

ROLLOVER FORM

Complete this form if you are already a member of Simple Choice Super and wish to rollover money from another super fund into your Simple Choice Super account.

You can find detailed information about Simple Choice Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

This form may be posted to **Simple Choice Super PO Box R1979, Royal Exchange NSW 1225** or scanned and emailed to info@simplechoicesuper.com.au.

IMPORTANT: Using this form does not change the fund to which your employer contributes your superannuation guarantee contributions. If you would like your employer to contribute to your Simple Choice Super account, you will need to provide them with a **Standard Choice Form** available from www.simplechoicesuper.com.au or on request by phoning **02 8556 7576**.

Section 1 Personal Details

Given Name(s)	<input type="text"/>						
Surname	<input type="text"/>						
Member Number	<input type="text"/>						
Date of Birth	<input type="text"/>						
Mobile Phone Number	<input type="text"/>						
Email Address*	<input type="text"/>						
Residential Address	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Simple Choice Super on **02 8556 7576** or via email at info@simplechoicesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

Section 2 Tax File Number

Tax File Number	<input type="text"/>
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You can find your TFN on statements you've received from the ATO, your super fund, your work payment summary, or alternatively you can contact the ATO on 13 28 61 for help finding it. By providing your TFN you are giving Simple Choice Super permission to use your TFN for superannuation purposes. This includes creating and administering your account, accepting personal contributions into your account, using the ATO's SuperMatch service to find lost or inactive accounts in your name, and actioning your rollover requests.

Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your investment and we will not be able to accept some types of contributions from you. The lawful purposes for which your TFN can be used, and the consequences for not quoting your TFN, may change in the future, as a result of legislative changes. For more information, refer to the PDS or contact us on **02 8556 7576**.



Section 3 Details of Your Previous Super Fund

Name of Fund^
Fund ABN
Fund USI
Member Number

Are you transferring your entire balance from this fund?* [] Yes [] No

If no, how much would you like to rollover? \$

^ If the Fund is a Self-Managed Super Fund, please provide a certified copy of a bank statement for the Fund which is less than 12 months old.
* Transferring your entire balance will automatically close your old account and will lead to the loss of insurance or other benefits that are linked to that account. You may be able to transfer your insurance to your Simple Choice Super account. For more information contact us on 02 8556 7576.

OPTIONAL: To assist in the processing of your rollover request, please attach a copy of a Member Statement from the fund you are transferring from.

Section 4 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided are true and correct.
I have read and understood the PDS and all related documents applicable to this rollover.
I have read the Privacy Statement (below) and understand how Simple Choice Super will use my personal information.
I am aware I may ask the trustee of the account I am transferring 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 am discharging the trustee of the account I am transferring from all further liability in respect of the benefits paid and transferred to my Simple Choice Super account.
I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to the transfer.

x
Signature

...../...../.....
Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Simple Choice Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.simplechoicesuper.com.au, phone 02 8556 7576 or email us at info@simplechoicesuper.com.au.