

Step 1: Your personal details	
Title	Date of birth*
First name*	
Middle name	
Last name*	
Home address* (must not be a PO Box)	
Suburb*	State* Postcode*
	State Positode
Mobile number*	Daytime contact number

Step 5: Read our privacy information

The personal information provided on this form is collected and held by Aware Super, in accordance with the Australian Privacy Principles of the Privacy Act 1988 (Cth), for the purpose of administering accounts, assessing claims and providing services associated with fund membership. For further information about how personal information is handled, please call us on 1300 650 873 or visit aware.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

Step 6: Declaration

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

- The information I have provided is true and correct.
- I understand that if I intend to claim a tax deduction for any personal contributions I have made to the
 Fund in the current nancial year, I must provide a Notice of intent to claim or vary a deduction for personal
 superannuation contributions form to the trustee before I close the account into which I have made the
 personal contributions or commence an income with the contributions (not applicable to Aware Super
 Retirement Income members).
- I understand that any amount/s I have invested in the Term Deposit Option, cannot be accessed before the
 maturity date. Only under special circumstances and at Trustee discretion, may the Trustee allow a term
 deposit to be terminated early. I understand there may be extra costs associated with an early termination,
 such as a reduction in interest accrued.
- I understand that any insurance cover I have on the account I am transferring from will cease upon full roll
 over to the account I am transferring to (not applicable to Aware Super Retirement Income members).
- I discharge the Trustee from all further liability in respect of the bene ts paid and transferred and understand that this rollover request is irrevocable.
- 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 e ect this transfer may have on my bene ts, and do not require any further information.

Signature*	Date signed* (DD-MM-YYYY)
	D D M M Y Y Y

Step 7: Where to post your completed form

Please post the completed form to:

Aware Super GPO Box 89 MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on 1300 650 873.

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