

This form is for whole (not part) balance transfers only. Please read the accompanying Whole Balance Transfer Instructions before completing it. Complete this form using BLOCK LETTERS and a BLACK or BLUE pen. Write X in the appropriate boxes.

## 1 MEMBER DETAILS

\*Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Member Number (if existing member)

E R F

Title \*Surname

\*Given Name(s)

\*Current Residential Address

\*City/Suburb \*State \*Postcode

Previous Address (if the address held by your previous fund is different to the address above)

City/Suburb State Postcode

\*Sex (M/F) \*Contact Phone Number Mobile

Email Address

\*Date of Birth (DD-MM-YYYY) Tax File Number<sup>1</sup>

1 Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number (TFN), but if you do not, there may be tax consequences. Refer to the Whole Balance Transfer Instructions for more information. Please read the information on collection of TFNs in the Product Disclosure Statement before providing your TFN.

## 2 FUND DETAILS

\*Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

FROM

\*Fund Name

Fund Administrator (the name of the company that administers your super fund)

Address

City/Suburb State Postcode

Telephone Member/Account Number

ABN SPIN

A U

TO

Fund Name

S M F E L I G I B L E R O L L O V E R F U N D

Fund Phone Number Member/Account Number

1 8 0 0 6 7 7 3 0 6

ABN SPIN

8 2 8 1 0 8 5 1 2 5 0

R S A 0 1 1 4 A U

# Whole Balance Transfer Authority continued

## \*3 PROOF OF IDENTITY

**\*Indicates mandatory section. If you do not complete this section, there may be a delay in processing your request.**

Refer to the Whole Balance Transfer Instructions for more information.

I have attached a certified copy of my driver's licence or passport.

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or government or local council notice (less than 1 year old) containing my name and address.

## \*4 MEMBER DECLARATION

**\*Indicates mandatory section. If you do not complete this section, there may be a delay in processing your request.**

By signing this Whole Balance Transfer Authority I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- 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 my **FROM** fund of all further liability with respect to the benefits paid and transferred to my **TO** 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.

Member Signature

Date (DD-MM-YYYY)

## 5 CHECKLIST

Once you have completed the form, please review the checklist below:

- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents, if applicable?

# Whole Balance Transfer Instructions

## BEFORE COMPLETING THE WHOLE BALANCE TRANSFER AUTHORITY

- please read the information below

### IMPORTANT INFORMATION

This transfer may close your account (you will need to check this with the **FROM** fund).

The Whole Balance Transfer Authority **CANNOT** be used to:

- transfer part of the balance of your superannuation benefits
- transfer benefits if you don't know where your superannuation is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- change the fund to which your employer pays contributions on your behalf
- open a superannuation account
- transfer benefits under certain conditions or circumstances (for example, if there is a superannuation agreement under the *Family Law Act 1975* in place).

### PROOF OF IDENTITY

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong. The following documents may be used to prove your identity.

#### EITHER

One of the following documents only:

- driver's licence issued under state or territory law
- passport.

#### OR

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 twelve months that contains your name and residential address.  
For example,
  - Tax Office Notice of Assessment
  - rates notice from local council.

### CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identity 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 the person's signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following people 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.

# Whole Balance Transfer Instructions continued

## CHANGE OF NAME OR SIGNING ON BEHALF OF APPLICANT

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 a Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

## WHAT HAPPENS TO YOUR FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions. Using this form may close the account from which you are transferring your benefits **FROM**.

If you wish to change the fund to which your contributions are being paid, you will need to speak to your employer about Choice of Fund. Visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on **13 10 20** for the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made.

## WHAT HAPPENS IF YOU DO NOT QUOTE YOUR TAX FILE NUMBER?

You are not obligated to provide your Tax File Number (TFN) to your superannuation fund. However, if you do not provide your TFN, your benefit may be taxed at the highest marginal tax rate plus the Medicare Levy. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund 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 TFN may be disclosed to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other trustee.

## WHERE DO YOU SEND THE FORM?

You can send your completed and signed form with your certified proof of identity documents to either fund.

### You may forward correspondence and queries to

SMF Eligible Rollover Fund  
GPO Box 529  
Hobart TAS 7001

SMF Customer Service 1800 677 306  
Website [www.smf.com.au](http://www.smf.com.au)