

Account consolidation

Superannuation Savings Account



Important information

This form must be mailed to: Superannuation Savings Account, Locked Bag 5429, Parramatta NSW 2124
Contact phone number: 133 731 between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.
You can also email a scanned copy to au.service@resolutionlife.com.au.

Please note:

- Use this form to consolidate your super accounts. Use black or blue pen and capital letters.
- You should contact your other super fund(s) to find out if there are any fees, charges or other consequences for transferring your super out of the fund(s), such as losing any insurance cover. We also recommend you speak to a financial adviser or tax adviser before making a decision to transfer your benefit(s).

Section 1 – Personal details (all fields must be completed)

Account number

(If changing your name and/or address, please write your name and/or address that was last notified.)

Title Mr Mrs Miss Ms Other

Surname

Full given name(s)

Residential address

State	Postcode	Country

Postal address

State	Postcode	Country

Date of birth (DD/MM/YYYY)

Mobile telephone

Alternate phone number

Email address

Tax file number (TFN)#

Under the Retirement Savings Account Act 1997 and Superannuation Industry (Supervisory) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

Things you should know

Commonwealth Bank of Australia ABN 48 123 123 124, AFSL No. 234945 (Commonwealth Bank) is the issuer of Superannuation Savings Account. Superannuation Savings Account is capital guaranteed by Commonwealth Bank. This information is issued by Commonwealth Bank and may include general advice. As this advice has been prepared without considering your objectives, financial situation or needs, you should, before acting on the advice, consider its appropriateness to your circumstances and the relevant disclosure documents, available by visiting commbank.com.au/sssa or by calling **133 731**. Resolution Life Services Australia Pty Ltd ABN 49 631 346 391 (Resolution Life), on behalf of Commonwealth Bank, is the administrator of the Superannuation Savings Account. AIA Australia Limited ABN 79 004 837 861, AFSL No. 230043 (AIAA) provides insurance benefits available through the Superannuation Savings Account under a group policy held by the Commonwealth Bank. Resolution Life and AIAA are not part of the Commonwealth Bank Group.

Section 2 – Fund details



Please note:

Ensure you tick (✓) either Full or Partial transfer checkbox. If no selection is made we will process a Full transfer as default. If you have more than three super accounts to consolidate you will need multiple copies of this form.

Fund A

Full transfer Partial transfer Amount \$

From:

Fund name

Membership or Account number Australian business number (ABN) Unique Superannuation Identifier (USI)

Fund B

Full transfer Partial transfer Amount \$

From:

Fund name

Membership or Account number Australian business number (ABN) Unique Superannuation Identifier (USI)

Fund C

Full transfer Partial transfer Amount \$

From:

Fund name

Membership or Account number Australian business number (ABN) Unique Superannuation Identifier (USI)

Section 3 – Declaration and acknowledgment

By signing this request form I declare as follows:

- I have fully read this form and the information completed is true and correct.
- I am aware I may ask the superannuation provider of my previous fund(s) for information about fees or charges that may apply, or any other information about the effect this payment/rollover may have on my benefits, and I have obtained or do not require any further information.
- I consent to my TFN being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my From fund(s) of all further liability in respect of the benefits paid and transferred to my Superannuation Savings Account (ABN 48 123 123 124, USI 48 123 123 124 130).
- 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 have read the current Tax and Other Information Brochure and this form.

Name (Print in block letters)

Member's signature

Date (DD/MM/YYYY)