

transfer your super into CareSuper

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

You should consider whether this is right for you and check whether your 'from' fund will charge you any exit or other fees when you transfer. You should also understand the fee arrangements of your new fund. Remember, differences in fees and investment returns can affect your super balance. To find out more you can contact your 'from' or 'to' fund.

You should also check the impact on any insurance arrangements (such as loss of insurance) or other benefits you may have in your 'from' super fund.

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
- You will not be able to make personal contributions to your super fund
- We may not be able to receive contributions from you or your employer
- 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. 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.

If you do not provide your TFN on this form, you will need to provide certified ID to facilitate your transfer.

Privacy

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

- Confirm that you have read the CareSuper Privacy Policy, available at caresuper.com.au/privacypolicy
- Understand how CareSuper intends to handle your personal information and that your personal information will only be used for the purposes specified
- Consent to the use and disclosure of your personal information for the purpose of transferring your 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

In some cases you may need to provide proof of identity to transfer funds between your super accounts. The copies of your proof of identity documents must be certified.

For more information refer to the **Certifying your identification documents** fact sheet available at caresuper.com.au/certifyingID or by calling **1300 360 149**.

Want to learn more?

You can find out more from:

- The Australian Taxation Office (ATO) at ato.gov.au
- The Australian Securities & Investments Commission (ASIC) at moneysmart.gov.au

For every fund you wish to transfer out of you must complete one **Transfer your super** form and supply one set of certified proof of identity documents, if required.



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Important

- Read all of the important information below and overleaf.
- This form is for **WHOLE** balance transfers. For partial transfers please contact your existing fund.
- Before consolidating, you should check whether this is right for you, whether you will be charged any exit or other fees, and the impact on any insurance arrangements, including loss of cover.

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

Did you know

You can roll your other funds into CareSuper when you join online. It's easy. Just go to caresuper.com.au/join



After completing this form

- Sign the authorisation
- Send this completed form to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information call the CareSuperLine
1300 360 149

1. 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 or other consequences if you don't. Your TFN is required for identification purposes. If you do not wish to provide your TFN, please include certified proof of identity with this form. See 'Proof of identity' overleaf for more information.

See 'Tax file number' overleaf

*Gender Male Female

*Phone number

*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

2. Fund details

FROM (transferring fund)

*Fund name

Fund address

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation Identifier (USI)

Approximate total account balance to be transferred \$

TO (receiving fund)

Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation Identifier (USI)

If you have multiple account numbers with this fund, you must complete a separate form and certified ID (if required) for each account you wish to transfer.

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 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 have obtained or 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 authorise CareSuper to use or disclose any ID information provided to electronically match identity details against Government records or other identification sources. The identity match process may involve the use of the Australian Government's Document Verification Service and our third-party identity match provider.
- 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

SENSITIVE – when completed

CARE Super Pty Ltd (Trustee) ABN 91 006 670 060 AFSL 235226. CARE Super (Fund) ABN 98 172 275 725

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