



# Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund

under the *Superannuation Industry (Supervision) Act 1993*

## 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 and certified proof of identity documents to either your **FROM** (transferring) fund.

## Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth Day  / Month  / Year

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See 'What happens if I do not quote my tax file number?'

\*Gender Male  Female  Indeterminate

Contact phone number

## Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

## Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory  Postcode

## Fund details

### FROM (Transferring fund)

\*Fund name

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)

\*SMSF name

\*Fund phone number

Australian business number (ABN)

### SMSF bank details

Account name

BSB

Account number

## \*Proof of identity See 'Completing proof of identity'

I have attached a certified copy of my primary photographic identification document  
OR

I have attached certified copies of both:

a primary non-photographic identification document and a secondary identification document.

## 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 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.

\*Name (Print in BLOCK LETTERS)

\*Signature

\*Date Day   / Month   / Year

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

**Driver Licence**  
New South Wales, Australia

Julia Natalie PIOTROWSKI

Card Number  
2 037 839 126

42 ALFRED ST  
WOONONA NSW 2517

Licence No.  
13 160 337

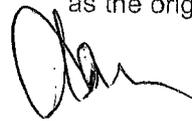
Licence Class  
C



Date of Birth  
25 JUN 1982

Expiry Date  
09 JUL 2021

I certify this to be a true  
copy of the document  
shown and reported to me  
as the original



CINDY LOUISE HARRISON  
A Justice of the Peace in and for  
the State of New South Wales  
195371

27/8/2020