Combine my super (full rollover) form



Complete this form to transfer the **entire** balance of your super from another fund to your UniSuper account. To arrange a partial rollover into UniSuper, please contact your other fund.

You can combine your super with our rollover tool at unisuper.com.au/rollover.

Important information

One form is required for each rollover into UniSuper from another previous fund.



PROVIDING YOUR TAX FILE NUMBER (TFN)

Things to consider

- This transfer may close your other super account.
- · If your other fund will charge you any exit or withdrawal fees.
- · If you choose to leave your other fund, you may lose any insurance entitlements you have. You may be able to transfer your cover to UniSuper. To apply please complete the Transfer of insurance application form which is available from our website. Make sure you receive confirmation from us that your insurance will be transferred before completing this form.

Privacy information

UniSuper recognises the importance of protecting your personal information and is committed to complying with its privacy law obligations. For more information on how we collect and manage your information please refer to the Privacy statement at the end of this form.

SECTION 1 — Member details Please use BLACK or BLUE BALL POINT PEN and print in CAPITAL LETTERS. Cross where required X Please note all fields are mandatory apart from your tax file number.

•					r, refer to your ıs on 1800 331	
	-~ F					
Title M						
THE IV	[r	Mrs	Ms	Dr	Professor	
Other						
Surname						

Given name					
Date of birth (DDMMYYYY)	Gender				
	Male Female				

What phone number do you want us to call you on if there is a question we need to ask you regarding this form?

Contact number (during business hours)

form continues ':



SECTION 1 — Continued **Email address** @ Your tax file number I consent to UniSuper using my TFN to access the ATO's SuperMatch service to search for other super in my name. I do not wish to quote my TFN Residential address, number and street (no PO Box) Suburb/Town State Postcode Country (if not Australia) Is your postal address different from your residential address? No. Go to Section 2. Yes. Please provide your postal address below. Postal address, number and street (or PO Box if applicable) Suburb/Town State Postcode Country (if not Australia)



Refer to the latest correspondence from your other fund to help you complete these details.

Your membership/policy number of previous fund*

Full name of previous fund*

Please complete two of the following:

- 1. Australian Business Number (ABN) of previous fund
- 2. Unique Superannuation Identifier (USI)
- 3. Product name/ID

Phone number of previous fund

Address of previous fund (number and street, or PO Box)

Suburb/Town

State Postcode

 $^{^{\}ast}$ Mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.



To arrange a partial rollover into UniSuper, please contact your other fund



To arrange a rollover from your SMSF, please contact the Administrator of your SMSF.

They will need to send us a Rollover Benefit Statement (form NAT 70944 which is available from the Australian Tax Office website at www.ato.gov.au/ forms) and cheque.

Please note that tax consequences of transferring from a SMSF to another super fund are complex and require careful consideration and we recommend you speak to a qualified financial adviser before transferring.

SECTION 3 — Member declaration and signature



Please read this before you sign and date or upload your form to MemberOnline.

- I declare that the information I have provided on this form is true and correct.
- I consent to the rollover of superannuation as described on this form and authorise the superannuation provider to give effect to my rollover request.
- I authorise UniSuper (or its agents) to contact my other super fund regarding this request to rollover my super from that fund into my UniSuper account.
- · I am aware that I may ask the trustee of my previous fund for all the information that I need to understand my benefit entitlements in that fund and the effect of a rollover on my benefit entitlements and understand and acknowledge the implications of rolling over my benefit from my previous fund into UniSuper.
- I discharge the trustee of my previous fund from all further liability in respect of the benefit rolled over to UniSuper.
- · I acknowledge and understand that rollovers retain their preservation status and that preserved benefits must generally remain in the superannuation system until I reach my preservation age and permanently retire from the workforce.
- I authorise UniSuper to invest my rollover in accordance with my investment instructions.
- I understand that if I do not have a future contributions strategy or rollover strategy, my rollover will be invested in the Balanced investment option which is the fund's default investment option and its MySuper offering.
- · I consent to my tax file number (if provided) being disclosed for the purposes of consolidating my account.

Signature

Date (DDMMYYYY)



FOLLOWING UP ON YOUR ROLLOVER REQUEST

the us on 1800 331 685



RETURNING YOUR FORM

- Email to enquiry@unisuper.com.au



CERTIFIED PROOF OF IDENTITY

Previous fund use only:

If applicable, make cheques payable to UniSuper Limited and send to: UniSuper, Level 1, 385 Bourke Street, Melbourne VIC 3000

UniSuper: ABN 91 385 943 850 SFN 1302/509/40 USI 91385943850001

Privacy statement

UniSuper recognises the importance of protecting your personal information and we're committed to complying with our privacy law obligations.

We collect your personal information to administer your account, improve our products and services and to provide you with, and promote, UniSuper membership benefits, services and products. You consent to our collecting sensitive information about you, where collecting that information is reasonably necessary for us to perform one or more of our functions or activities. We usually collect personal and sensitive information directly from you, however, it may also be collected from third parties, such as your employer.

We may also collect this information from you because we are required or authorised by or under an Australian law or a court/tribunal order to collect that information.

If you do not provide this information, we may not be able to administer your account, or provide you with a product or service.

We may disclose your information to any service provider we engage (for example mail-houses, auditors, insurers, actuaries, lawyers) to carry out or assist us to provide your membership benefits, services and products. This includes overseas entities. Where information is transferred overseas, we will seek to ensure the recipient of the data has security systems to prevent misuse, loss or unauthorised disclosure in line with Australian laws and standards.

Our Privacy Policy contains information about how you may access any personal information held by us, how to correct your information and how to make a complaint about a breach of the Privacy Act. Our Privacy Policy is available from our website at unisuper.com.au or by calling us on 1800 331 685.



FURTHER INFORMATION

If you need further information or help to complete this form:

- contact your employer's Superannuation Officer
- ··> call us on **1800 331 685**, or
- ··· visit our website at unisuper.com.au