Transfer to Another Super Fund

How to use this form

Use this form if you want to transfer all or part of your funds with QSuper to another super fund, including a self-managed super fund (SMSF).

If you've started working for a new employer, it's important to know that you can stay with QSuper. For more information visit qsuper.qld.gov.au/changingjobs or call us on 1300 360 750.

If you would like your employer contributions to go to another super fund, please ensure that you have arranged this with your employer before submitting this form.

Please complete in **BLOCK** letters, in blue or black ink.

1 Personal details	2 Amount to transfer
Client number	Please tell us how much money you want to transfer
195022525	out of your QSuper account.
Your client number can be found on your annual statement or by logging in to Member Online. Title First name MA JOHNNY	I want to transfer all my benefit but keep my Accumulation account open with a \$2,000 balance and permanently opt in to my insurance cover . By choosing this option I know that my insurance cover won't be cancelled unless I have insufficient funds to pay my premiums, reach the age that insurance cover stops or I request that my cover be cancelled.
Last name	I want to transfer all funds from QSuper and cancel my
TALAGATAGA	QSuper membership. I understand this will cancel my
Previous name¹ (if we know you by another name)	membership including any insurance cover.
and the time to the state of th	want to transfer the following amount:
Date of birth (dd/mm/yyyy)	\$ 215,000
10/07/1975	Account to take funds from:
Home phone number	Accumulation account:
Tronic phone number	Accumulation account number
Mobile plane pour les	(if you have multiple accounts):
Mobile phone number Work phone number 043333647	
	Income account:
Email address	(if you have multiple accounts):
Johntala @ hotmail.com	
Residential address	Defined benefit account
5 Hampshire Close	Accumulation account linked to a Defined Benefit
State Qld Postcode 4211	account
State Old Postcode 4211	Operation Deferred Retirement Benefit account
Postal address As above	(please also complete section 6 of this form)
	If you do not specify an account number, QSuper will decide which account to transfer from.
State Postcode	Additional information
	If you are transferring from a Defined Benefit or Deferred Retirement Benefit account, you will need to complete additional documentation.
	For more information, please call us on

1 We cannot process a transfer if the name on the form is different to the name on our records. If your name has changed and you work for a Queensland Government or default employer, let your payroll office know and they will let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.



1300 360 750.

3 Fund to transfer your money to

Please select the type of superannuation fund you are transferring to and provide us with the necessary account information.

Transfer - Option 1

I want to transfer to an approved registered super fund

Fund name Product name

Client/account number Fund phone number

Fund USI/SPIN **Fund ABN**

The fund Unique Superannuation Identifier (USI) can be found on the other fund's website and might be called a SPIN. We may not be able to process your request without this.

Transfer - Option 2

I want to transfer to a self-managed super fund.

Self-managed super fund (SMSF) name

THE TALAPPITAGA FAMILY SUPERFUND.

Australian Business Number (ABN)

73687200708

Branch (BSB) number

182512

Account number

967067653

Please attach to this form a certified copy of a bank statement for the SMSF account listed above, no older than 6 months.

To proceed with this request, the name of the bank account provided must match the details for your registered SMSF at the Australian Taxation Office (ATO).

We will post a cheque to the ATO-registered address of your SMSF if:

- 1) We are unable to match your SMSF bank account details to the details registered with the ATO, or
- 2) No SMSF bank account details are supplied within this form.



4 Proving your identity

Are you transferring your funds to a SMSF?

Yes - complete the section below.

No-proceed to section 5.

There are two ways you can prove your identity; electronically or the paper method. It is important that you select Option 1 or Option 2 (by ticking below) so your identity can be verified. If an option is not selected, we may not be able to action your request.

Option 1 - Electronic method

(not available for people currently living overseas) If you choose to prove your identity electronically, you'll need to tick Option 1 and provide your driver licence or passport number.

By giving this information, you agree to QSuper providing your name, address and date of birth to a credit reporting agency (CRA) to check if the information matches (in whole or part) the information contained on your credit information file with the CRA. This is only so we can verify you under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 before making the payment. It doesn't give us access to other information about you and our request won't be recorded on your credit information file and the CRA can't use it for anything else. If we can't identify you in this way, we'll write to you and let you know the name of the CRA and also advise you of another way to verify your identity. To assist with the identity check, please provide your driver licence or passport number.

Driver licence number	State of issue
Passport number	Previous name
Country of birth	

OR

Option 2 - Paper method

You can post us certified copies of your identification document as explained in the Proving Your Identity factsheet on our website.

