

Suncorp Easy Super Employer Sponsored – Rollover Authorisation Form



WC

Should you require assistance in completing this form please contact our consultants on 13 11 55 (ask for 'Life and Super')

Member Details

Name: _____
Address: _____
Date of Birth: / / _____
Suncorp Member Number: _____

Rollover Amount

Total value of the fund Partial rollover of \$

Contribution Fee Option

This Rollover will be applied as per your previously nominated Contribution Fee option.

Details of Your Previous Superannuation Fund

Name of Superannuation Fund (where benefits are held): _____
Contact Phone No.: _____
Name and address of Superannuation Fund Administrator: _____
Name of contributing employer to your Previous Superannuation Fund: _____
Date ceased with the contributing employer to your Previous Superannuation Fund: _____
Member No. / SPIN: _____

Please note: Failure to provide all details may result in delays in transferring your benefit.

If you are self-employed and eligible to claim a tax deduction for personal contributions, please complete the following section:

1. Specify the amount of contributions you intend to claim as a tax deduction for the current financial year.

Nil All Some \$ _____ (specify amount) **Contributions claimed will be subject to Contributions Tax**

2. Specify the amount your employer has contributed to this policy for the current financial year: \$ _____

Member's Authorisation

I authorise, acknowledge and agree:

- that Suncorp Easy Super is a complying fund under legislation.
- that this form will be provided to my Previous Superannuation Fund administrators.
- to the transfer of my benefits from my Previous Superannuation Fund to Suncorp Easy Super.
- that any contributions received after payment of my benefit be redirected to my rollover account in Suncorp Easy Super.
- that upon payment by the Previous Superannuation Fund, to discharge the trustee of that Fund from any further liability in respect of benefits transferred.
- to the deduction of transfer fees (subject to legislative restrictions) from my balance.
- that in certain cases, Suncorp Easy Super may be required by legislation to deduct tax from the untaxed portions, if any, of amounts rolled over.
- that I may not be able to access any of the amounts rolled over to Suncorp Easy Super until I cease service with my new employer (subject to preservation rules).
- that if my benefits in the Previous Superannuation Fund have been rolled over by the trustee of the fund to an Eligible Rollover Fund ("ERF"), to authorise the trustee of the Previous Superannuation Fund to pass this authority to the ERF. By giving this authorisation, I request the trustee of the ERF to transfer my benefits to Suncorp Easy Super.
- I understand that for each investment option, other than the nine Suncorp investment options, one or more PDSs for the financial products underlying that option are available from the website www.suncorp.com.au or by contacting Suncorp, and I consent to obtaining a copy of these PDSs by downloading them from this website or by contacting Suncorp to obtain a printed version.
- I acknowledge that, when contributions are paid for me into one or more investment options, I may not have obtained the most recent PDS for the underlying financial product for each investment option and may not have been notified about material changes or significant events that adversely affect a matter that should be in the PDSs for those underlying financial products.
- I consent to obtaining notification and an explanation of any material change or significant event that adversely affects a matter in the most recent PDS for the underlying financial product for each investment option by downloading the information from our website www.suncorp.com.au.
- that I understand under current legislation, my Previous Superannuation Fund has generally 30 days from receipt of this request to transfer my benefit to Suncorp Easy Super.
- to Suncorp Life & Superannuation Limited and the Trustee collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Suncorp Privacy Policy, a copy of which may be obtained by calling 13 11 55, contacting us at suncorp.com.au or by visiting any of our branches.

Please make cheque payable to "Suncorp Life & Superannuation Limited".

Member's Signature: **X** _____ Date: / / _____

What Do I Do Now? Complete and return this form and we will make the necessary rollover arrangements on your behalf.

Please return to: Wealth Administration Centre (LS004)
GPO Box 1453
Brisbane Qld 4001