

# TRANSFER-IN AUTHORITY (FROM EXTERNAL FUND)

If you'd like to transfer some or all your balance from another super fund into your Active Super Retirement Scheme account, please use this form.

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Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) or Member guide available at [www.activesuper.com.au/pds](http://www.activesuper.com.au/pds)

## 1. YOUR DETAILS

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx  Other

Surname:

Given name/s:

Date of birth:

Postal address:

Suburb:  State:  Postcode:

Residential address (if different from postal):

Suburb:  State:  Postcode:

Email address:

Phone (home):  Phone (work):

Phone (mobile):

### 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:  Country:

State:  Postcode:  Phone:

Membership/ account number:

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, [www.apra.gov.au](http://www.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 Vision Super.

OR

☐ I want to transfer part of my balance from my previous fund to Vision Super. The amount I want to transfer is:

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 in your account following any partial rollover. Any insurance held may cease if you have insufficient funds to cover the premiums.

*continued over...*

## VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947.

Our focus is improving your returns and keeping your administration fees and costs low to help you grow your retirement benefits.

Active Super is part of Vision Super.

Contact Us: PO Box 18041, Collins Street East, Melbourne VIC 8003

Contact Centre: 1300 547 873

[hello@activesuper.com.au](mailto:hello@activesuper.com.au)

[www.activesuper.com.au](http://www.activesuper.com.au)

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund ABN 24 496 637 884

# TRANSFER-IN AUTHORITY (FROM EXTERNAL FUND)

## IMPORTANT

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits from. If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about super choice.

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

Fund name:	<input type="text" value="Vision Super"/>
Unique Superannuation Identifier (USI/SPIN):	<input type="text" value="LGS0105AU"/>
ABN:	<input type="text" value="24496637884"/>
Registered Superannuation Entity Number:	<input type="text"/>
RSE Licence Number:	<input type="text"/>
Fund address:	<input type="text"/>
Daytime telephone:	<input type="text"/>

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.

## 4. YOUR TAX FILE NUMBER

My TFN is:

**It isn't an offence to not quote your TFN, however providing it to us means:**

- We will 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:

1. 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.
2. 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.
3. I understand and acknowledge the implications of transferring my benefits from my previous fund to Vision Super.
4. I authorise the Trustee of the Fund to make all necessary arrangements, including completing any necessary documentation to effect this transfer.
5. I consent to representatives of LGSS Pty Limited (Australian Financial Services Licence No. 383558) to obtain any information in relation to my superannuation.
6. I have read the Privacy Policy which is available on request or on the Fund's website and understand how the Fund will use the personal information provided on this form.
7. I authorise my previous fund to provide the Trustee of Vision Super with all relevant details, including details of membership, my TFN, a copy of the Rollover Benefits Statement and other information which may be required to effect the 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 the Fund;
  - I understand that the previous fund Trustee may be entitled to deduct a product switch fee from the benefits transferred; and I understand that the Fund does not levy any transfer fees when receiving rollovers from other superannuation funds; and
  - I acknowledge that if a transfer or rollover is rejected or processing is delayed, the money will be held in a trust account until it is processed or refunded. The Fund will keep any interest earned on the trust account.
8. 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:

Signature:

Date:

## SEND YOUR COMPLETED FORM BACK TO US VIA:

- Mail** PO Box 18041, Collins Street East, Melbourne VIC 8003
- Email** [hello@activesuper.com.au](mailto:hello@activesuper.com.au)
- File upload** Secure file upload at [www.visionsuper.com.au/upload-documents/](http://www.visionsuper.com.au/upload-documents/)