages:

- > First Super will be able to accept all permitted types of contributions to your account/s;
- > other than the tax that may ordinarily apply, you will not pay more tax than you need to on contributions and/or benefit payments when you start drawing down your super; and
- > it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

This page intentionally left blank.

Roll In Your Super Form

under the Superannuation Industry (Supervision) Act 1993



Office Use Only: Member Number

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 and send to First Super using the details overleaf.

Please select the applicable transfer option:

Full Balance OR Partial Transfer of \$

Section 1 – Your personal details

Title (Mr, Mrs, Ms etc)

Date of birth (DD/MM/YYYY)

 / /

Sex (M/F)

Tax File Number

Surname*

Given name(s)*

Other / previous names

Residential address*

Suburb

State

Postcode

Postal address (Tick box if same as above)

State

Postcode

Email address

- > If you know that the address held in your **from** fund is different to your current residential address, please give details below.

Previous address

Suburb

State

Postcode

Telephone (home)

Telephone (work)

Mobile

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?'

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

Section 2 – Fund details

FROM:

Fund name*

Fund address*

Fund phone number*

Member 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:

Fund name*

Fund address*

Fund phone number*

Member or account number*

Australian Business Number (ABN)

Unique Superannuation Identifier

- > You must check with First Super to ensure it 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
- > 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 superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name* (Print in BLOCK LETTERS)

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Please sign here

Signature

Date (DD/MM/YYYY)



Please return this completed form by:

Mail First Super
PO Box 666
Carlton South, VIC 3053

Email mail@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

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

Issued by First Super Pty Ltd ABN 42 053 498 472, AFSL No. L223988. As Trustee of First Super ABN 56 286 625 181. April 2020.