



Superannuation Savings Account – Account Consolidation



Instructions

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).

Please send completed form to us via the following options:

Post to
Superannuation Savings Account
GPO Box 3306
Sydney NSW 2001

Fax to
1800 002 715

Email a scanned copy to
service@cba.com.au

If you would like more information about your benefit, simply call us on 13 2015 between 8.30am and 6pm (Sydney time) Monday to Friday.

*These fields are mandatory.

Section 1 – Personal details

*Account number

Title

*Family name

*Given name(s)

Other names known by (if any)/Previous names

*Date of birth

*Gender

Male Female

*Residential address (PO Box is not acceptable)

State Postcode

If you know that the address held by your **From** fund is different to your current residential address, please give details below.

Previous address

State Postcode

Telephone number

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.

Email address

Section 2 – Fund details



Please note: Please 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 or Partial transfer Amount \$

*Fund name

From:

Fund address

State Postcode

*Membership or Account number

Australian business number (ABN)

Unique Superannuation Identifier (USI)

Section 2 – Fund details (continued)

Fund B

Full transfer or Partial transfer Amount \$

*Fund name

From:

Fund address

<input type="text"/>
State Postcode

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fund C

Full transfer or Partial transfer Amount \$

*Fund name

From:

Fund address

<input type="text"/>
State Postcode

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 3 – Using your Tax File Number (TFN)

By signing this completed form, you consent to us using your TFN to seek information about your superannuation accounts from the ATO using the ATO's Supermatch program or other facility provided by the ATO. If we identify that you hold superannuation monies with other superannuation providers we may notify you and you can authorise us to consolidate those accounts on your behalf if you choose to do so. Please note any super located may include super that is not lost or forgotten.

Please tick (✓) here, if you do not want us to use your TFN to search the ATO databases to locate other super.

If you want us to use your TFN to search the ATO databases to locate other super, please authorise us by signing here.

Signature

Date



Please note:

The collection of your TFN is authorised under superannuation, privacy and taxation laws. We will only use your TFN for lawful purposes. These purposes may change in the future as a result of legislative change. It is not an offence to not quote your TFN, however providing it may have some advantages. For further information about our privacy and information handling practices, please refer to the Commonwealth Bank Group's Privacy Policy, which is available at commbank.com.au.

Section 4 – Authorisation

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

- I declare 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 account in Commonwealth Bank Superannuation Savings Account (ABN 48 123 123 124, USI 48 123 123 124 1 3 0)
- 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 declare that I have read the current Tax and Other Information Brochure and this form.

*Name (Print in **block** letters)

*Signature

*Date