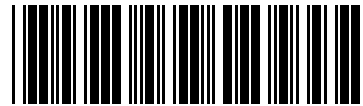


# Essential Super

Bring together my super

Save as form

Print form



Use this form to move the whole balance of your other super into your Essential Super account.

## Things to consider before you consolidate

Before consolidating, you should compare the costs, fees, risks and benefits of your other super funds with Essential Super. It makes sense to consider whether you can replace any insurance cover you may lose when you consolidate your accounts, as well as any costs for withdrawing from other super funds and any investment or tax implications. You should also decide which super fund you want your employer to pay your future employer contributions to and complete a Super Choice form if necessary.

## Insurance with Essential Super

If you consolidate your other super into Essential Super, any insurance cover you have with those other super funds will end, including cover for any existing illness, injury or condition. Any insurance provided with your Essential Super account is not exactly the same as the cover you have with those other super funds.

Please see the Product Disclosure Statement for specific terms that apply to insurance cover in Essential Super, including what's not covered. For example, a benefit won't be paid for any illness, injury or condition that existed in the 3 years immediately before the date your insurance cover commences, recommences or is increased (pre-existing condition).



\* These fields are mandatory

This form can be returned to us in branch, or posted to:  
Reply paid 86495, Sydney, NSW 2001



Some super funds may ask you for additional information such as a copy of your drivers license or passport before transferring your super to us.

If you need help with this, or anything else, please call us on 13 4074.

## Section 1 – Your personal details

\*Name

Other/previous names

\*Gender

F  M

\*Date of birth

Tax File Number

If you have not provided your TFN for your Essential Super account, you can do so by logging onto NetBank, or calling us on 13 4074. You are not obliged to disclose your TFN, but there may be tax consequences if you don't. If you do not want us to disclose your TFN to your other super fund you can let us know in writing. By doing this however, it may delay this transfer.

\*Contact phone number

## Section 2 – Residential details

\*Current residential address

State

Postcode

## Section 3A – Your other fund's details

These are the funds you are moving out of. You can use this form to transfer up to five super funds to your Essential Super account. If you have more than five super funds to transfer, please complete a separate form.

\*Fund name

\*Account/member number

\*Unique Superannuation Identifier (USI)

\*Australian Business Number (ABN)

\*Fund name

\*Account/member number

\*Unique Superannuation Identifier (USI)

\*Australian Business Number (ABN)

\*Fund name

\*Account/member number

\*Unique Superannuation Identifier (USI)

\*Australian Business Number (ABN)

### Section 3A – Your other fund’s details (Continued)

\*Fund name

\*Account/member number

\*Unique Superannuation Identifier (USI)

\*Australian Business Number (ABN)

\*Fund name

\*Account/member number

\*Unique Superannuation Identifier (USI)

\*Australian Business Number (ABN)

### Section 3B – Your SMSF details

\*Your SMSF name

\*Australian Business Number (ABN)

Electronic Service Address (ESA) alias

### Section 4 – Your Essential Super fund’s details

\*Fund name

\*Account number

Unique Superannuation Identifier (USI)

Australian Business Number (ABN)

### Section 5 – Authorisation

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

- I declare I have read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider listed in section 3 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 have obtained or do not require any further information.
- I consent to my Tax File Number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my Essential Super fund.
- I request and consent to the transfer of superannuation from the fund listed in section 3 and authorise the superannuation provider of each fund to give effect to this transfer to my Essential Super fund detailed in section 4.
- Where my other fund is an SMSF, I confirm that I am a member.

\*Name

\*Signature required

\*Date

**A note to super funds:** This form complies with Regulation 6.33 of the Superannuation Industry (Supervision) Regulations 1994 and captures all mandatory information as outlined in the form in Schedule 2A.