

# Authorise my account to stay with CareSuper



## IMPORTANT INFORMATION ABOUT THIS FORM

Use this form if you have an inactive low-balance account (meaning your account hasn't had any contributions or transfer-ins for 16 months, and has a balance less than \$6,000) and you want your account to stay with CareSuper. This authorisation is valid for 16 months.

By making this authorisation to keep your account with CareSuper, you understand it will continue to be subject to fees.

We must receive this form at least 30 days prior to the upcoming statement date. This is the date CareSuper has to report and transfer your account(s) to the Australian Taxation Office (ATO). These transfers occur each year around 31 October and 30 April.

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

## 1. YOUR PERSONAL DETAILS

\_\_\_\_\_  
Surname Title

\_\_\_\_\_  
Given names

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

\_\_\_\_\_  
Residential address (required)

\_\_\_\_\_  
Suburb State/territory Postcode

\_\_\_\_\_  
Mobile Daytime telephone

\_\_\_\_\_  
Email

## 2. YOUR CARESUPER ACCOUNT DETAILS

Find these details in your MemberOnline account or annual statement.

C A R E S U P E R  
Fund name

9 8 1 7 2 2 7 5 7 2 5  
Fund Australian Business Number (ABN)

### Account 1

\_\_\_\_\_  
Your member number

### Account 2 (if applicable)

\_\_\_\_\_  
Your member number

### 3. MEMBER DECLARATION

I declare I want my account(s) to remain with CareSuper and authorise CareSuper to retain my account.

In making this declaration, I understand:

- My account will remain with CareSuper
- Fees will continue to be deducted from my account balance
- This authorisation is valid for 16 months and I'll need to provide my authorisation again in the future if my account meets the definition of an inactive low-balance account.

#### PRIVACY

In completing this form:

- I confirm I've read the CareSuper Privacy Policy at [caresuper.com.au/privacypolicy](https://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 the Trustee for the purposes specified.

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

\_\_\_\_\_

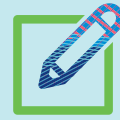
Full name

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date (DD/MM/YYYY)



#### 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 for this form.)

#### ONCE YOU'RE DONE

Upload this completed form to the 'Contact us' section of your MemberOnline account or at [caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)

OR

Return this completed form to:

**CareSuper  
Locked Bag 20019  
Melbourne VIC 3001**

For more information call **1300 360 149**.