

Request to Transfer

By completing this form, you will request the transfer of your superannuation benefits between funds.

This form will NOT change the fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change funds.



State Super Financial Services Australia Limited (RSE Licence L0002394) is the trustee of the State Super Retirement Fund (RSE Registration R1055535)

COMPLETING THIS FORM

- Check that the fund you are transferring your benefits TO can accept this transfer
- Read the important information page
- If you do not complete all of the fields, there may be a delay in processing your request
- Refer to instructions where indicated with a

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send this form and proof of identity documents to the **FROM** fund specified in this form

PERSONAL DETAILS

Title

Mr Mrs Miss Ms Other

Family name

Given name(s)

Other/Previous names

Date of birth

Gender

Male Female

Contact phone number

()

Client code

Residential address

Previous address

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

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 over for additional information

FUND DETAILS

FROM (Where your investment currently resides)

Fund name

Fund ABN

Trustee name

Fund address

Fund contact phone number

()

Member number

Superannuation Product Identification Number (SPIN)

Please transfer the following:

My whole balance A specific amount \$

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

*NOTE: If you have made a personal contribution to your account with this fund in the current or previous financial years and you have not completed a Personal Tax Deduction notice for those contributions, please contact the **FROM** fund named above for more information.*

TO (Where you would like your investment to reside after the transfer)

Fund name

State Super Retirement Fund

Fund ABN

86 664 654 341

Fund address

GPO Box 5336

Sydney NSW

Postcode 2001

Fund phone number

(02) 9333 9555

Type of product

- State Super Personal Retirement Plan
State Super Allocated Pension Fund

Superannuation Product Identification Number (SPIN)

State Super Personal Retirement Plan (SSI0017AU)
State Super Allocated Pension Fund (SSI0009AU)

Please make cheques payable to "State Super Retirement Fund"

PROOF OF IDENTITY

! See 'Completing proof of identity' below

I have attached a certified copy of my Australian driver's licence 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 (<1 year old) with name and address

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 on 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

IMPORTANT INFORMATION

COMPLETING PROOF OF IDENTITY

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

ACCEPTABLE DOCUMENTS

The following documents may be used.

EITHER

One of the following documents only:

- driver's licence issued under State or Territory law
- passport.

OR

One of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

AND

One of the following documents:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address. For example:
 - Tax Office Notice of Assessment
 - Rates notice from local council.

THINGS TO CONSIDER WHEN TRANSFERRING SUPERANNUATION

You should consider all relevant information before deciding whether to transfer your superannuation. Some of the points to consider are:

FEES – Your **FROM** fund may charge you exit or withdrawal fees for transferring superannuation, which could significantly reduce your final benefit

INSURANCE BENEFITS – Your **FROM** fund may insure you against death, illness or accident which leaves you unable to return to work. If you choose to leave your **FROM** fund, you may lose an insurance entitlements you have as we do not offer insurance.

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee, etc) and date.

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

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

Send this completed form and certified proof of identity documents to the **FROM** Fund specified in this form.

* 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, you will be taxed at the highest marginal tax rate plus the Medicare Levy, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation 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 superannuation 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 superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.