Combine your super into AustralianSuper

Request to transfer whole balance of superannuation benefits between funds

AustralianSuper
Westscheme Division

By completing this form, you will request the transfer of the WHOLE balance of your superannuation benefits between funds. This form can NOT be used to transfer part of the balance of your superannuation benefits. It is for whole balance transfers only.

Please complete in pen using CAPITAL letters. Print 'X' to mark boxes where applicable. Form must be completed in full.

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

- Print clearly in CAPITAL LETTERS.

After completing this form

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- 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 part of the balance of your super benefits
- transfer benefits if you don't know where your super 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 (you can photocopy this form) and you must provide multiple copies of your certified identification (see below)
- 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 super agreement under the *Family Law Act 1975* in place.

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 of fund. For forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.ato.gov.au/super or call the Australian Taxation Office on 13 10 20.

Things you need 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. Some funds may also charge entry or deposit fees on transfer although AustralianSuper does not. 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 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 super 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 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 provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Checklist

- X Have you read the important information?
- X Have you considered where your future employer contributions will be paid?
- X Have you checked your ***to*** fund can accept the transfer?
- X Have you completed all of the mandatory fields on the form?
- X Have you signed and dated the form?
- X Have you attached the certified documentation including any linking documents if applicable?

Providing proof of your identity (ID)

If you don't provide the right ID – correctly certified – it will delay the processing of your request. Please read this information very carefully.

1. Get the right ID together

You'll need A CURRENT driver's licence or passport

2. Photocopy your ID

You need to show both the ORIGINAL ID and a photocopy of your ID to the person authorised to certify ID. Please photocopy both sides of your licence.

3. Get your ID certified properly

Most people find it easy to get their ID certified at a:

- police station, or
- post office.

To certify your ID, the authorised person needs to:

a) Compare the photocopy to the ORIGINAL.

b) Stamp or write 'This is a true and correct copy of the original' followed by their signature, printed name, address, telephone number, qualification (eg Australia Post employee*, police officer) and the date.

If you don't have a passport or driver's licence or can't get to a post office or police station, download a copy of the *Identification checklist* fact sheet from **www.westscheme.com.au**. This fact sheet lists all the people who can certify ID and the original documents you can use if you don't have a passport or driver's licence.

* Must be a permanent employee with at least 5 years of continuous service.

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Please complete in pen using CAPITAL letters. Print 'X' to mark boxes where applicable. Form must be completed in full.

1. YOUR DETAILS

Surname

Mr Ms Mr Miss Dr Other

Given names

Date of birth D D M M Y Y Y Y

Other/previous names

Street address

Suburb State Postcode

Previous street address (if details with your *from* fund are different to those above)

Suburb State Postcode

Tax File Number (TFN) Sex M F Email

Telephone (BH) (AH) Mobile

2. FUND DETAILS

FROM: Fund's name

Fund address

Fund phone number

Member number

Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)

If you have multiple accounts with this fund, complete a separate form for each account you wish to transfer. You can photocopy this form, but each form must have an original signature.

TO: Fund's name

A U S T R A L I A N S U P E R

Fund phone number 1300 300 273

Member number

Australian Business Number (ABN) 65 714 394 898

Superannuation Product Identification Number (SPIN) STA0100AU

You must check with AustralianSuper to ensure they can accept this transfer.

3. PROOF OF IDENTITY

X I have attached a certified copy of my driver's licence or passport

OR I have attached certified copies of both:

X Birth/Citizenship Certificate or Centrelink Pension Card **AND** X Centrelink payment letter or Government or local council notice (less than one year old) with my name and residential address.

4. 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 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 AustralianSuper.

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.

Signature

✗

Date D D M M 2 0 Y Y

Please return this completed form to:
Westscheme Division of AustralianSuper, Locked Bag 3350, PERTH ADELAIDE TERRACE WA 6832
Telephone 1800 198 327 Web www.westscheme.com.au