

# Super Transfer Form

For assistance & enquiries: **Ph 132 467**

Please send this completed form to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**



Please complete all fields in this form to transfer your other superannuation into your Intrust Super account. If you would like to complete this form online please go to: [intrust.com.au/supersign](http://intrust.com.au/supersign). If you are transferring from a Self-Managed Super Fund, please **DO NOT** use this form. Please visit [intrust.com.au](http://intrust.com.au) for a separate form.

**Please write in BLOCK letters using a BLUE or BLACK pen. This request will be invalid if it is unsigned or undated.**

## 1: Confirm your contact details

Please verify your details below and/or provide any missing information. If we ever can't contact you, the ATO could deem your account as "lost" and require us to transfer your account to them.

Intrust Super member number	Tax File Number*	Code
<input type="text"/>	<input type="text"/>	<b>Z14</b>
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Telephone (Home)	Mobile	Date of Birth (DDMMYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (M/F)		<input type="text"/>
Email		
<input type="text"/>		

### STREET ADDRESS

Street Number	Street Name
<input type="text"/>	<input type="text"/>
Suburb/Town	State
<input type="text"/>	<input type="text"/>
Post code	<input type="text"/>

### POSTAL ADDRESS [if different from above]

Street Number/PO Box	Street name
<input type="text"/>	<input type="text"/>
Suburb/Town	State
<input type="text"/>	<input type="text"/>
Post code	<input type="text"/>

\*If you have supplied your tax file number to Intrust Super previously you don't have to do so again.

## 2: Let us get your super together

Consolidate all your super into your one, Intrust Super account, to reduce the chances of paying unnecessary admin fees or insurance premiums.

	FUND 1	FUND 2	FUND 3
<b>FUND NAME</b>			
<b>FUND MEMBER NUMBER</b>			
<b>YOUR NAME AS RECORDED BY THE OTHER FUND</b> [if different to current name].			
<b>YOUR ADDRESS AS RECORDED BY THE OTHER FUND</b> [if different to your current address] street address, suburb, state, post code.			
<b>PARTIAL TRANSFER</b> [if you wish to make a partial transfer in please state the amount].	\$	\$	\$

Please note cancelling your other accounts may incur exit fees and will cancel insurance options.

### 3: Help us ensure the ATO doesn't take control of your super by checking ALL FOUR below options

To prevent your super from ever being transferred to the ATO, please tick ALL the boxes below. Under the current legislation, this will give us the best possible chance of ensuring your super never gets transferred to them.

- YES – I confirm that I do not want my account to be transferred to the ATO if it becomes inactive. I understand however that if I become uncontactable, my account may still get transferred.
- YES – to further reduce the chances of becoming uncontactable, I give permission for Intrust Super to use my details to contact me electronically or otherwise. I permit Intrust Super to use my contact details to send me superannuation related messages, confirm my details, inform me of other accounts they find on my behalf and to keep me informed about the benefits of being with Intrust Super.
- YES – I authorise the use of my Tax File Number for the SuperMatch service to find my lost or inactive accounts

### 4: Acknowledgement and signature

#### Privacy

When your personal details are provided to Intrust Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to [intrust.com.au](http://intrust.com.au).

#### Authorisation

- I authorise Intrust Super to make arrangements with the fund/s nominated on page 1 of this form to have my benefits rolled over to Intrust Super and acknowledge that this notice is irrevocable.
- I discharge the Trustee of my previous superannuation fund/s from any further liability in respect of any amount once the benefits have been rolled over to Intrust Super.
- I approve the deduction of rollover fees by my previous superannuation fund/s [if any] from the benefits rolled over [subject to legislative restrictions].
- I understand that in certain cases Intrust Super may be required by law to deduct tax from the untaxed portion [if any] of the superannuation payment.
- I request that any contributions received after payment of my benefits be redirected to my account with Intrust Super.

Signature



Date [DDMMYYYY]

Please return this form using the enclosed Replied Paid envelope or to: Intrust Super, GPO Box 1416, Brisbane QLD 4001