5 Providing your tax file number (TFN)

You do not have to give us your TFN, but if you do, we'll be able to accept all types of super contributions from you and you'll be able to take advantage of benefits such as paying a lower tax rate on your contributions.

Under the Superannuation Industry (Supervision) Act 1993, your superannuation 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 trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

TFN

363335873

6 Opt out of your Deferred Retirement Benefit (optional)

Only complete this section if you have a Deferred Retirement Benefit. **If not proceed to section 7.**

I do not want the Deferred Retirement Benefit and I want QSuper to transfer the discounted value of the funds in this account.

By electing this option, I understand that if I close my Deferred Retirement Benefit account I can't reopen it. I also understand that if I'm under age 55 when leaving the Deferred Retirement Benefit, the amount transferred will be a discounted amount as explained in the *Defined Benefit Account Guide*.

We recommend you speak with a financial adviser before choosing to close your Deferred Retirement Benefit account. The Deferred Retirement Benefit account is very different to the Accumulation account and isn't easily comparable.

	ease tell us why you're transferring to another fund. You In choose more than one reason.
	Financial advice from:
A	dviser name
Вι	isiness name
V	I want greater control of my money (such as SMSF).
_	
	l've changed employer:
Eľ	nployer name
'n	n unhappy with: Service Investment returns Fees Other (please give details):
	you want to give us any feedback on what we can better?
	Tick this box if we can call you to talk about your feedback in more detail.
8	Tick this box if we can call you to talk about your feedback in more detail. Checking your attachments
8	feedback in more detail.
8	feedback in more detail. Checking your attachments If you are transferring to a SMSF and in section 4 you selected Option 2 – Paper method, please make sure you attach certified copies of your proof of identification documents. For more information, please read the <i>Proving Your Identity</i> section of



Declaration and authorisation

- I am the person named on this form or have a power of attorney to act on the member's behalf.
- · The information given on this form is true and correct.
- If I have a surcharge debt or other tax liability on my account, I understand this will be deducted before my benefit is transferred, and I give permission to QSuper to do this.
- I understand I can ask my super provider for more info about any fees or charges that may apply to this transfer, and I can ask them for more info about the effect this transfer may have on my benefit.
- If I am transferring my benefit to a self-managed superannuation fund (SMSF), I confirm I am a member, trustee, director or a corporate trustee of the SMSF.
- QSuper has no further legal responsibility for the benefits that are transferred to the other fund or if I have chosen to permanently opt-out.
- I understand my QSuper insurance will be cancelled if I am transferring my entire balance to another fund or if I have chosen to permanently opt-out.
- I ask for and give my permission to transfer my super as described above, and I give permission to the super provider of each fund to process this transfer.

Please return this completed form to:

Post: QSuper

GPO Box 200 Brisbane QLD 4001

Email: qsuper@qsuper.qld.gov.au

Transfer processing timeframes

QSuper will process your transfer request within the following timeframes, once all the required information has been received:

- 3 business days for full balance transfers from an Accumulation account
- 6 business days for transfers to a SMSF.

We will aim to process all partial transfers and transfers from other types of accounts within 7-10 business days. In busy periods this may take longer.

Name

JOHNNY Talaapitaga

Signature

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

15,05,2019



Member Centres 70 Eagle Street, Brisbane 63 George Street, Brisbane Sunshine Coast University Hospital, Ground Floor, Main Hospital Building, 6 Doherty Street, Birtinya

Telephone 1300 360 750 (+61 7 3239 1004 if overseas) Monday to Thursday 8.30am – 5.00pm (AEST) Friday 9.00am – 5.00pm (AEST) Postal address GPO Box 200, Brisbane QLD 4001 Email qsuper:@qsuper.qld.gov.au Fax 1300 242 070

ABN: 60 905 115 063 **SFN:** 2610 419 41 CNC-2626. FO106. 04/19.

This form and all products are issued by the QSuper Board (ABN 32 125 059 006, AFSL 489650) as trustee for QSuper (ABN 60 905 115 063). This is general information only, and it does not take into account your personal objectives, financial situation, or needs. Consider whether the product is right for you by reading the product disclosure statement (PDS) available from our website or by calling us on 1300 360 750. We take the privacy of your personal information very seriously. We are collecting this information to administer your superannuation account and are authorised to do this under the *Superannuation* (*State Public Sector) Act 1990* (QId). We may also disclose this information to third parties if we need to, if you have given consent to the disclosure, or if we are required to by law. For more information about our privacy policy, you can download QSuper's privacy factsheet from qsuper.qld.gov.au or call us to request a copy. © QSuper Board 2019.

qsuper.qld.gov.au