

# Roll over your super form

VALID FROM 1 NOVEMBER 2009



Please complete this form in **BLACK PEN** and **CAPITAL LETTERS**.

Your Member No.

Complete this form if you wish to transfer all or part of your superannuation balances from another superannuation fund to your Media Super account. A separate form must be completed for each balance you wish to transfer. Media Super does not charge a fee for transfers. Please note that your current superannuation fund may require additional information or proof of identity (POI) requirements if you are applying for a partial transfer only.

**Media Super's Superannuation Product Identification Number (SPIN): PIN0100AU**

**Media Super's ABN: 42 574 421 650**

This form will NOT change the fund to which your employer pays your contributions. Complete a *Standard Choice Form* to change the fund to which your employer pays your contribution.



## WHAT YOU NEED TO DO

- Read the 'Important information' on page 3.
- Attach the appropriately certified proof of identity documents.
- Sign the declaration.
- Return the completed form to the address shown below.

## Personal details

You must complete this section and sign the completed form.

Mr/Mrs/Ms/Miss/Dr <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (DD/MM/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
Surname* <input type="text"/>		
Given names* <input type="text"/>		
Previous surname <input type="text"/>		
Previous given names <input type="text"/>		
Address* <input type="text"/>		
		State* <input type="text"/>
		Postcode* <input type="text"/>
Previous address (the last address registered with Media Super) <input type="text"/>		
		State <input type="text"/>
		Postcode <input type="text"/>
Telephone* ( <input type="text"/> ) <input type="text"/>	Mobile number <input type="text"/>	
Tax file number (TFN) <input type="text"/>		

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

# Roll over your super form (cont.)

## Fund details

### DETAILS OF 'FROM' FUND

Help us to help you roll over your money more quickly by attaching a copy of your previous fund member statement(s).

Membership name (if different from above)

\*Name of FROM fund where benefits are held

\*\*FROM fund membership number

Fund Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)

Address of previous fund

State

Postcode

Telephone number of old fund (if known)

(   )

Value of benefit (approximately)

\$

Name of previous employer who contributed to the fund

Approximate date I left my last employer (DD/MM/YYYY)

### DETAILS OF 'TO' FUND

Fund name

Fund telephone number

\*Membership or account number

Fund Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)

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

\*\* If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

## Rollover amount

Please transfer:

Total balance of account at old fund

Partial balance of account at old fund \$

## Proof of identity\*

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 (within last 12 months) with name and address

Please refer to the notes on page 4 regarding 'Proof of identity requirements' and 'Certification of personal documents' for further information.

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

## Authorisation

Please sign and date this form, and return it to the address shown below.

I understand and acknowledge the implications and effects of transferring my benefits from my previous superannuation fund to my Media Super account. I do not require any further information to understand the effects of transferring my benefits from my previous super fund to my Media Super account.

I authorise the Trustee (SPIN: PIN 0100AU) to arrange the rollover of my benefits from my previous fund nominated above into my Media Super account.

I declare that the information I have provided is, to the best of my knowledge and belief, true and correct and that I have read and understood the information on this form. In giving this authorisation:

- I agree that the trustee of my previous fund is discharged from any further liability in respect of any amount once it has been rolled over and all reporting requirements have been satisfied.
- I understand that both superannuation funds are Regulated Funds.

- I agree that in certain cases Media Super may be required under law to deduct tax from the untaxed portion of the rollover benefit (if any).
- I approve the deduction of the Benefit Payment Fee (if any) from the benefits paid.
- I am aware that I may ask my current superannuation provider for information about my fees and charges that may apply, or any other information about the effect a transfer may have on my benefits, and I do not require any further information.
- I have provided certified evidence of my name change or Guardianship or Power of Attorney if applicable.
- I consent to the use and disclosure of information contained in this form in accordance with the Media Super Privacy Policy.
- 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.

\*Applicant's name

\*Applicant's signature

\*Date (DD/MM/YYYY)

 /  / 

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

IN CONFIDENCE – when completed

## Important Information

This transfer may close your account (you will need to check this with your old fund). This form can NOT be used to:

- 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; or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

### WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

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

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Superannuation Choice of Fund. For appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on 131 020.

### THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation.

If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your current fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact the fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees.

Differences in the fees that funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.

- **Death and disability benefits** – your old fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have.

Media Super may require you to pass a medical examination before it covers you. When considering any new fund, you may wish to check the cost and the amount of any insurance offered.

### WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)?

You are not obligated to provide your TFN to Media Super. However, if you do not provide your TFN, your contributions may be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional super tax rate of 15%.

If we do not have your TFN, you will not be able to make personal contributions to Media Super. 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*, Media Super 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 is not to be disclosed to any other fund trustee.

## Proof of identity requirements

You will need to provide certified documentation with this transfer request to prove that you are the person to whom the superannuation entitlements belong. The following certified documents must be provided with your transfer form:

### EITHER

One of the following certified documents:

- Drivers licence issued under State or Territory law, or
- Passport

### OR

One certified document from each of the following:

- 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 certified document from each of the following:

- 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, i.e. Australian Taxation Office Notice of Assessment or Rates Notice from local council.

## Have you changed your name, or are you signing on behalf of the applicant?

If you have changed your name, or are signing on behalf of the applicant, you will need to provide one of the following certified documents:

### If you have changed your name:

- Marriage certificate, deed poll or change of name certificate from Births, Deaths and Marriages Registration Office.

### If you are signing on behalf of the applicant:

- Guardianship papers or Power of Attorney.

These documents are known as 'linking documents'.

Freecall 1800 640 886

## Certification of personal documents

All copied papers of original proof of identity documents or linking documents must be certified as true copies by an individual approved to do so (see below).

Persons who are authorised to certify documents must sight the original and the copies and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

### The following persons are eligible to certify copies of original documents as true and correct:

- 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 of 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 Commissioner for Declarations (Qld)
- A judge of the court
- 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 chief executive officer of a Commonwealth Court, or
- A magistrate.

## CHECKLIST

- |  |  |
|--|--|
| <input type="checkbox"/> Have you read the <b>important information</b> ?                                  | <input type="checkbox"/> Have you completed the <b>mandatory fields</b> on the form?   |
| <input type="checkbox"/> Have you considered where your <b>future employer contributions</b> will be paid? | <input type="checkbox"/> Have you attached the <b>certified documentation</b> including any linking documents if applicable? |
| <input type="checkbox"/> Have you checked Media Super can <b>accept the transfer</b> ?                     |  |