

## Member's Authorisation to Roll-over Superannuation to AUST(Q)

### Important information

- Please complete all details on this form. Transfers cannot be made if the Old Fund details are different from the information you provide on this form.
- The latest member statement you may have from the Old Fund has the information you need to fill in the form.
- Please enclose a copy of the statement with this form.
- Please check with the Old Fund for details of your benefits and fees, and any fees and penalties it will charge to transfer them to AUST(Q), as the information may affect your decision to transfer.

**IDENTIFICATION MUST BE INCLUDED WITH ALL TRANSFER FORMS, YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING: DRIVERS LICENCE, PASSPORT OR BIRTH CERTIFICATE.**

### When to use this form

- Use this form if you want to transfer your benefit in another superannuation fund ("Old Fund") into the AUST(Q) Fund ("New Fund").
- Complete a separate form for each Old Fund from which you wish to transfer benefits (forms may be photocopied).

### Do not complete this form if:

- You expect that further employer contributions may be made to the Old Fund.
- You have advised the Australian Taxation Office to pay an amount from the Superannuation Holding Reserve to the Old Fund.
- If you have taken an option in the Old Fund to continue insurance cover for a specified period which has not yet expired.

### Old Fund Details

Please use block letters

Old Fund Membership Number: \_\_\_\_\_ Name of Old Fund: \_\_\_\_\_

Address of Old Fund: \_\_\_\_\_

Phone number of the Old Fund (if known): \_\_\_\_\_ Approx value of Benefit \$: \_\_\_\_\_

#### My details when I belonged to the Old Fund were:

Given Name(s): \_\_\_\_\_  Male  Female

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

My address with the Old Fund was: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### AUST(Q) Details

Please use block letters

Name of New Fund: **AUST(Q)** Fund Membership Number \_\_\_\_\_

Name of your current employer in AUST(Q): \_\_\_\_\_

Administrator's name: **SUPERPARTNERS** Administrator's address: **PO BOX 329, SPRING HILL QLD 4004**

Given and Family name (if different from above): \_\_\_\_\_

My current address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: ( \_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_ Your Tax File Number (TFN): \_\_\_\_\_

Under the Superannuation Industry (Supervision) Act 1993 (SIS), AUST(Q) 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 page 22 of the Member Handbook.

Superannuation Fund Number: **2683/399/49** SPIN: **AUT0100AU** Cheque to be made payable to: **AUST(Q)**

- I authorise the rollover of my benefits from my Old Fund to AUST(Q).
- In giving my authorisation to roll over my benefits, I understand that:
  - the Trustee of my previous fund is discharged from any further liability in respect of any amount once benefits have been rolled over and a final statement has been issued by the Old Fund;
  - both superannuation funds are Regulated Funds under Commonwealth Government legislation;
  - in certain cases my New Fund may be required under law to deduct tax from the untaxed portion, if any, of the Eligible Termination Payment (ETP);
  - my Old Fund may deduct transfer or exit fees when I leave that 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 onto another Fund.
- I hereby declare that, to the best of my knowledge, the information I have provided above is true and correct in every particular, and that I understand the information given on this form.

**Yes, I have provided a copy of my I.D.** (Refer to important information above for acceptable forms of I.D.)

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_