

# Roll over your super to VicSuper FutureSaver

Request to transfer superannuation benefits between funds under the  
*Superannuation Industry (Supervision) Act 1993*

\* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

When completing this form, please ensure you use all capital letters eg    and check boxes with a cross eg

## Step 1: Personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname*	<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"/>
Given name/s*	<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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Daytime phone number*	<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"/>
Mobile number	<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"/>
Residential address* (must be provided)	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
Postal address (if the same as your residential address, mark 'AS ABOVE')	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
Email	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as employee\_title@company.com.au.

Tax file number

Under the *Superannuation Industry Supervision Act 1993*, the Trustee is authorised to collect your Tax File Number, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The Trustee may disclose your Tax File Number to another superannuation fund when your benefits are being transferred, unless you request in writing to the Trustee that your Tax File Number not be disclosed to any other superannuation fund.

You are not legally required to provide us with your TFN, however giving your Tax File Number to us will have the following advantages, which may not otherwise apply:

- We will be able to accept all types of contributions to your account or accounts
- The tax on contributions to your account or accounts will not increase
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits
- And it will make it much easier to trace different superannuation accounts in your name, so that you receive all your superannuation benefits when you retire.
- If you do provide your Tax File Number, it will be kept confidential by us and the ATO.

**Step 2:**  
Fund details (from)

Fund name*	<input type="text"/>
Fund phone number	<input type="text"/>
Fund address	<input type="text"/>
	Postcode* <input type="text"/>
Membership or account number*	<input type="text"/>
Full rollover <input type="checkbox"/> Partial Rollover <input type="checkbox"/>	Transfer amount (only complete for partial rollovers) \$ <input type="text"/>
Australian Business Number (ABN)	<input type="text"/>
Unique Superannuation Identifier (USI)*	<input type="text"/>
Electronic Service Address (ESA) if SMSF*	<input type="text"/>

**Step 3:**  
Fund details (to)

Membership or account number*	<input type="text"/>
Fund name*	A W A R E S U P E R
Fund phone number*	1 3 0 0 3 6 6 2 1 6
Australian Business Number (ABN)	5 3 2 2 6 4 6 0 3 6 5
Product Name	V I C S U P E R F U T U R E S A V E R
Unique Superannuation Identifier (USI)	5 3 2 2 6 4 6 0 3 6 5 0 1 1

**Step 4:**  
Privacy information

The personal information provided on this form is collected by and held for Aware Super, in accordance with the Australian Privacy Principles of the *Privacy Act* 1988 (Cth), for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 366 216** or visit [vicsuper.com.au/privacy](http://vicsuper.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

**Step 5:**  
Authorisation,  
sign this form

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

- I declare I have fully read this form including the explanatory notes and understand that it does not constitute financial advice.
- The information I have provided is true and correct.
- I have read, understood and accept the privacy policy.
- I am aware I may ask my 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 any further information.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to the Fund.
- 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.
- I authorise the Trustee to act on my behalf in arranging this transfer. This includes receiving information from other financial organisations regarding this transfer.
- I understand that this rollover request is irrevocable.

Name*	<input type="text"/>
Signature*	<input type="text"/>
Date*	<input type="text"/>

**Step 6:**  
Send your form to VicSuper

Send your completed form to: **VicSuper, GPO Box 89 Melbourne Vic 3001**  
Aware Super Pty Ltd, ABN 11 118 202 672, AFSL 293340, The trustee of Aware Super ABN 53 226 460 365.