Request for rollover of whole balance of super between funds

Use this form to Rollover to another super fund

Lodge your form	electricsuper.admin@rs.mpms.mufg.com or Post to: ElectricSuper PO Box 126 Parramatta NSW 2124
Your privacy	Refer to www.electricsuper.au/privacypolicy for information on how your provided information is used and how we treat your privacy.
Queries	1300 307 844 www.electricsuper.au

Issued by the Electricity Industry Superannuation Board ABN 42 457 486 237 as trustee of the Electricity Industry Superannuation Scheme ABN 57 923 283 236

Disclaimer: The information relating to ElectricSuper is subject to change from time to time. The ElectricSuper Rules (the 'Rules') are the final authority when any discrepancy arises between the Rules and any other information about the scheme. The Electricity Industry Superannuation Board recommends that you consult a licensed or appropriately authorised financial consultant before taking action regarding your superannuation.

1601.7 11/26 ISS1

Australian Government

Request for rollover of whole balance of super benefits between funds

When to use this form

Complete this form to request the rollover (or transfer) of the whole balance of your super benefits between funds, in accordance with the *Superannuation Industry (Supervision) Act 1993*.

Important

This form **cannot** be used to:

- transfer part of the balance of your super benefits
- change the fund that your employer pays your super contributions into – the *Standard choice form* must be used
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds – a separate rollover form must be completed for each fund
- open a super account
- transfer benefits under certain conditions or circumstances – for example, if a super agreement under the *Family Law Act 1975* is in place.

When completing this form

- Print clearly in BLOCK LETTERS.
- Refer to *Request for rollover of whole balance of super benefits between funds – Instructions* (QC19260) on ato.gov.au for detailed instructions and guidance.

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

Transfers to self-managed super funds (SMSFs)

Super funds (including SMSFs) must use SuperStream to roll over your super benefits. This means your SMSF will need:

- an electronic service address
- an Australian business number (ABN)
- to ensure the SMSF details are up to date, including bank account details.

SMSF trustees may wish to consider appointing a professional to assist them in meeting these requirements.

The trustee of your **FROM** fund may request further information from you to help confirm your identity. You may also be asked to provide information about the SMSF bank account (to confirm the destination of the payment). This information assists to manage security and fraud risk in the rollover transaction.

If this information is requested, the **FROM** fund may not be able to process your request until the information is provided.

Where do I send the form?

Send your completed and signed form, together with any documents required by your fund, to your transferring **FROM** fund.

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at moneysmart.gov.au
- ATO website at ato.gov.au/super

For more information about this form, phone the ATO on **13 10 20**.

Personal details

Proof of identity

The trustee of your **FROM** fund may request further information/evidence from you to help confirm your identity.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

*Family name

*Given names

Other/previous names

*Date of birth Day ☐☐ / Month ☐☐ / Year ☐☐☐☐

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.

*Gender: Male ☐ Female ☐ Indeterminate ☐

Contact phone number

Residential address

*Address

*Suburb

*State/territory ▼ *Postcode

Previous address

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

Address

Suburb

State/territory ▼ Postcode

Fund details

FROM (Transferring fund)

*Fund name

Fund phone number

*Membership or account number (non-SMSF)

*Australian business number (ABN)

*Unique superannuation identifier (non-SMSF)

Are you rolling over a super death benefit? Yes ☐ No ☐

To (Receiving fund)

*Fund name: ElectricSuper

Fund phone number: 1300307844

*Membership or account number (non-SMSF)

*Australian business number (ABN): 57923283236

*Unique superannuation identifier (non-SMSF): 57923283236000

For SMSFs only

FROM (Transferring fund)

Account name

BSB

Account number

Electronic service address

The trustee of your **FROM** fund may request further information/evidence about the SMSF bank account to confirm the payment destination.

To (Receiving fund)

*Account name

*BSB

*Account number

*Electronic service address

Authorisation

By signing this form, you are:

- aware you may ask your superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on your benefits, and you have obtained or do not require such information
- requesting consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer
- discharging the superannuation provider of your transferring fund from all further liability in respect of the benefits paid and transferred to your receiving fund.

By signing this form you are making the following declarations:

- I declare that the information is true and correct.
- Where the receiving fund is an SMSF, I confirm that I am a member, trustee or director of corporate trustee of the SMSF.

***Name** (Print in BLOCK LETTERS)

***Signature**

Date

Day ☐☐ / Month ☐☐ / Year ☐☐☐☐