



Request to transfer whole balance of superannuation benefits between funds

under the Superannuation Industry (Supervision) Act 1993

Completing this form

- Read the important information page overleaf
- Refer to instructions where indicated with a ➤
- This form is only for whole (not part) balance transfers.

Personal details

Title: Mr Mrs Miss Ms Other

Family name

Given names

Other/Previous names

Date of birth¹ (DD/MM/YYYY)

Tax file number

Under the **Superannuation Industry (Supervision) Act 1993**, you are not obliged to disclose your tax file number, but there may be tax consequences.

➤ See 'What happens if I do not quote my tax file number?'

Gender¹ Male Female

Contact phone number¹

Residential address

Address

Suburb

State/Territory Postcode

Previous address

➤ If you know that the address held by your **From** fund is different to your current residential address, please give details below.

Address

Suburb

State/Territory Postcode

Fund details

From
Fund name¹

Fund phone number

Membership or account number

Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)

To
Fund name

Product name

Fund phone number

Membership or account number

Australian Business Number (ABN)

Superannuation Product Identification Number (SPIN)

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

Proof of identity¹ ➤ See 'Completing 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 (<1 year old) with name and address

¹ Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Authorisation

By signing this request form 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.
- If the **To** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the superannuation provider of my **From** fund of all further liability in respect of the benefits paid and transferred to my **To** fund.
- I authorise my adviser/Trustee representative to follow up and enquire on this application.

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.

Name (Print in BLOCK LETTERS)

Signature

Date (DD/MM/YYYY)

Important information

There are some things you might need to consider when transferring your super to MLC:

- The fund you're transferring from might charge exit or withdrawal fees, so it's a good idea to check
- How your benefits entitlements (including insurance cover/ amounts) are affected
- You can arrange for your employer to pay your contributions into your MLC super. Just fill out the Fund Choice form available from mlc.com.au

What happens if I do not quote my Tax File Number (TFN)?

You don't have to provide us with your TFN, but we can only accept personal contributions to your super if we have your TFN recorded. Also, your money may be taxed at the highest marginal tax rate plus the Medicare levy, rather than at the concessional tax rate of 15%. For more information, please visit ato.gov.au

Completing proof of identity

You'll need to provide documentation with your request to prove you're the owner of the super funds you're consolidating. Please include a certified copy of either:

- your driver's licence or passport **or**
- your birth/citizen certificate or Centrelink pension card **and**
- a Centrelink payment letter or government or local council notice (less than one year old) showing your name and address.

Has your name changed?

If a different name for you is recorded with any of your **From** funds, you'll also need to include either:

- your marriage certificate **or**
- a Deed poll or Change of Name certificate.

There are a number of people authorised to certify your documents for you. Some of these are:

Chiropractor	Pharmacist	Teacher employed on a full-time basis
Optometrist	Nurse	Medical practitioner
Veterinary surgeon	Legal practitioner	Justice of the Peace
Dentist	Physiotherapist	Police officer

For a full list of people authorised to certify your documents, please visit mlc.com.au

Final checklist

Make sure you can put a tick next to each of these before you send your completed Request to transfer whole balance of superannuation benefits between funds form back to us:

- Have you read the important information?
- Have you completed a separate form for each of the funds you want to consolidate with us?
- Have you completed all the mandatory fields on the form(s)?
- Have you signed and dated the form(s)?
- Have you attached an original copy of your proof of identity to each form, including any change of name documents if necessary?

Any questions?

If you have any questions, or want some help filling out the form, please call us on **13 26 52** between 8 am and 6 pm (AEST/AEDT), Monday to Friday.

Send us your form

Please mail your signed and dated form to us, with the certified copies of the required documents, at:

Reply Paid, MLC Limited
PO Box 200
North Sydney
NSW 2059 (no stamp required)