

Make a partial rollover of your super to Aware Super Future Saver



S U P E R

Request to transfer superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993.

Please use a dark pen and CAPITAL letters. Insert (when you have to choose an option). If you have any questions, please contact our Member Support Team on 1300 650 873.



* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

Step 1: Your personal details

Title

Date of birth*

Middle name

Last name*

Home address* (must not be a PO Box)

Mobile number*

Daytime contact number

Email (Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.)

By providing my email address I'm consenting to receive communications from Aware Super digitally as appropriate and in accordance with Aware Super's Privacy Policy. I understand I can change my communication preferences at any time by logging into Member Online or calling Aware Super on 1300 650 873.

Tax File Number (TFN)*

Under the Superannuation Industry Supervision Act 1993, the Trustee is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation fund when your benefits are being transferred, unless you request in writing to the Trustee that your TFN not be disclosed to any other superannuation fund.

You are not legally required to provide us with your TFN, however giving your TFN to us will have the following advantages, which may not otherwise apply:

- We will be able to accept all types of contributions to your account or accounts
- The tax on contributions to your account or accounts will not increase
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits
- And it will make it much easier to trace different superannuation accounts in your name, so that you receive all your superannuation benefits when you retire.

If you do provide your TFN, it will be kept confidential by us and the ATO.

Step 5: Declaration

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

- I declare I have fully read this form including the explanatory notes and understand that it does not constitute financial advice.
- The information I have provided is true and correct.
- I have read, understood and accept the Aware Super privacy policy.
- 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 do not require any further information.
- I discharge the superannuation provider of all the further liability in respect of the benefits paid and transferred to the 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.
- I authorise the Trustee to act on my behalf in arranging this transfer. This includes receiving information from other financial organisations regarding this transfer.
- I understand that this rollover request is irrevocable.

Signature*

Date signed* (DD-MM-YYYY)

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