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Portability and rollover form





AVOID PROCESSING DELAYS

We make important changes to our forms at times. Check you're using the latest version by comparing the issue date at the bottom of this page with the version at unisuper.com.au/forms.

Use this form to roll over all or part of your UniSuper account to another complying super fund, including self-managed super funds (SMSFs).

Important information

By completing this form, you're requesting the rollover of all or part of your UniSuper account to another complying super fund. Using this form to roll over your account won't change the super fund into which your employer makes contributions. If you want to change the super fund where your employer contributions are paid and you're eligible for choice of fund, you'll need to complete a *Standard Choice Form*, which is available at www.ato.gov.au.

Members making a portability rollover

Accumulation 1, 2 and Personal Account members: You can roll over all or part of your account to another complying super fund. You can request a roll over once in each 12-month period starting from your last portability withdrawal. It may take three days to process your request. If information provided is incomplete or incorrect, processing your request may be delayed.

If you request to roll over part of your account, the Trustee can refuse to process your request if the rollover would result in your account balance being less than \$5,000.

Defined Benefit Division (DBD) members: Ensure you read the 'Special rules for DBD members' section in the attached fact sheet. It may take up to 30 days to rollover your benefit.

Need help?

If you need more information:

- *** email enquiry@unisuper.com.au, or
- --> call us on 1800 331 685.

Privacy information

We recognise the importance of protecting your personal information and are committed to complying with our privacy law obligations. For more information on how we collect and manage your information, refer to the Privacy statement at the end of this form.

Please use BLACK or BLUE BALLPOINT PEN and print in CAPITAL LETTERS. Cross where required X																
UniSuper member number																
17																
If you're unsure of your member number, refer to your most recent UniSuper correspondence or call us on 1800 331 685.																
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What phone number do you want us to call you on if there's a question we need to ask you regarding this form? Contact number (during business hours)																
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SECTION 1 — Member details

form continues >



SECTION 1 — Continued	SECTION 5 — Accumulation 1, Accumulation 2 and
Section 1 — Continued	Personal Account members
Is your postal address different from your residential address? No. Go to SECTION 2.	Choose one of the following: > Roll over all of my account
> Yes. Please provide your postal address below.	> Roll over part of my account* How much do you want to rollover?
Suburb/Town	Rollover entire account, less \$5,000*
State Postcode Country (if not Australia)	* If you roll over part of your account, you must leave a minimum of \$5,000 in your account. If the amount requested doesn't allow a minimum account balance of \$5,000 to be retained in UniSuper, we'll process your withdrawal and retain \$5,000 in your account. Once you've completed this section, go to SECTION 7.
	SECTION 6 — Defined Benefit Division members
You don't have to provide your tax file number (TFN), however, if you don't, you may need to provide us with additional information. Your tax file number ∫ 9 8 − 8 6 3 − 0 2 2 > I don't wish to quote my TFN. SECTION 3 — Employment details Please provide details of your employment below. Are you currently employed by a 'UniSuper employer'? Please refer to the attached fact sheet for an explanation of this term. X > Yes > No	Choose one of the following: Roll over all of my accumulation component Roll over part of my accumulation component* How much do you wish to roll over? Roll over entire accumulation component, less \$5,000* Roll over entire DBD benefit (Restrictions apply. Please refer to the section 'Special rules for DBD members' in the attached fact sheet or call us on 1800 331 685 for more information.) For a partial rollover, you must retain at least \$5,000 in your accumulation account/component. If the amount requested doesn't allow a minimum account balance of \$5,000 in your account. If you're a DBD member and withdrawal all or part of your defined benefit component, you'll cease to be a DBD member. Any residual DBD component will be transferred to your accumulation component. Please see the fact sheet for
SECTION 4 — Your membership type	important information for DBD members about withdrawals.
I'm an Accumulation 1, Accumulation 2 or Personal Account member - GO TO SECTION 5 I'm a Defined Benefit Division (DBD) member - GO TO SECTION 6	

SECTION 7 — Rollover fund details* (including SMSFs) Complete your rollover fund details below. Rollovers will be forwarded to your nominated complying super fund. Full name of fund* DANYUSHEUSKY SUPERANNUATION Name of product (N/A if SMSF) Fund postal address HILL STREE Suburb/Town WEST HOBART Postcode 7000 State TAS Membership/policy number NIA Fund type Australian Prudential Regulation Authority (APRA) Self-managed super fund (SMSF)

ABN[^]

358 212 12

Unique Superannuation Identifer (USI)

documents.)

Other

- Check this is a complying super fund that can accept this rollover.
- Mandatory. If you don't complete all information fields, there will be a delay in processing your request.

(Please ensure you attach your certified proof of identity



CERTIFIED PROOF OF IDENTITY

If your TFN can't be validated, or you want to

to proof of identity fact sheet.

SECTION 8 — Consent to have your identification verified by UniSuper



> I consent to my personal details being used to electronically verify my identity if paper copies of my certified documents are incorrectly certified or can't

I understand my details will be subject to an information match request for relevant record holder information, and that the result will be provided through an external third party system.

SECTION 9 — Member declaration and signature



Please read this declaration before you sign and date your form.

- I declare that I've read the Portability and rollover fact sheet and the information I've provided on this form is true and correct.
- · I authorise UniSuper to process my rollover as instructed on this form.
- Lunderstand that I may ask UniSuper to provide me with all the information I reasonably require to understand the effect a rollover may have on UniSuper benefit entitlements, including fees and charges, inbuilt benefits and/or insurance cover (if applicable) and I don't require any further information.
- Where I have an Accumulation 1. Accumulation 2 or Personal Account, and my instruction to roll over my benefit results in the disposal of an amount held in the Balanced investment option (UniSuper's MySuper offering), I consent to the disposal of my investment in UniSuper's MySuper offering.
- · I acknowledge that if any details, including mandatory information, haven't been completed or the certified proof of identity documents not provided, my application cannot be
- · I discharge UniSuper from all further liability, claims and obligations in respect of the benefits paid into my nominated fund, as applicable.
- · I consent to my personal information being used in accordance with UniSuper's Privacy Policy.

Signature

Date (DDMMYYYY) 08122020



RETURN YOUR COMPLETED AND SIGNED FORM, AND COPIES OF YOUR PROOF OF IDENTITY **DOCUMENTS (IF APPLICABLE) TO:**

UniSuper