

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.

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

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 before making a decision.

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"/>
Date of birth (DD MM YY)	<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"/>								
Suburb/Town	<input type="text"/>	State/Territory	<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"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>								
Address of the Fund Administrator or Trustee									
No./Street	<input type="text"/>								
Suburb/Town	<input type="text"/>	Country	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	Phone	<input type="text"/>			
Membership/Account 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"/>
ABN*	<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"/>
USI/SPIN*	<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"/>
Electronic Service Address (for SMSFs only)*	<input type="text"/>								

*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

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.

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.

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	<input type="text" value="Active Super"/>
Unique Superannuation Identifier (USI/SPIN)	<input type="text" value="LGS0105AU"/>
ABN	<input type="text" value="28 901 371 321"/>
Registered Superannuation Entity Number	<input type="text" value="R1004663"/>
RSE Licence Number	<input type="text" value="L0001243"/>
Fund address	<input type="text" value="Level 12, 28 Margaret Street, Sydney NSW 2000"/>
Daytime telephone	<input type="text" value="1300 547 873"/>

4. YOUR TAX FILE NUMBER (TFN)

My TFN is:

It isn't an offence to not quote your TFN, however providing it 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.

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 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; 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.
- 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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