

# ROLLOVER TRANSFER FORM

## WHOLE BALANCE TRANSFER AUTHORITY

Please use BLOCK LETTERS and BLACK PEN.

Complete this form to transfer all of the balance held in another super fund into **australianethical** Super. This transfer may close your account with that super fund. You will need to check this with that fund. To have a new employer make payments into **australianethical** you will need to give your employer your **australianethical** member number and a copy of the *Letter of compliance* included in this product guide (PDS).

## SECTION 1 – PERSONAL DETAILS

Title		Surname		DOB				
Given name(s)								
Unit/Street number		Gender		TFN				
Street name								
Suburb		State		Postcode				
Phone		Phone (business hours)						
Mobile		Fax						
Email								
@								

What happens if I do not quote my tax file number (TFN)?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 fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account. 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.

## SECTION 2 – SUPER YOU ARE TRANSFERRING FROM

Name of fund		(This is the only mandatory field in this section)					
Member number		Fund Phone					
Super Product Identification Number (SPIN)		ABN					

If you have other super accounts you will need to complete this form for each of the other funds. This form is also available on our website.

## SECTION 3 – SUPER YOU ARE TRANSFERRING TO

Name of fund	Australian Ethical Retail Superannuation Fund																					
Super Product Identification Number (SPIN)	A	E	T	0	1	0	0	A	U	ABN	4	9	6	3	3	6	6	7	7	4	3	
Fund Phone	1	3	0	0	1	3	4	3	3	7	Member number											

In the unlikely event that we cannot accept your transfer, we will let you know.

## SECTION 4 – PROOF OF IDENTITY

You need to provide identification documentation with this transfer request to prove you are the person to whom the super entitlements belong. Select the documents you wish to supply:

- |   |           |   |            |  |
|---|-----------|---|------------|--|
| <input type="checkbox"/> I have attached a certified copy of my driver's license or passport. | <b>OR</b> | <input type="checkbox"/> I have attached certified copies of both: Birth/Citizenship Certificate or Centrelink Pension Card | <b>AND</b> | <input type="checkbox"/> Centrelink payment letter or government or local council notice (less than 1 year old) with your name and address |
|---|-----------|---|------------|--|

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## Acceptable identification documents

The following documents may be used.

EITHER; one of the following documents only:

- Driver's licence issued under State or Territory law
- Passport

OR; One of the following documents:

- Birth certificate or birth extract
- Citizenship certificate
- Pension card

AND

- 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: Tax Office Notice of Assessment, rates notice from local council.

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. 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, Australia Post employee) and date.

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

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company (bank) officer with five 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 five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or a chief executive officer of a Commonwealth court.

## Things to consider when transferring your super

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super 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.

## 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 provides a relationship exists between two (or more) names.

Suitable linking documents for the following purposes;

- Change of name – Marriage certificate, deed poll or change of name certificated from the Births, Deaths and Marriages Registration Office
- Signed on behalf of the applicant – Guardianship papers or Power of Attorney.

## Instruction to your existing fund (the FROM fund)

I/we hereby request that you transfer the value of the FROM super fund to the Australian Ethical Retail Superannuation Fund, a complying superannuation fund. Please provide all information to the trustee, Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733) and forward payments to: Australian Ethical Superannuation – (Name of member), address details: PO Box 1916 Wollongong NSW 2500.

## SECTION 5 – AUTHORISATION

By signing this section of the form I am making the following statements:

- I declare that 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 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 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 the transfer.

Signature

Signature

Date

Name (block letters)