


Superannuation Savings Account Request for superannuation consolidation

(Request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993) Instructions

 Complete and return this form to the address below. If you have multiple superannuation funds to consolidate you will have to photocopy this blank form and complete a separate request for each of your old funds.
If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Section 1 – Your old fund details

Please transfer my benefits from the following superannuation fund to my Superannuation Savings Account:

Previous fund name

Previous policy/account/member number

Previous fund ABN

Previous fund address

<input type="text"/>		
		State
		Postcode

Previous employer name

Approx dollar value of transfer

\$ <input type="text"/>

Section 2 – Your Superannuation Savings Account details

Transferring to:

Commonwealth Bank Superannuation Savings Account,
GPO Box 3306, Sydney, NSW, 2001

Phone: **13 2015**

ABN: 48 123 123 124

SPIN: COM0164AU

Account number

Make cheques payable to '**Commonwealth Bank Superannuation Savings Account**'

Your address

<input type="text"/>		
		State
		Postcode

Your previous address

<input type="text"/>		
		State
		Postcode

Date of birth

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Section 3 – Proof of Identity (you must provide a **certified*** copy for each form you complete).

I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

OR

Centrelink payment letter or Government or local council notice (<1 year old) with name and address

*A certified copy is a photocopy which has been compared with the original and endorsed as a true copy by an individual approved to do so, for example, a Justice of the Peace, legal practitioner, Australia Post employee, finance company officer with five or more years of continuous service, etc.

Section 4 – Things you need to consider when transferring your super

By completing this form, you will request the transfer of the whole balance of your super benefits between funds. This form cannot be used to transfer part of the balance of your super benefits. This form will not change the fund to which your employer pays your contributions.

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. Moving funds may have investment, tax and insurance implications. If you ask for information, your super provider must give it to you. Some of the points you may consider are:

- Fees – your previous fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. The Superannuation Savings Account does not charge entry fees or withdrawal fees. Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- Insurance – your previous fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave the fund, you may lose any insurance entitlements you have. Other funds may not offer insurance or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.
- Tax – if claiming a tax deduction for a personal contribution to your previous fund, your deduction has to be completed before rolling over. If you are splitting contributions made to your old fund with your spouse or de-facto, your splitting instruction needs to be completed before rolling over.



Your entitlement to claim a tax deduction could be affected if you don't advise your previous fund of your intention before rolling over.

Section 5 – Authorisation

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

1. I declare that I have read the current Product Disclosure Statement (PDS) and this form, and the information provided on this form is true and correct.
2. I authorise the transfer of all my benefits as outlined above.
3. I discharge the superannuation provider of my other fund from any further liability of any amount transferred.
4. I am aware I may ask my superannuation provider for information about 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.
5. I approve the deduction of fees and taxes (if any) from the benefits transferred (subject to legislative provisions).
6. I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy section of the PDS.

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.

Name

Signature

Date



Application must be signed and dated in order to be valid.