

Rollover Application

(PLEASE FILL IN DETAILS CLEARLY IN BLOCK LETTERS
and PLEASE USE BLUE PEN)

IMPORTANT! PLEASE READ BEFORE COMPLETING THIS FORM:

- This form is to rollover your WHOLE AUSfund account (not partial payment of your account) TO ANOTHER super fund (except self managed super funds - see note below).
- This form is NOT to be used to transfer your AUSfund account to a self managed super fund (SMSF) or to claim a cash benefit.
- Please ensure your other super fund account is current and active.
- AUSfund receives large numbers of rollover forms, therefore processing of your rollover can take up to 30 days to complete. You will be advised when the transfer is complete.
- If this form isn't completed and signed, the rollover will NOT take place and the form WILL be returned to you.

STEP 1 Please complete your personal details

TITLE	GIVEN NAMES	FAMILY NAME	AUSFUND MEMBERSHIP NUMBER (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
POSTAL ADDRESS		SUBURB/TOWN	STATE	POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	WORK PHONE NUMBER	HOME/MOBILE PHONE NUMBER	EMAIL ADDRESS	
<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="()"/>	<input type="text" value="()"/>	<input type="text"/>	

STEP 2 Please indicate which CURRENT/ACTIVE account you would like your AUSfund balance rolled into (it must be in the same name as your AUSfund account)

FULL NAME OF SUPER FUND	MEMBERSHIP NUMBER or the SPIN of the fund*	FUND PHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text" value="()"/>	
ADDRESS OF FUND	STATE	POSTCODE	ABN*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*The SPIN and ABN can be obtained from your super fund

Note: 1) If you wish to rollover to a SMSF, download the SMSF rollover form from our website: unclaimedsuper.com.au or call us on 1300 361 798.

2) If you have changed your name please refer to the bottom of the form.

STEP 3 DECLARATION (You must sign below or your request will not be processed)

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.
- I discharge the Trustee of Australia's Unclaimed Super Fund, AUSfund, of all further liability in respect of the benefits paid and transferred to the fund I have chosen.
- If applicable, 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.

SIGNATURE OF MEMBER
<input type="text"/>

<input type="text" value="DD/MM/YYYY"/>

Send to:
AUSfund, PO Box 2468, Kent Town SA 5071

Faxed or photocopied forms are not accepted.

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name from the name we have on record 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. Suitable linking documents are:

- **Change of name – Certified copy** of Marriage Certificate or Deed Poll Change of Name Certificate from the Births, Deaths and Marriages Registration Office.
- **Signed on behalf of the applicant – Certified copy** of Guardianship papers or Power of Attorney.