



November 2021

Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into IOOF Employer Super.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (www.ioof.com.au) if required. An original signature is required on each form.

Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

This form, including the certificate of compliance, should be forwarded to us by post.

Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>		
Given name(s)	<input type="text"/>				
Mailing address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>		
Phone (mobile)	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Tax file number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* We are authorised by superannuation and taxation law to collect your TFN which will be used to action your transfer request. It is not an offence if you choose not to provide your TFN, but providing it has advantages, including:

- we will be able to accept all permitted contributions
- other than the tax that may ordinarily apply, you will not pay more tax than you need to, and
- it will be easier to find different super accounts in your name.

If you choose not to provide your TFN, we may not be able to process your request. If you do not supply your TFN, we require that you provide certified proof of identity. Please refer to the 'Completing Proof of Identity' document at ioof.com.au for more information.

If you have provided your tax file number certified proof of identity is not required.

Please provide the IOOF account number that will receive the transfer of super benefit if available:

Unique Superannuation Identifier (USI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Account number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
ABN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2: Details required for transfer

Section A: Details of your FROM fund

I request that the benefit held in my super fund or income stream, as detailed below, be transferred to my account in the nominated super or pension product specified in Step 1.

Name of your FROM fund

ABN# - - -

Unique Superannuation Identifier (USI)#

Account/member number#

Electronic Service Address (ESA)# (if transferring from a SMSF)

You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund. You do not need to provide a USI or an account/member number if transferring from a SMSF.

Section B: Benefit to be transferred

Amount to be transferred

Entire balance (account in the FROM fund will be closed) Approximate value \$

Partial balance of \$

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

Step 3: Member/applicant declaration and signature

Important note: The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at www.ioof.com.au/privacy.

By signing this request form, I am making the following statements

- I declare that I have fully read this form and declare that the details supplied are true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications of transferring my benefit from my FROM fund into my account in the nominated IOOF account.
- I discharge the Trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated IOOF account.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) where I have elected to transfer the entire balance transferred from my FROM fund to my nominated IOOF account and I authorise IOOF Investment Management Limited (IIML) to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated IOOF account (subject to legislative restrictions).
- If I have provided my tax file number, I consent to it being disclosed for the purposes of consolidating my account.
- I have considered the relevant remaining minimum balance requirements of my FROM Fund when making a partial transfer.

Member/applicant signature

Signature

Date / /