TRANSFER YOUR SUPER TO ANOTHER FUND

Use this form to transfer some or all of your super.



Before you start...

Fill this form out in BLOCK letters using a black or blue pen. Write 🛠 to mark boxes.

If you make a mistake while completing this form, simply cross it out and initial to verify your change.

- Your application will be invalid if you use liquid paper or don't sign the form.
- To keep your account open, you need to leave a balance of at least \$10,000.
- Read the Super Product Disclosure Statement (PDS) at teamsuper.com/pds for more information.
- Before making a decision to change funds, make sure you don't lose important benefits, such as insurance, or experience additional costs.

1. Your personal details				
Mr Ms Mrs Miss Dr Other	Male Female	Member number		
Given names				
Surname		1	Date of birth (DD-MM-YYYY)	
Residential address				
Suburb			State	Postcode
Postal address. If the same as your resid	ential address, mark	X [′] in this box		
Suburb			State	Postcode
Mobile phone	Home phone		Work phone	
Email				
Date left work (DD-MM-YYYY) (if applical	ole)			,

Turn over to finish filling out this form...

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Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



2. How much do you want to transfer?

Mark \mathbf{X} at the amount you want to transfer.

	Full account b be delayed.	alance	e. Note : If we still recei	ive super contributions from your employer into your account, your transfer may
	Partial transfe	er of \$		You must leave a minimum balance of \$10,000 in your Team Super account to keep it open.
Amo	ount in words			

3. Where do you want your super transferred to?

Other fund's full name and address			
Other fund's Superannuation Product Identification Number (SPIN)	Australian Business Number (ABN)	
Unique Superannuation Identifier (USI)	Membership or	account number	

4. Self-managed super fund payment details

- Only complete this section if you're transferring to a self-managed super fund (SMSF).
- SMSFs will only be paid by direct credit, not cheque. The bank account name you nominate must be in the name of the SMSF.

You need to attach:

- A copy of the top part of your SMSF bank statement, that's less than 12 months old, from your financial institution. The statement must show the account name, BSB and account number of the account you're transferring your super to.
- Certified identification if you haven't previously provided this.

SMSF account name

Name of bank, building society or cr	redit union
BSB	Account number
Australian Business Number (ABN)	
Electronic Service Address (ESA). If	you're unsure of this address you can ask your SMSF Administrator.

Turn over to finish filling out this form...

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5. Which investment option would you like to make your transfer from?

- Only fill in this section if you're making a partial transfer and you're invested in more than one investment option.
- If you don't choose, the transfer will be taken pro-rata across all your investment options.
- If insufficient funds remain in your chosen investment option, the transfer will be taken pro-rata across the remaining options.

Lifecycle Investment Strategy

Lifecycle Investment Strategy	\$

Pre-mixed investment options

High Growth	\$
Growth	\$
Balanced	\$
Moderate	\$
Indexed Defensive	\$
Defensive	\$
Secure	\$

Asset class investment options

Australian Shares	\$
International Shares	\$
Property	\$
Bonds	\$
Cash	\$

6. Your declaration

- I certify the information I've provided is true and correct.
- I authorise Team Super to submit to the Australian Taxation Office (ATO) and the nominated transfer fund all relevant details of my payment in accordance with ATO reporting requirements, including my Tax File Number.
- If the nominated transfer fund is a SMSF, I confirm that I'm a member, trustee or director of a corporate trustee of the SMSF.
- If I'm transferring my full account balance, I discharge Team Super of all further liability in respect of the benefits paid and transferred to my other fund.
- · I understand this transfer request, once actioned, can't be used for future transfers, if any.

Your signature	Date (DD-MM-YYYY)

When complete return this form to us by:

Post	Team Super
	Looked Deg 2020

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