

# request to transfer balance of super benefits into CareSuper

**! Completing this form**

- Read the important notes
- Refer overleaf where indicated with a
- This form is only for whole balance transfers. For information on how to transfer part balances, please call the CareSuperLine on 1300 360 149.

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

### Your personal details

Title  Mr  Mrs  Miss  Ms  Other

\*Surname

\*Given names

Other/previous names

\*Date of birth (DD/MM/YYYY)  /  /

\*Tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

See 'Tax file number' overleaf

\*Residential address

\*Suburb

\*State/territory  \*Postcode

If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Previous address

Suburb

State/territory  Postcode

\*Gender Male  Female

\*Phone number

### Fund details

**FROM**

\*Fund name

Fund address

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

Approximate amount to be transferred \$

See 'Tax file number' overleaf

**TO**

\*Fund name CareSuper

\*Fund phone number 1 3 0 0 3 6 0 1 4 9

\*Membership or account number

Australian business number (ABN) 98 172 275 725

Superannuation Product Identification Number (SPIN) CAR0100AU

See 'Proof of identity' overleaf.

**Note:** your name must be the same as shown on your proof of identity. If your name has changed you must include proof of the change (e.g. a certified copy of a marriage certificate, decree nisi etc.)

### Proof of identity

I have attached a certified copy of my driver's licence (issued under State or Territory law) or passport;

**OR** I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card; **AND**

Centrelink payment letter or Government or local council notice (less than 1 year old) with name and residential address.

See 'Proof of identity' overleaf.

### 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 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)

\*Signature

\*Date  /  /

**i After completing this form**

- Sign the authorisation
- Send this completed form and certified proof of identity documents to:

**CareSuper  
Locked Bag 5087  
Parramatta NSW 2124**

For more information call the CareSuperLine  
**1300 360 149**

## transfer your super

# Important notes

By completing this form, you will request the transfer of the whole balance of your superannuation benefit between funds. This form cannot be used to transfer part of the balance of your fund.

This form will not change the fund to which your employer pays your contributions.

### Before you transfer

Check whether your **from** fund will charge you an exit fee or other penalties.

Ensure that you've transferred or replaced any insurance you have with your other fund before closing the account.

### Tax file number (TFN)

You are not obliged to provide your TFN to CareSuper. However if you do not provide it:

- Your contributions may be taxed at the highest rate plus Medicare levy (currently 46.5%) instead of the usual concessional rate of 15%
- You will not be able to make personal contributions to your super fund
- It may be more difficult for you to monitor your account or to locate it if you lose track of it.

CareSuper is authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another superannuation fund when we're arranging a transfer of funds for you. However, you may request in writing that your TFN not be disclosed to any other trustee.

### Privacy

In completing this **Transfer your super** form:

- I confirm that I have read the CareSuper privacy statement
- I understand how CareSuper intends to handle my personal information and that my personal information will only be used for the purposes specified
- I consent to the use and disclosure of my personal information for the purpose of transferring my superannuation benefits.

If you have any questions about your rights under the privacy legislation please call the CareSuperLine on **1300 360 149**.

### Proof of identity

You will need to provide proof of identity, as described on the form overleaf, with each transfer request. The copies of your proof of identity documents must be certified.

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

- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a teacher employed on a full-time basis at a school or tertiary education institution
- a healthcare professional, such as medical practitioner, nurse, pharmacist or veterinary surgeon
- a Justice of the Peace
- a police officer
- a legal practitioner
- a marriage celebrant
- a minister of religion
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- a member of a professional accounting association.

### How to obtain a certified copy of a document

You need to present a clear photocopy of your document, together with the original, to an authorised person to view and sign as being a 'certified true copy'. All pages must be certified as a true copy of the original, by writing or stamping 'certified true copy' on each page. The certification must include the certifier's signature, printed name, qualification (e.g. 'police officer'), a contact telephone number and that day's date.

Please note that the certification needs to contain an original signature. Faxed copies of certified documents will not be accepted.

### Did you know?

Under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 superannuation funds are required to identify, monitor and mitigate the risk that the fund may be used for the laundering of money or the financing of terrorism.

To meet these requirements CareSuper reserves the right to request further information to verify your identity before making any cash payment.

For more information refer to CareSuper's **Certifying your identification documents** fact sheet available at [caresuper.com.au](http://caresuper.com.au) or by calling **1300 360 149**.



Return this completed form to:

**CareSuper**  
Locked Bag 5087  
Parramatta NSW 2124

For more information call the CareSuperLine

**1300 360 149**



This information is of a general nature and does not take into account your specific needs. You should read the CareSuper Member Guide PDS and consider your own financial position, objectives and requirements before investing your super in CareSuper. We recommend you seek advice from an independent, licensed financial adviser.