



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

### COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a
- This form is only for whole (not part) balance transfers.

### AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send all paper work to Find My Super  
PO Box 914 Milsons Point NSW 1565

## Personal details

Title: Mr  Mrs  Miss  Ms  Other

\*Family name

\*Given names

Other/previous names

\*Date of birth  /  /

Tax file number

Under the Superannuation Industry (Supervision) Act 1993, 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See 'What happens if I do not quote my tax file number?'

\*Gender Male  Female

\*Contact phone number

## Residential address

\*Address

\*Suburb

\*State/territory  \*Postcode

## Previous address

If you know that the address held by your FROM fund is different to your current residential address, please give details below.

Address

Suburb

State/territory  Postcode

## Fund details

### FROM

\*Fund name

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

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

### TO

\*Fund name **Colonial First State  
FirstChoice Personal Super**

\*Fund phone number **1 3 1 3 3 6**

\*Membership or account number

Australian business number (ABN) **26 458 298 557**

Superannuation Product Identification Number (SPIN) **FSF0217AU**

You must check with your TO fund to ensure they can accept this transfer.

## \*Proof of identity See 'Completing proof of identity'

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

AND

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

## 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 do not require any further information.
- If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- 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  /  /

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.