

Consolidate your super

Request to transfer super benefits between funds

You can also fill in this form online at mlc.com.au/consolidate

* Mandatory fields. 1. Your personal details MLC account number (if known) Customer number (if known) Gender* Title Female Miss Ms Other Male Mr Mrs First name* Middle name(s) Family name* Other/Previous names Email Contact telephone number (business hours)* Date of birth (DD/MM/YYYY)* Tax File Number (TFN) Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. Your TFN will be used for identification purposes and will be disclosed to your other super provider, unless you request in writing that it is not disclosed. If your other super fund is unable to identify you they may request additional information. 2. Your residential address details Current address* (we can't accept a PO Box) Unit number Street number Street name Suburb State Postcode Country Previous address (if known) Unit number Street number Street name Suburb State Postcode Country

3. Your other super fund details Tick Fund name* Product name Membership or account number* Unique Superannuation Identifier (USI) (if known) How much would you like to transfer from the above fund?* Fund ABN My total account balance, or A partial amount 4. Your MLC Super Fund details Please transfer my super to Australian Business Number **MLC Super Fund** 70 732 426 024 Product name 5. Your 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 the other superannuation fund for information about any fees or charges (including exit fees and buy/sell spreads) that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information (including when I'm consolidating accounts within the MLC Super Fund); • I consent to my TFN being disclosed for the purposes of transferring my super to my MLC Super Fund account; I discharge the trustee of my other super fund of all further liability in respect of the benefits paid and transferred to my MLC Super Fund account; • I authorise my adviser/trustee representative to enquire about this transfer; I understand that if part of my benefit contains a UK transfer amount, there may be UK tax implications; • I authorise the trustee of the other superannuation fund to provide the Trustee with all relevant details of my membership, a copy of my rollover benefit statement and any other information required by law to affect this transfer; • I understand that by transferring the other fund to my MLC Super Fund account I may lose the insurance benefits of the other super fund (including when I'm consolidating accounts within the MLC Super Fund); • I understand I am requesting the closure, or partial withdrawal of benefits from my other super fund (including when I'm consolidating accounts within the MLC Super Fund); and I request and consent to the transfer of super as described above and authorise the super provider of each fund to give effect to this transfer. Name (please print in capital letters) Signature* Date (DD/MM/YY)

6. Send us your form

Please mail or fax your completed, signed and dated form to:

Reply Paid MLC Super PO Box 200 North Sydney NSW 2059 (no stamp required)

Fax number: 02 9964 3334

If you have any questions, please speak with your financial adviser, or call us on **132 652** between 8 am and 6 pm, Monday to Friday (AEST/ AEDT) or visit **mlc.com.au**