

Request to transfer benefits to First State Super

You should complete this form if you wish to transfer all or part of your superannuation balance(s) from another superannuation fund(s) to your First State Super superannuation account. You must complete a separate form for each super fund that you are transferring from ie. if you have multiple accounts within a single fund, you only need to complete one form. But if you have money in a number of super funds, you must complete a separate transfer form and provide certified proof of identity paperwork for each fund.

We will forward this form and certified proof of identity paperwork to your current fund and they will contact you and tell you what information they require before they can release your money. The documents you must provide as proof of your identity are shown in the Explanatory notes on page 4 of this form.

First State Super is a complying superannuation fund and our Complying Superannuation Fund Notice may be downloaded from our website at www.firststatesuper.com.au

Refer to the *Explanatory notes* on page 4 for important information about completing this form.

Please print clearly in black ink.

Please note that information marked* is compulsory. If you do not provide all the compulsory information there may be a delay in processing your request.

1. Your personal details

First State Super member number	Title (Mr Mrs Ms Miss Dr)	Male	Female	Date of birth (DD-MM-YYYY)	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Family name (if you have changed your name, you must provide certified evidence) *					
<input type="text"/>					
Given name/s *					
<input type="text"/>					
Current residential address *					
<input type="text"/>					
Suburb *				State *	Postcode *
<input type="text"/>				<input type="text"/>	<input type="text"/>
Current postal address *					
<input type="text"/>					
Suburb *				State *	Postcode *
<input type="text"/>				<input type="text"/>	<input type="text"/>
Work or Home	Daytime contact telephone number *		Mobile number		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address					
<input type="text"/>					
<input type="text"/>					

2. Your tax file number

Under the *Superannuation Industry (Supervision) Act 1993*, you do not have to provide your superannuation fund with your TFN, however failure to do so will directly affect your superannuation benefits. Please refer to the notes on the last page regarding the importance of providing your tax file number.

Tax file number

5. Acknowledgement of investment in a single asset class option

You must print your name, date and sign this Acknowledgement if you have selected one or more of the single asset class investment options in Section 4 of this form. If this is not done for any reason this form will be returned to you and the processing of your request will be delayed.

- I have chosen to invest in a single asset class investment option and acknowledge I have read the *Member Booklet* and *Member Booklet Supplement: Investment options* and I understand the risks associated with investing in single asset class investment options. I understand that, generally speaking, I can reduce the overall risk of my investment in First State Super by investing (or diversifying) in one or more of the pre-mixed investment options or across a variety of single asset class investment options.

Name

Signature

Date (DD-MM-YYYY)

You must now complete Section 6.

6. Declaration

In signing this form, I am making the following statements:

- I understand that the *Member Booklet*, any *Supplementary Member Booklet* and *Member Booklet Supplement: Investment options* contains a detailed description of First State Super's investment options and how my request will be processed.
- I understand that First State Super can provide me with information but does not provide investment advice, and that independent financial advice may assist me if I have any questions about the information provided by First State Super.
- I understand that if I was previously invested in the Trustee's default option because I had never made an investment election, then by choosing one of the investment options listed on this form, the automatic age-based switch from the Diversified option to the Balanced option at age 56 will not apply to me.
- I declare that I have fully read this form and the details I have provided are true and correct.
- I am aware that I may ask my current superannuation provider for information about any fees or charges that may apply, or any other information about the effect a transfer may have on my benefits, and I do not require any further information.
- I have provided certified evidence of my name change or Guardianship or Power of Attorney if applicable.
- I consent to the use and disclosure of information contained in this form in accordance with First State Super's Privacy Policy.
- I discharge the superannuation provider of the fund from which I am transferring of all further liability in respect of the benefits paid and transferred to First State Super.
- 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.
- I understand that I will receive a confirmation letter which confirms the transactions processed to my account. If these transactions are not consistent with my instructions on this form I acknowledge that I must contact First State Super to request an amendment.

Signature

Date (DD-MM-YYYY)



Return the completed form to First State Super PO Box 1229 WOLLONGONG NSW 2500

If you have any enquiries please call Customer Service on **1300 650 873** between 8:30 am and 5:30 pm AEST from Monday to Friday for the cost of a local call (unless calling from a mobile or pay phone).

7. First State Super fund information

All cheques to be made payable to "First State Super"

ABN 53 226 460 365

SPIN FSS 0100AU

8. Checklist

- Please ensure you attach certified proof of identity documents.
- If you have chosen to invest the benefit you are transferring in a single asset class option, please ensure that you have completed and signed Section 5 and Section 6 of this form.
- Please ensure you have signed and dated the form.

