

Consolidating your super

By completing this form, you will initiate a rollover or request to transfer your super benefits between funds.

You must use the Schedule 2B to transfer your benefits to your own self-managed super fund (SMSF).

This form will **not** change the fund to which your employer pays your contribution. The *standard choice* form must be used by you to change funds.

Before completing this form, please read the important information below.

Important information

This transfer may close your account (you will need to check this with your fund). This form CANNOT be used to:

- transfer benefits if you don't know where your superannuation is
- change the fund to which your employer pays contributions on your behalf (known as choice), or
- open a superannuation account, or transfer benefits under certain conditions or circumstances; for example, if there is a superannuation agreement under the Family Law Act 1975 in place.

What happens to your future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits from.

Things you need to consider when transferring your superannuation

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you. Some of the points you may consider are:

- **Fees** – your **FROM** fund must give you information about any fees they charge. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. Colonial First State may also charge entry fees on transfer. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Insurance** – your **FROM** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Colonial First State may not offer you insurance or may require you to pass a medical examination before we cover you. You may wish to check the costs and amount of any cover offered by Colonial First State.

Checklist

- Check** that you have completed all sections and fields marked with an asterisk
- Sign** and date the authorisation in section 4
- Send** the form (no stamp required) to:
CONSOLIDATE MY SUPER
Reply Paid 27
SYDNEY NSW 2001

This page has been left blank intentionally.

Consolidate my super

SAVE FORM

PRINT FORM

Rollover initiation request to transfer superannuation benefits between funds

This form will NOT change the fund to which your employer pays your contributions. USE BLACK OR BLUE PEN AND CAPITAL LETTERS.

You should contact your other super fund to find out if there are any fees, charges or other consequences for transferring your super out of that fund, such as loss of insurance cover, if requesting a full balance transfer.

*These fields are mandatory.

WARNING: If you are transferring insurance from your other fund, please do not return this form to us until you have been notified by us that we have accepted the insurance transfer.

1 YOUR PERSONAL DETAILS

*Name

*Gender

M F

*Date of birth

 (dd/mm/yyyy)

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. Refer to the product disclosure statement for more information.

*Contact phone number

2 DETAILS OF YOUR COLONIAL FIRST STATE FUND - 'TO' FUND

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

⚠ Refer to your last statement for account information, or call us on 13 13 36.

3 DETAILS OF YOUR OTHER SUPER FUNDS - 'FROM' FUNDS

These are the funds you are moving out of. You can use this form to transfer up to five super funds to your Colonial First State fund. If you have more than five super funds to transfer, please complete a separate form.

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

3 DETAILS OF YOUR OTHER SUPER FUNDS – ‘FROM’ FUNDS (CONTINUED)

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Full rollover Partial rollover Transfer amount (only complete for partial rollovers) \$

4 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 about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and I have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- 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.
- If I have applied to transfer my insurance cover, I request that my super only be consolidated once the insurer has made a decision in relation to that application.

Original signature of member

Print name

Date signed

 (dd/mm/yyyy)