

# Super Transfer Form

For assistance & enquiries: **Ph 132 467**

Please send this completed form to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**



Please complete all fields in this form to transfer your other superannuation into your Intrust Super account. If you would like to complete this form online please go to: [intrust.com.au/supersign](http://intrust.com.au/supersign). If you are transferring from a Self-Managed Super Fund, please **DO NOT** use this form. Please visit [intrust.com.au](http://intrust.com.au) for a separate form.

**Please write in BLOCK letters using a BLUE or BLACK pen. This request will be invalid if it is unsigned or undated.**

## 1: Confirm your contact details

Please verify your details below and/or provide any missing information. If we ever can't contact you, your account could, by law, be deemed as "lost" and require us to transfer your account to the Australian Taxation Office.

Intrust Super member number	Tax File Number*	Code
<input type="text"/>	<input type="text"/>	<b>Z14</b>
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Telephone (Home)	Mobile	Date of Birth (DDMMYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (M/F)		
<input type="text"/>		
Email		
<input type="text"/>		

### STREET ADDRESS

Street Number	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>

### POSTAL ADDRESS [if different from above]

Street Number/PO Box	Street name	
<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*If you have supplied your tax file number to Intrust Super previously you don't have to do so again.

## 2: Let us get your super together

Consolidate all your super into your one, Intrust Super account, to reduce the chances of paying unnecessary admin fees or insurance premiums.

	FUND 1	FUND 2	FUND 3
<b>FUND NAME</b>			
<b>FUND MEMBER NUMBER</b>			
<b>YOUR NAME AS RECORDED BY THE OTHER FUND</b> [if different to current name].			
<b>YOUR ADDRESS AS RECORDED BY THE OTHER FUND</b> [if different to your current address] street address, suburb, state, post code.			
<b>PARTIAL TRANSFER</b> [if you wish to make a partial transfer in please state the amount].	\$	\$	\$

Please note cancelling your other accounts may incur exit fees and will cancel insurance options.

### 3: Retain your Intrust Super account

To help prevent your super from being transferred to the Australian Taxation Office, tick ALL the boxes below. Together with regular contributions will give us the best possible chance of retaining your account.

- YES – I confirm that I do not want my account to be transferred to the Australian Taxation Office unless it is required by legislation. I understand however that if I become uncontactable, my account may still get transferred.
- YES – I give permission for Intrust Super to use my details to contact me electronically or otherwise. I permit Intrust Super to use my contact details to send me superannuation related messages, confirm my details, inform me of other accounts they find on my behalf and to keep me informed about the benefits of being with Intrust Super.
- YES – I authorise the use of my Tax File Number for the SuperMatch and SuperMatch2 service to find my lost or inactive accounts. I understand that the Trustee of Intrust Super will retain this authorisation until I advise otherwise.

### 4: Acknowledgement and signature

#### Privacy

When your personal details are provided to Intrust Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. For further information, please see our Privacy policy at [intrust.com.au](http://intrust.com.au).

#### Authorisation

- I authorise the Trustee of Intrust Super to make arrangements, including providing the information on this form, with the fund/s nominated on page 1 of this form to have my benefits transferred to Intrust Super and acknowledge that this notice is irrevocable.
- I am aware that I may ask my superannuation provider for details of any fees and charges that may apply, and other impacts of this transfer such as the loss of insurance benefits, and do not require any further information to proceed.
- I understand that it is not compulsory to provide my Tax File Number [TFN], however if I do not provide my TFN, I may pay more tax on benefit payments and Intrust Super will not be able to accept personal after-tax contributions from me.
- I discharge the Trustee of my previous superannuation fund/s from any further liability in respect of any amount once the benefits have been rolled over to Intrust Super.
- I approve the deduction of exit or transfer fees by my previous superannuation fund/s [if any] from the benefits rolled over [subject to legislative restrictions].
- I understand that in certain cases the Trustee of Intrust Super may be required by law to deduct tax from the untaxed portion [if any] of the superannuation payment.
- I request that any contributions received after payment of my benefits be redirected to my account with Intrust Super.

Signature



Date (DDMMYYYY)

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Please return this form using the enclosed Replied Paid envelope or to: Intrust Super, GPO Box 1416, Brisbane QLD 4001