

# Rollover Form



Completing the form *Rollover initiation request to transfer whole balance of superannuation benefits between funds.*

## Before completing this form

- Read the important information below.
- Check that the fund you are transferring your benefits TO can accept this transfer.

## When completing this form

- Refer back to these instructions where a question shows a message like this
- Print clearly in BLOCK LETTERS.

## After completing this form

- Sign the authorisation.
- Send the request form to either your FROM fund or your TO fund.

## Important information

- ! This transfer may close your account – you will need to check this with your FROM fund.

This form can not be used to:

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

## Checklist

- Have you read the important information?
- 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?

## 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 may close the account you are transferring your benefits FROM.

If you wish to change the fund into which your employer contributions are being paid, you will need to speak to your employer about super choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [ato.gov.au](http://ato.gov.au) or call the Australian Taxation Office (ATO) on 13 10 20.

## Things you need to consider when transferring your super

When you transfer your super, your entitlements under that fund may cease – you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you.

Some of the points you may consider are:

- Fees – your FROM 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 your fund for further information before completing this form. The fees could include administration fees, and exit or withdrawal fees. Your TO fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super you will have to retire on – for example, a 1% increase in fees may significantly reduce your final benefit.

- Death and disability benefits – your FROM 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 – other funds may not offer insurance, or may require you to pass a medical examination before they cover you.
- When considering a new fund, you should consider checking the costs and amount of any cover offered.

## What happens if you do not quote my tax file number (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate, plus the Medicare levy, on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

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

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

## Transfers to self-managed super funds

You must use the form *Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund* (NAT 74662) to transfer your benefits to your own self-managed super fund (SMSF).

## Have you changed your name or are you signing on behalf of another person?

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

## Where do I send the form?

You can send your completed and signed form to either the transferring or the receiving fund.

## ! More information

For more information about super, visit the:

- Australian Securities & Investments Commission (ASIC) website at [moneysmart.gov.au](http://moneysmart.gov.au)
- ATO website at [ato.gov.au/super](http://ato.gov.au/super)

For more information about this form, phone the ATO on 13 10 20.

Issued by REI Superannuation Pty Ltd ABN 68 056 044 770, AFSL No. 240569, RSE L0000314, MySuper unique identifier 76641658449129, as Trustee of REI Super ABN 76 641 658 449, RSE R1000412.

# Rollover Form cont...



## Rollover initiation request to transfer whole balance of superannuation benefits between funds

### COMPLETING THIS FORM

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

### AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to either your FROM (transferring) or TO (receiving) fund.

## PERSONAL DETAILS

\*Title

Mr  Mrs  Ms  Miss  Dr  Other

\*Surname

\*Given names

\*Other/previous names

\*Date of birth

/  /  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 (TFN)?'

\*Sex  Male  Female

Contact phone number

Residential address

\*Address

\*Suburb

\*State/Territory

\*Postcode

Residential address

If the address held by your FROM fund is different to your current residential address, provide the details below.

\*Address

\*Suburb

\*State/Territory

\*Postcode

## FUND DETAILS

FROM (Transferring fund)

\*Fund name

\*Fund address

Fund phone number

\*Membership or account number

Australian Business Number (ABN)

Unique Superannuation identifier

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

TO (Receiving fund)

\*Fund name **REI SUPER**

\*Fund address **GPO BOX 4303, MELBOURNE VIC 3001**

Fund phone number **1300 13 44 33**

\*Membership or account number

Australian Business Number (ABN) **76 641 658 449**

Unique Superannuation Identifier **76641658449601**

You must check with your TO fund to ensure they can accept this transfer.

## 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 have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- 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 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.

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

\*Name (PRINT IN BLOCK LETTERS)

\*Signature

\*Date

/  /  dd/mm/yyyy

