

9 August 2013

Request to transfer a superannuation benefit

Use this form when you wish to transfer monies from another superannuation fund or income stream into a superannuation or pension product available through IOOF LifeTrack.

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 provide your certified proof of identity. Refer to the proof of identity requirements section for documentation you need to provide.

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 (bh)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Phone (ah)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (mobile)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>											
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Tax file number*	<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"/>	

* Although you do not have to provide your tax file number by law, your FROM fund may require your tax file number to process the transfer.

Please nominate the IOOF LifeTrack product that will receive the transfer of super benefit:

- IOOF LifeTrack Personal Superannuation (Unique Superannuation Identifier (USI) AMG0063AU)
- IOOF LifeTrack Corporate Superannuation (Unique Superannuation Identifier (USI) AMG0065AU)
- IOOF LifeTrack Employer Superannuation (Unique Superannuation Identifier (USI) 70815369818002)

Account number (if known) - -

ABN 7 0 - 8 1 5 - 3 6 9 - 8 1 8

Step 2: Details required for transfer

Section A: Details of your FROM fund

I request and direct 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	<input type="text"/>																															
ABN#	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>																								
Unique Superannuation Identifier (USI)#	<input type="text"/>																															
Account/member number#	<input type="text"/>																															
Member client identifier# <small>(if different from Account/member number)</small>	<input type="text"/>																															
Address	<input type="text"/>																															
Suburb	<input type="text"/>														State	<input type="text"/>			Postcode	<input type="text"/>												
Phone	<input type="text"/>			<input type="text"/>				<input type="text"/>				<input type="text"/>																				
Name of previous employer (if applicable)	<input type="text"/>																															
Date left employer (if applicable)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				<input type="text"/>																							

You can obtain this information from the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund.

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.

Payment instruction to FROM fund (SMSF only):

Please forward a cheque (if applicable) made payable to 'IOOF LifeTrack – full member name and/or account number' with any related documentation to: **IOOF LifeTrack, Reply Paid 264, Melbourne, VIC 8060**

Step 3: Member/applicant declaration and signature

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

- I declare that I have fully read this form and declare that the information completed is 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 super product.
- 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) transferred from my FROM fund to my nominated IOOF account and I authorise IOOF Investment Management Limited (IIML) (the Trustee) 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 super product (subject to legislative restrictions).

Member/applicant signature

Signature

Date / /

Please sign and return this form by post to:

IOOF LifeTrack, Reply Paid 264, Melbourne, VIC 8060

Enquiries: 1800 062 963

Proof of identity requirements

You need to provide a certified copy of a document(s) with this transfer request that clearly shows your full name, your signature, date of birth and residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER A

ONE of the following documents only:

- current driver's licence issued under State or Territory law
- passport

OR B

ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

ONE of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, State or Territory government or local council within the past 12 months that contains your name and residential address (such as a Tax Office Notice of Assessment or rates notice from local council).

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

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 (such as Justice of the Peace or Australia Post employee) and date.

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

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a state or territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court.



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Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

Certificate of compliance

IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818, incorporating:

- IOOF LifeTrack Personal Superannuation (Unique Superannuation Identifier (USI) AMG0063AU)
- IOOF LifeTrack Corporate Superannuation (Unique Superannuation Identifier (USI) AMG0065AU)
- IOOF LifeTrack Employer Superannuation (Unique Superannuation Identifier (USI) 70815369818002)

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows benefits to be transferred/rolled over to the Fund.

Julie Orr
General Manager Operations
On behalf of IOOF Investment Management Limited

Trustee

IOOF Investment Management Limited
ABN 53 006 695 021
AFS Licence No. 230524

Registered Address

Level 6, 161 Collins Street, Melbourne, VIC 3000

Client Services

Post: Reply Paid 264, Melbourne, VIC 8060
Enquiries: 1800 062 963
Email: clientservices@ioof.com.au
Fax: 1800 558 539