

# Request for rollover of whole balance of super benefits between funds

#### When to use this form

Complete this form to request the rollover (or transfer) of the whole balance of your super benefits between funds, in accordance with the *Superannuation Industry* (Supervision) Act 1993.

## **Important**

This form cannot be used to:

- transfer part of the balance of your super benefits
- change the fund that your employer pays your super contributions into – the Standard choice form must be used
- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds a separate rollover form must be completed for each fund
- open a super account
- transfer benefits under certain conditions or circumstances
   for example, if a super agreement under the Family Law
   Act 1975 is in place.

## When completing this form

- Print clearly in BLOCK LETTERS.
- Refer to Request for rollover of whole of balance of super benefits between funds – Instructions (QC19260) on ato.gov.au for detailed instructions and guidance.



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

## Transfers to self-managed super funds (SMSFs)

Super funds (including SMSFs) must use SuperStream to roll over your super benefits. This means your SMSF will need:

- an electronic service address
- an Australian business number (ABN)
- to ensure the SMSF details are up to date, including bank account details.

SMSF trustees may wish to consider appointing a professional to assist them in meeting these requirements.

The trustee of your **FROM** fund may request further information from you to help confirm your identity. You may also be asked to provide information about the SMSF bank account (to confirm the destination of the payment). This information assists to manage security and fraud risk in the rollover transaction.

If this information is requested, the **FROM** fund may not be able to process your request until the information is provided.

## Where do I send the form?

Send your completed and signed form, together with any documents required by your fund, to your transferring **FROM** fund.



For more information about super, visit the:

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

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

# Personal details

Proof of identity	Residential address
The trustee of your <b>FROM</b> fund may request further information/evidence from you to help confirm your identity.	*Address
Title: Mr Mrs Miss Ms Other	*Cuburb
*Family name	*Suburb
*Given names	*State/territory *Postcode
Other/previous names	Previous address  If you know that the address held by your FROM fund is different to your current residential address, give
*Date of birth Day / Month / Year	details below.  Address
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.	Suburb
*Gender: Male Female Indeterminate	State/territory Postcode
Contact phone number	

# **Fund details** FROM (Transferring fund) To (Receiving fund) \*Fund name \*Fund name Fund phone number Fund phone number \*Membership or account \*Membership or account number (non-SMSF) number (non-SMSF) \*Australian business \*Australian business number (ABN) number (ABN) \*Unique superannuation \*Unique superannuation identifier (non-SMSF) identifier (non-SMSF) No Are you rolling over a super death benefit? Yes For SMSFs only FROM (Transferring fund) To (Receiving fund) Account name \*Account name **BSB** \*BSB Account number \*Account number Electronic service \*Electronic service address address The trustee of your **FROM** fund may request further information/evidence about the SMSF bank account to confirm the payment destination. **Authorisation** By signing this form, you are: aware you may ask your superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on your benefits, and you have obtained or do not require such information requesting consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer discharging the superannuation provider of your transferring fund from all further liability in respect of the benefits paid and transferred to your receiving fund. By signing this form you are making the following declarations: ■ I declare that the information is true and correct. ■ Where the receiving fund is an SMSF, I confirm that I am a member, trustee or director of corporate trustee of the SMSF. \*Name (Print in BLOCK LETTERS) \*Signature Date



**TEAM SUPER** 

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teamsuper.com

# **Complying Superannuation Fund Notice**

Team Superannuation Fund is a resident regulated superannuation fund and complies with the Superannuation Industry (Supervision) Act 1993. The Fund's Trustee, Team Superannuation Pty Ltd ABN 70 003 566 989, confirms that it has not received, nor does it expect to receive, written notice directing it not to accept further contributions.

## **Fund information**

FUND NAME	Team Superannuation Fund
Fund ABN	16 457 520 308
Superannuation Fund Number	1340 309 48
Unique superannuation identifier	16457520308001
SPIN	COS 0001AU
MySuper authorisation	16457520308485

## Contributions and rollovers to the Team Superannuation Fund

**Employer contributions** – We can accept employer contributions made on behalf of any employee who is a member of the Fund. We offer a MySuper product and we're eligible to be a default fund for employers. We encourage employers to confirm with the Australian Tax Office that their contribution method is a complying one and to use a clearing house to make contributions.

**Member contributions** – We can accept regular and lump sum contributions (minimum amounts can apply). Members can make these contributions using their online account, by BPAY or by electronic funds transfer (EFT). For more information, go to **teamsuper.com** or give us a call on 13 64 63.

**Rollovers** – Members can transfer their other super accounts into their Team Super account. To do this they will need to complete a **Transfer your super to Team Super** form which is available from our website **teamsuper.com/resources** or by calling us on 13 64 63.

Before deciding to join the Team Superannuation Fund please read our Product Disclosure Statement (PDS). For more information about Team Super, including our PDS, visit our website **teamsuper.com** or give us a call on 13 64 63.

## **Team Super**

#### **Important information**

Any financial advice in this document does not take into account your financial situation, needs or objectives. Before acting, consider if the information is right for your needs and circumstances and read the relevant Product Disclosure Statement (PDS) at teamsuper.com. The Target Market Determinations for our financial products can be found at teamsuper.com/tmd. If there are any inconsistencies between this document and the PDS or Trust Deed, the terms of the PDS or Trust Deed will prevail. This information is based on our understanding of current Australian laws and assumes they will remain unchanged. Financial planning services are provided by Team Super Financial Advice a trading name of Team Super Services Pty Ltd ABN 49 051 315 014 AFS licence 502700.

Team Superannuation Fund ABN 16 457 520 308 AFS Licence 246864 Trustee: Team Super Pty Ltd ABN 70 003 566 989