

Transfer your super



IMPORTANT NOTES

By completing this form you are requesting to transfer part of, or your full superannuation balance from another fund to your CareSuper account.

To let your employer know you'd like your super contributions paid to CareSuper, complete a **Choice of fund** form.

Complete this form in blue or black pen using BLOCK LETTERS and tick where applicable.

BEFORE YOU TRANSFER

You should consider whether this is right for you and check the impact on any insurance arrangements (such as loss of insurance) or other benefits you may have in your other account. You should also understand the fees and costs associated with being a CareSuper member. Remember, differences in fees and investment returns can affect your super balance. To find out more you can contact us or your other fund.



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

1. YOUR PERSONAL DETAILS

Member account number _____ Date of birth (DD/MM/YYYY) _____

Surname _____ Title _____

Given names _____

Other/previous names _____

Gender Male Female A gender not listed here

Residential address (required) _____

Suburb _____ State/territory _____ Postcode _____

Mobile _____ Daytime telephone _____

Email _____

If you know that the address held by your other account is different to your current residential address, please provide details below.

Postal address _____

Suburb _____ State/territory _____ Postcode _____

2. TAX FILE NUMBER

My tax file number is: _____

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

- You might pay more tax on your super contributions. Sometimes you may be able to claim this tax back, however time limits and other rules may apply
- We may not be able to accept contributions for you
- 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.

If you do not provide your tax file number, please include certified proof of identity with this form.

3. TYPE AND AMOUNT OF TRANSFER

Please specify (✓) the type of transfer you want to make:

I want to transfer my FULL balance from my other account to my CareSuper account.

I want to transfer PART of my balance from my other account to my CareSuper account.*

Approximate amount to be transferred: \$ _____

*Please confirm your other fund allows partial transfers before completing and returning this form.

4. FUND DETAILS

FROM (TRANSFERRING FUND)

Fund name

Fund address

Suburb

State/territory

Postcode

Fund phone number

Membership or account number

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

TO (RECEIVING FUND)

CARESUPER

Fund name

1300 360 149

Fund phone number

98 172 275 725

Australian Business Number (ABN)

CAR0100AU

Unique Superannuation Identifier (USI)



PROOF OF IDENTITY

In some cases you may need to provide certified proof of identity to transfer funds between your super accounts.

Please visit

caresuper.com.au/certifyingid or call

1300 360 149 for more information, and attach certified proof of identity documents to this form.

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

NOTE

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.

IMPORTANT

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.

5. AUTHORISATION AND CONFIRMATION OF YOUR REQUEST

By signing this form:

- I declare that I have read and understood this form and all the information supplied by me is true and correct
- I am aware I may ask my super fund 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
- If I'm requesting to transfer my full balance in my other account, I discharge that 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 fund of each account to give effect to this transfer.

PRIVACY

CareSuper collects your personal information to establish and administer your superannuation account. If you choose not to provide your personal information we may not be able to process your request to transfer your super or administer your account.

By completing this form:

- I confirm that I've read the CareSuper Privacy Policy at caresuper.com.au/privacypolicy
- 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 collection and use of my personal information by CareSuper.

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

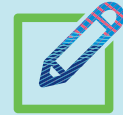
- I authorise CareSuper to use or disclose any ID information provided to electronically match identity details against Government records or other identification sources. The identity match process may involve the use of the Australian Government's Document Verification Service and our third-party identity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



Member's signature

Date (DD/MM/YYYY)

Full name



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it. (We cannot accept digital signatures.)

ONCE YOU'RE DONE

Return this completed form and any supporting documents by posting it to:

**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

For more information call **1300 360 149**