

If you'd like to transfer funds from a previous super fund into your Active Super Accumulation Scheme account, this is the form to use.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use (✓) to mark boxes.

Make sure you consider the relevant Product Disclosure Statement (PDS) available at [activesuper.com.au/PDS](http://activesuper.com.au/PDS) before making a decision.

## 1. YOUR DETAILS

Member no.

Date of birth (DD MM YY)       Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home)  Phone (work)

Phone (mobile)

**Postal Address**

No./Street

Suburb/Town  State/Territory    Postcode

Residential address  select if same as postal address above

No./Street

Suburb/Town  State/Territory    Postcode

### IMPORTANT

**Before you transfer**

When you transfer your super, your entitlements under that fund may cease. Some things to consider before switching funds are:

**Fees:** Check whether or not your previous fund will charge any other fees.

**Insurance:** Ensure that you've transferred or replaced any insurance that you have with your other fund before closing your account.

## 2. PREVIOUS FUND DETAILS

Fund name

**Address of the Fund Administrator or Trustee**

No./Street

Suburb/Town  Country

State/Territory    Postcode     Phone

Membership/Account no.

ABN\*

USI/SPIN\*

Electronic Service Address (for SMSFs only)\*

\*Please note that you must provide the fund's ABN (Australian Business Number) and USI (Unique Superannuation Identifier), or if you are rolling in from a SMSF, the ESA. These can be obtained directly from your chosen rollover fund. The ABN can also be obtained from the Australian Prudential Regulation Authority (APRA) website, [apra.gov.au](http://apra.gov.au)

Please select the amount you would like to transfer from your previous fund.

Partial rollover only: Please note that your previous fund may require you to leave a minimum amount in your account following any partial rollover. Any insurance held may cease if you have insufficient funds to cover the premiums.

**IMPORTANT**

If you'd like your employer to make super contributions to your Active Super account, please complete the *Standard choice form*, available from [activesuper.com.au/forms](http://activesuper.com.au/forms) or speak to your employer about super choice.

We are authorised to collect your tax file number (TFN) under the *Superannuation Industry (Supervision) Act 1993*. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another super fund when we're arranging a transfer of funds for you.

You aren't obliged to disclose your TFN, but there may be implications if you don't.

Without it, your contributions may be taxed at a higher rate and we cannot accept after-tax contributions from you.

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

I want to transfer the full balance (100%) from my previous fund to Active Super.

OR

I want to transfer part of my balance from my previous fund to Active Super. The amount I want to transfer is \$

### 3. ACTIVE SUPER FUND DETAILS (TO PROVIDE TO YOUR PREVIOUS SUPER FUND)

Fund name	LGSS Pty Limited
Unique Superannuation Identifier (USI/SPIN)	LGS0101AU
ABN	28 901 371 321
Registered Superannuation Entity Number	R1004663
RSE Licence Number	L0001243
Fund address	Level 12, 28 Margaret Street, Sydney NSW 2000
Daytime telephone	1300 547 873

### 4. YOUR TAX FILE NUMBER (TFN)

My TFN is:

**Providing your TFN to us means:**

- We'll be able to accept all types of contributions to your account.
- The tax on contributions to your account will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start withdrawing your super.
- It will be easier to trace different super accounts in your name so that you will receive all your super benefits when you retire.
- With your consent we can check with the ATO for any lost super or another super fund for super you may have and arrange for the super to be combined in your Active Super account.

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## 5. YOUR DECLARATION

By signing this request form I am making the following statements:

- I declare that I have fully read this form and the relevant PDS and Fact Sheets and that the information completed on this form is true and correct.
- I am aware that I may ask my previous 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 do not require further information.
- I understand and acknowledge the implications of transferring my benefits from my previous fund to Active Super.
- I authorise the Trustee of Active Super to make all necessary arrangements, including completing any necessary documentation to effect this transfer.
- I consent to representatives of LGSS Pty Limited (Australian Financial Services Licence No. 383558) to obtain any information in relation to my superannuation.
- I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.
- I authorise my previous fund to provide the Trustee of Active Super with all relevant details, including details of my membership, my TFN, a copy of the Rollover Benefits Statement and any other information which may be required to effect this transfer. By giving this authorisation to transfer my benefits:
  - I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to Active Super;
  - I understand that the previous fund Trustee may be entitled to deduct a product switch fee from the benefits transferred; and
  - I understand that Active Super does not levy any transfer fees when receiving rollovers from other superannuation funds.
- 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

Signed

Date (DD MM YY)

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## SEND YOUR COMPLETED FORM BACK TO US AT:

**Mail** Active Super, PO Box N835, Grosvenor Place NSW 1220

**Email** [admin@activesuper.com.au](mailto:admin@activesuper.com.au)

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### Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at [activesuper.com.au/privacy-policy](https://activesuper.com.au/privacy-policy) or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').