9. Explanatory notes

Please ensure you read all the information on this form

Before proceeding with a transfer, it is important to consider all the implications, including the administration fees, potential exit or termination fees that may be applied by your current fund and the possible loss or reduction of insurance cover that you may have with your current fund. You should ask your current fund for any information you need to fully understand the implications of transferring your benefit.

We recommend that you consult a licensed or authorised financial adviser to obtain advice that takes your personal circumstances into account.

Only First State Super members can use this form

Before you can transfer other superannuation benefits into First State Super, you **must** be a member of the Fund. If you are **not** already a member, you should consider the current Personal Division Member Booklet that applies to you and **complete the application form at the back of the Member Booklet**. You can obtain a current Member Booklet from Customer Service on 1300 650 873 or it may be downloaded from our website at www.firststatesuper.com.au

If you wish to use this benefit transfer to open your First State Super account, then you should complete and forward this form to First State Super, together with your membership application form.

Important information

This form cannot be used to:

- transfer your superannuation benefits if you do not know where your superannuation is;
- transfer benefits from multiple funds - a separate form and certified proof of identity paperwork must be completed for each balance you wish to transfer;
- change the fund to which your employer pays contributions on your behalf;
- open a superannuation account;
- transfer your superannuation benefits under certain conditions or circumstances, for example if there is a superannuation agreement or Order under the Family Law Act 1975 in place.

What will happen to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions. If you wish to change the fund to which your contributions are being paid, you should talk to your employer about their choice of superannuation fund policy. For the appropriate form and information about whether you are eligible to choose the fund to which your employer contributions are made visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

The importance of providing your tax file number (TFN)

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 trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other trustee.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Otherwise your TFN will be treated confidentially.

Proof of identity and certification of personal documents

In order to protect your benefit entitlement and to ensure your privacy is maintained, superannuation funds require you to provide certified documentation verifying your identity before your request can be processed. The documents that First State Super requires are summarised on page 5 and most superannuation funds require similar documents.

To ensure there is no delay processing your transfer request, please forward the appropriate certified documentation with this form. These documents must be certified by a suitably qualified person (see *Certification of personal documents* on page 5).

Privacy

The information you provide in this form is collected by and held for First State Super by the fund administrator, Pillar Administration, in accordance with the *National Privacy Principles*. For further information about privacy, please contact Customer Service on 1300 650 873 or visit www.firststatesuper.com.au to view the Privacy Policy.

Complete either Part A or Part B

You must provide EITHER one certified document from Part A OR two certified documents (one from each section) from Part B.

Part A – Acceptable primary ID documents

Select **ONE** valid document from this section (please cross the document you are providing):

- Current Australian State/Territory driver's licence containing a photograph of the person
- Australian Passport (a passport that has expired within the preceding two years is acceptable)
- Card issued under a State or Territory for the purpose of providing a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

OR

Part B – Acceptable secondary ID documents

Select **ONE** valid option from this section (please cross the document you are providing):

- Australian birth certificate
- Australian citizenship certificate
- National identity card issued by a foreign government containing a photograph of the person in whose name the card was issued*

AND

ONE valid option from this section (please cross the document you are providing):

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual) which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- Foreign driver's licence that contains a photograph of the person in whose name it was issued and the individual's date of birth*
- Pension card issued by Centrelink
- Health card issued by Centrelink

** Documents not written in English must be accompanied by an English translation prepared by an accredited translator.*

Have you changed your name, or are you signing on behalf of the applicant?

If you have changed your name or are signing on behalf of the applicant, you will need to provide one of the following certified documents. Ceremonial certificates cannot be accepted.

- If you have changed your name – Marriage certificate, deed poll or change of name certificate from Births, Deaths and Marriages Registration Office.
- If you are signing on behalf of the applicant – Guardianship papers or Power of Attorney.

Certification of personal documents

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 (eg. Justice of the Peace, Australia Post employee, etc) and the date.

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

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- An officer with, or authorised representative of, an Australian Financial Services Licence (AFSL) holder, having two or more years continuous service with one or more licensees
- An Australian consular officer or an Australian diplomatic officer
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- Chief Executive Officer of a Commonwealth court
- Commissioner for Affidavits
- Commissioner for Declarations
- A finance company officer with two or more years of continuous service (with one or more finance companies)
- Judge of a court
- Justice of the Peace
- Magistrate
- Notary public
- Permanent employee of Australia Post with two or more years of continuous service
- Police officer
- Registrar or deputy registrar of a court
- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.
- Dentist
- Medical practitioner
- Nurse
- Chiropractor
- Optometrist
- Pharmacist
- Physiotherapist
- Psychologist
- Veterinary surgeon