



# Rollover initiation request

## Transfer whole balance of benefit between funds

Under the Superannuation Industry (Supervision) Act 1993

You can complete an online version of this form quickly and easily in MemberAccess at [rest.com.au](http://rest.com.au)  
Or, you can complete this form and mail it to us.

**Completing this form:** Read the Important information on the following page. This form is only for whole (not part) balance transfers.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. This request will be invalid if unsigned and undated. Fields marked \* are mandatory. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Once you've completed and signed this form, please mail to: **REST Industry Super, PO Box 350, Parramatta NSW 2124.**

### Section 1: Personal details

Date of birth (dd/mm/yyyy)*	Gender*	
<input type="text"/>	<input type="text"/> (M/F)	
Mr/Mrs/Ms/Miss/Dr	Surname*	
<input type="text"/>	<input type="text"/>	
Given name(s)*		
<input type="text"/>		
Other/Previous name(s)		
<input type="text"/>		
Unit number	Street number*	Street name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Mobile	
<input type="text"/>	<input type="text"/>	
My Tax File Number (TFN)	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. See 'what happens if I do not quote my Tax File Number (TFN)?' below.	
<input type="text"/>		

### Section 2: Fund details

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

<b>FROM</b>	
Fund name*	
<input type="text"/>	
Fund phone number (business hours)	Membership or account number*
<input type="text"/>	<input type="text"/>
Australian Business Number (ABN)	Unique Superannuation Identifier (USI)
<input type="text"/>	<input type="text"/>

Each Superannuation product is assigned a (USI); providing a USI can prevent rollover delays. You can usually find a USI on an annual statement, your rollover fund's website or by contacting your rollover fund directly.

<b>TO</b>	REST member number*
<b>Fund name</b>	<input type="text"/>
REST Industry Super	
<b>Fund address</b>	<b>Australian Business Number (ABN)</b>
PO Box 350, Parramatta NSW 2124	62 653 671 394
<b>Fund phone number</b>	<b>Unique Superannuation Identifier (USI)</b>
1300 300 778	RES0103AU



Office Use

The Trustee company of Retail Employees Superannuation Trust ABN 62 653 671 394 is Retail Employees Superannuation Pty Limited ABN 39 001 987 739, AFSL 240003.

## Proof of identity

For transfers between super funds, your FROM fund will certify your identification (ID) with the Australian Taxation Office (ATO). Where a positive match is made your benefit can be transferred to REST. However if a positive match cannot be made your FROM fund may require that you provide certified copies of your proof of identification documents (including any linking documents).

## 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 my superannuation provider 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 such 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.

Name (print in BLOCK letters)\*

Signature\*



Date (dd/mm/yyyy)\*

### What happens if I do not quote my Tax File Number (TFN)?

You are not required to provide your TFN to your super fund. However, if you do not provide your TFN, your super fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

### Important information

These instructions only relate to completing this form to transfer into REST. By completing this form, you will initiate a rollover request to transfer the whole balance of your super benefits between funds. This transfer may close your account and may affect any insurance arrangements you have with your FROM fund (you will need to check this with your FROM fund).

#### This form can NOT be used to:

- Transfer part of the balance of your super benefits
- Transfer benefits if you don't know where your super is
- Transfer benefits from multiple funds on this one form - a separate form must be completed for each fund you wish to transfer super from
- Change the fund to which your employer pays contributions on your behalf
- Open a super account
- Transfer benefits under certain conditions or circumstances, for example if there is a super agreement under the *Family Law Act 1975* in place.
- Transfer super benefits from REST

### What happens to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about your choice of fund. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit [superchoice.com.au](http://superchoice.com.au) or call the ATO on 13 10 20.

### Things you need to consider when transferring your super

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

- **Fees** - your FROM 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. Your TO fund may also charge entry or deposit fees on transfer. 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.
- **Death and disability benefits** - your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current 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.



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