

Super Consolidation Form

Under the Superannuation Industry (Supervision) Act 1993



FREEDOM
OF CHOICE

Note: Freedom of Choice will process this rollover request as soon as it is received. Please check implications on existing insurance arrangements (e.g. loss of cover) through your current super fund before submitting this form.

Section 1: PERSONAL DETAILS

Surname:	<input type="text"/>	Salutation:	<input type="text"/>
Given Name(s):	<input type="text"/>		
Other/previous Names:	<input type="text"/>	Date of Birth:	<input type="text"/>
Contact Phone:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 2: FUND DETAILS - please complete a separate transfer form for each super account you wish to transfer

FROM	TO
*Fund Name:	<input type="text" value="Freedom of Choice"/>
*Address:	<input type="text" value="PO Box 3528
TINGALPA DC QLD 4173"/>
Fund Phone Number:	<input type="text" value="1800 806 013"/>
Membership/account Number:	<input type="text"/>
Australian Business Number (ABN):	<input type="text" value="300 993 205 83"/>
Unique Superannuation Identifier (USI):	<input type="text"/>
Product Name:	<input type="text"/>
*Please Transfer:	<input type="checkbox"/> Total Account Balance, or <input type="checkbox"/> Dollar Amount: <input type="text" value="\$"/>

Section 3: 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.
- 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 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.

I hereby instruct you to transfer the above amount of my benefits from the above named account, fund or policy to Equity Trustees Superannuation Limited as Trustee for Freedom of Choice, a regulated superannuation fund under the Superannuation Industry (Supervision) Act, 1993 and its Regulations.

I hereby give you the authority to provide all relevant information and to forward the funds for the transfer to: Equity Trustees Superannuation Limited - **Freedom of Choice, at PO Box 3528, TINGALPA QLD 4173**

Signature:	<input type="text"/>	Date:	<input type="text"/>
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*Denotes mandatory field. If you do not complete all mandatory fields, there may be a delay in processing your request.

Things to consider when transferring your superannuation

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 as well as exit or withdrawal fees. Your TO fund may also charge entry or deposit fees on transfer. Differences in fees 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 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 may wish to check the costs and amount of any cover offered.

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 contributions are being paid, you will need to speak to your employer about choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.ato.gov.au or call the Australian Taxation Office on 13 10 20.

What happens if I 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

Certification of personal documents

All copied pages of original proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee etc) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- 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 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 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 judge of a court
- a magistrate
- a Chief Executive Officer of a Commonwealth court.

Where do I send the form?

You can send your completed and signed form with your certified proof of identity documents to Freedom of Choice at PO Box 3528, TINGALPA QLD 4173 or email to enquiries@freedomofchoice.com.au.

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of the Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au