



# Consolidate my super

Request to transfer whole balance of Superannuation Benefits form

– Commonwealth Personal Super and Rollover Plan

– Commonwealth SuperSelect

**Use this form to consolidate your super accounts. USE BLACK OR BLUE PEN AND CAPITAL LETTERS.**

You should contact your other super fund to find out if there are any fees, charges or other consequences for transferring your super out of that fund. We also recommend you to speak to a financial adviser or tax adviser before making a decision to transfer your benefit. 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

Title	*Family name	*Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other names known by (if any)/Previous names		*Date of birth	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>		<input type="text"/>	
*Residential address (PO Box is not acceptable)			
<input type="text"/>		State	Postcode
If you know that the address held by your <b>From</b> fund is different to your current residential address, please give details below.			
Previous address			
<input type="text"/>		State	Postcode
Telephone number	Tax file number <sup>#</sup>	<sup>#</sup> Under the <i>Superannuation Industry (Supervision) Act 1993</i> , you are not obliged to disclose your tax file number, but there may be tax consequences.	
( ) <input type="text"/>	<input type="text"/>		
Email address	<input type="text"/>		

## Section 2 – Fund details

### From - Your other Super Fund's details:

*Fund name		
<input type="text"/>		
*Membership or Account number	*Australian business number (ABN)	*Unique Superannuation Identifier (USI)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

### To - Your Commonwealth Financial Services Super Fund's details:

Fund name (please tick (✓) appropriate)		
<input type="checkbox"/> Colonial Super Retirement Fund – <input type="checkbox"/> Commonwealth Personal Superannuation and Rollover Plan – <input type="checkbox"/> Commonwealth SuperSelect		
Fund address	Fund telephone number	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	13 2015	
Membership or account number	Fund ABN	Unique Superannuation Identifier (USI)
<input type="text"/>	<input type="text"/>	<input type="text"/>
	40 328 908 469	- Commonwealth Personal Super & Rollover Plan 40328908469101 - Commonwealth SuperSelect 40328908469102

Where applicable make cheques payable to 'The Colonial Mutual Life Assurance Society Limited'

### Section 3 – 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 Trustee/superannuation provider of my new fund 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 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 **To** 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.

**Disclosure authorisation**

We are here to help you consolidate your super. To provide this service, we may need to contact the fund which you are transferring from, on your behalf. By completing this section you authorise us to follow up your transfer request on your behalf. The Trustee and The Colonial Mutual Life Assurance Society Limited (CMLA) is sensitive to privacy issues and we treat all personal information we receive with the utmost care. For further information on how we manage information, please refer to our Privacy Policy which can be obtained from our website cba.com.au or by calling us on 13 2015.

\*I, (Full name in **block** letters)

of the above mentioned address hereby authorise full disclosure of my account information to CMLA.

**Upon production of this document, a photocopy, or facsimile, I authorise you to:**

- answer any correspondence from CMLA to the extent necessary to give effect to the proposed transfer.
- provide any information as requested by CMLA via phone, facsimile or email relating to my accounts held with you.

\*Signature

\*Date signed

In confidence

### Section 4 – Proof of identity

No identification is required for rollovers where your TFN is validated via the ATO SuperTic service. If your TFN cannot be validated, no identification will be required, so long as your name, date of birth and address details provided on your request corresponds with the other funds and our records. If there is a discrepancy in your name, date of birth or address, we, or the other fund, may request that you provide further proof of your identity.

**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.