

This form is for members of the Active Super Defined Benefit Scheme.

Use this form if you want to transfer monies from a previous super fund into the Active Super Defined Benefit Scheme.

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

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

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 an exit fee or any other fees.

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

1. YOUR DETAILS

Member no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth (DD MM YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title (e.g. Ms) <input type="text"/>
Given name(s)	<input type="text"/>	
Family name	<input type="text"/>	
Email	<input type="text"/>	
Phone (home)	<input type="text"/>	Phone (work) <input type="text"/>
Phone (mobile)	<input type="text"/>	
Postal address		
No./Street	<input type="text"/>	
	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential address	<input type="checkbox"/> select if same as postal address above	
No./Street	<input type="text"/>	
Suburb/Town	<input type="text"/>	
State/Territory	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 of \$5,000 in your account following any partial rollover. Any insurance held may cease if you have insufficient funds to cover the premiums.

2. PREVIOUS FUND DETAILS

Fund name

Address of the Fund Administrator or Trustee

No./Street

Suburb/Town State/Territory Postcode

Country Phone

Membership/Account no.

ABN*

USI/SPIN*

* Please note that you must provide the fund's ABN (Australian Business Number) and USI (Unique Superannuation Identifier). These can be obtained directly from your chosen rollover fund. ABN can also be obtained from the Australian Prudential Regulation Authority (APRA) website, apra.gov.au

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 \$

IMPORTANT

Completing this form will not ensure that any future employer contributions are paid to Active Super.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about choice of super fund.

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're not 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 can't accept after-tax contributions from you.

3. OUR FUND DETAILS

Fund name

Unique Superannuation Identifier (USI/SPIN)

Australian Business Number (ABN)

Registered Superannuation Entity Number

RSE Licence Number

Fund address

Daytime telephone

4. YOUR TAX FILE NUMBER (TFN)

My TFN is

If you do not provide your TFN:

- your contributions may be taxed at the highest rate plus Medicare levy
- you will not be able to make personal contributions to your super fund
- we may not be able to receive contributions from you or your employer
- it may be more difficult for you to monitor your account or to locate it if you lose track of it.

5. YOUR DECLARATION

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

- I declare that I have fully read this form and the relevant PDS 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;
 - understand that the previous fund Trustee may be entitled to deduct a product switch fee or exit 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)

SEND YOUR COMPLETED FORM BACK TO US AT:

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

Email admin@activesuper.com.au

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 service 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 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.

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