

TRANSFER YOUR SUPER TO ANOTHER FUND

TEAM SUPER

TRANSPORT, ENERGY AND MINING

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 'X' 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							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>							
Given names															
<input type="text"/>															
Surname						Date of birth (DD-MM-YYYY)									
<input type="text"/>						<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address															
<input type="text"/>															
Suburb						State		Postcode							
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address. If the same as your residential address, mark 'X' in this box								<input type="checkbox"/>							
<input type="text"/>															
Suburb						State		Postcode							
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile phone			Home phone			Work phone									
<input type="text"/>			<input type="text"/>			<input type="text"/>									
Email															
<input type="text"/>															
Date left work (DD-MM-YYYY) (if applicable)															
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

2. How much do you want to transfer?

Mark 'X' at the amount you want to transfer.

<input type="checkbox"/>	Full account balance. Note: If we still receive super contributions from your employer into your account, your transfer may be delayed.
<input type="checkbox"/>	Partial transfer of \$ <input type="text"/> You must leave a minimum balance of \$10,000 in your Team Super account to keep it open.
Amount in words	<input type="text"/>

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.



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 credit union

BSB

Account number

Australian Business Number (ABN)

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 \$

Turn over to finish filling out this form...

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)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300

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