



wa super

A GUIDE TO TRANSFERRING YOUR ENTIRE ACCOUNT BALANCE INTO WA SUPER

By completing this form, you will initiate a rollover request to transfer the **WHOLE** balance of your super benefits to WA Super. This form can not be used to transfer part of the balance of your super benefits.

You can not use this form to transfer your benefits to your own self-managed super fund (SMSF). You must use the form Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund. This form will not change the fund to which your employer pays your contributions. The Standard choice form must be used by you to change funds.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits TO can accept this transfer.


WHEN COMPLETING THIS FORM

Refer to these instructions where a question shows a message like this:

- Print clearly in **BLOCK LETTERS**.

AFTER COMPLETING THIS FORM

- Sign the authorisation.
- Send the form to WA Super.

 This transfer may close your account – you will need to check this with your FROM fund.

This form **cannot** 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.

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using the Request to transfer 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 Super Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

WHAT HAPPENS IF YOU DO NOT QUOTE MY TAX FILE NUMBER (TFN)?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 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.

TRANSFERS TO SELF-MANAGED SUPER FUNDS

You must use the form Rollover initiation request to transfer whole balance of superannuation benefits to your self-managed super fund which is available at wasuper.com.au to transfer your benefits to your own self-managed super fund (SMSF).

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

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. 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, and exit or withdrawal fees. Your TO fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on the super 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 should consider checking the costs and amount of any cover offered.

HAVE YOU CHANGED YOUR NAME OR ARE YOU SIGNING ON BEHALF OF ANOTHER PERSON?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document – a linking document is a document that proves a relationship exists between two (or more) names. For more information on this and how to correctly certify documents visit wasuper.com.au.

Rollover initiation request to transfer whole balance of super to WA Super

under the Superannuation Industry (Supervision) Act 1993

SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

Mrs

Miss

Ms

Dr

First name/s

Male Female

Date of birth (DD/MM/YYYY)

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Tax File Number (TFN)



Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

SECTION 2 - FROM (TRANSFERRING) FUND DETAILS

Fund name

Australian Business Number (ABN)



All information in this section must be provided for your request to be completed.

Client or account number

Unique Superannuation Identifier (USI)

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

SECTION 3 - TO (RECEIVING) FUND DETAILS

Name of fund

WA Super (WA Local Government Super Plan)

Unique Superannuation Identifier (USI)

WAL0001AU

Australian Business Number (ABN)

18159499614

Phone

(08) 9480 3500

Client or account number

SECTION 4 - YOUR PRIVACY

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at www.wasuper.com.au/privacy/.

SECTION 5 - 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 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.

Signature

Date

Rollover initiation request to transfer whole balance of superannuation benefits between funds | Issued 16 June 2016 | TF67.2