



Telephone: 1800 640 055
Email: enquiries@mapfunds.com.au
Post: PO Box 1282, Albury NSW 2640

Roll in form for advised clients

Please complete this form in CAPITAL letters.

Use this form to:

- ▶ transfer other superannuation benefits to the fund.

Before transferring superannuation benefits to the fund:

Consider

- exit fees
- benefits you may be losing, such as insurance
- costs
- investment performance
- whether you should seek professional advice.

Checklist

- Have you completed all areas of this form?
- Have you signed and dated this form?
- Have you attached an original copy of certified identification to this form?
- Return your completed form to the fund postal address.

1. Personal details

Title	Given name(s)		
<input type="text"/>	<input type="text"/>		
Surname	Date of birth (DD/MM/YYYY)		
<input type="text"/>	<input type="text"/>		

2. Tax file number (TFN) or exemption*

I have already supplied my TFN

TFN	OR	Exemption reason
<input type="text"/>		<input type="text"/>

OR

I do not wish to quote a TFN or exemption reason

* In order to receive any tax concessions available in relation to your entitlement, you are required to quote your TFN. While it is not compulsory to quote your TFN, if your TFN is not quoted, the Trustee is obliged to deduct PAYG Tax from the relevant part of your benefit at the top marginal rate.

3. Contact details

Street address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Previous address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (home)	Phone (work)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email			
<input type="text"/>			

4. Rollover fund details

Other superannuation fund member number	Fund name
<input type="text"/>	<input type="text"/>
Fund address (only needed if not sending directly to the fund)	
<input type="text"/>	
Fund ABN or SFN	Unique Superannuation Identifier (USI)
<input type="text"/>	<input type="text"/>
Superannuation Product ID Number (SPIN)	Fund telephone (only needed if not sending directly to the fund)
<input type="text"/>	<input type="text"/>

5. Transfer details

Full transfer amount	OR	Partial transfer amount
\$ <input type="text"/>		\$ <input type="text"/>

6. Fund details

Fund name	
<input type="text"/>	
Member number (for existing members only)	Australian Business Number
<input type="text"/>	<input type="text"/>
Unique Superannuation Identifier (USI)	Phone number
<input type="text"/>	<input type="text"/>
Fund address	
PO BOX 1282, ALBURY NSW 2640	

For fund details, please refer to the information provided at the bottom of this page.

7. Authority

Please mark with an X.

- I authorise the Trustee of the fund to obtain details and follow up the process of the transfer of funds from the fund indicated in Section 4 of this form.

8. Identification requirements

Please mark with an X.

For information on identification required, please refer to the *Identification requirements factsheet* available from the Secure Online Portal.

- A scanned original certified copy of identification is attached to this form. My adviser has reviewed and will hold all original copies of certified identification and can produce this if required by the Trustee of the fund or by law.

9. Declarations and signature

By signing this form, I am making the following statements:

- I declare I have fully read this form and the information provided is true and correct,
- I am aware that 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,
- I discharge the fund from, all further liability in respect of the benefits paid and transferred to the fund by my previous superannuation provider; I request and consent to the transfer of superannuation as described in Section 4 of this form and authorise the superannuation provider of each fund to give effect to this transfer,



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- I declare that by nominating and authorising a financial adviser to act on my behalf that I release, discharge, and indemnify the Trustee and all the Trustee's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from my appointment of a financial adviser and all acts, matters and things done or purported to be done by my financial adviser acting on my behalf even if not actually authorised by me.

Full name

Signature

Date (DD/MM/YYYY)

Note: this declaration must be signed by the member, if my financial adviser is not authorised to act on my behalf to roll in funds, to transfer funds, and to transact investments.

Adviser declaration

- I confirm that the member has provided an original certified authorisation for myself as their Nominated Representative to act on their behalf to roll-in funds, to transfer funds, and to transact investments.
- I have provided the member with access to the current product disclosure statement (PDS) and other disclosure documents for their selected investments as outlined in the PDS.
- I have provided a copy of a Statement of Advice, and hold an authority to proceed from the member, including details of approved investment strategies, and investments to be purchased, which can be produced should it be required by the Trustee of the fund and/or as required by law.
- I confirm I abide by and meet all current AML/CTF requirements and can provide the original certified copy of identification documents as required by the Trustee and/or by law.
- I release, discharge, and indemnify the Trustee and all the Trustee's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from my appointment as the member's Nominated Representative, and all acts, matters and things done or purported to be done by me acting on the member's behalf even if not actually authorised by the member (applicant).

Adviser full name

Signature

Date (DD/MM/YYYY)

Please return completed and signed form via email to super@onevue.com.au or via mail to the fund postal address.

The fund is a superannuation product within OneSuper ABN 43 905 581 638 RSE R1001341 (formerly Smartsave Members Choice Superannuation Plan). Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153 RSE Licence L0000635 (referred to as the Trustee, we, our, us) is the Trustee of OneSuper and the product issuer. The information in this document has been prepared by OneVue Wealth Services Pty Ltd ABN 70 120 380 627, AFSL 308868 as the Promoter. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation or needs. Before making any financial decisions about the fund, it is important that you read the current product disclosure statement (PDS) and consider your particular circumstances and whether the particular financial product is right for you. The current PDS for the product is available at onesuper.com. You should consult a financial adviser if you require personal advice.

MYONESUPER USI 43 905 581 638 014 ABN 43 905 581 638 is a sub-plan of OneSuper ABN 43 905 581 638 RSE R1001341 (formerly Smartsave Members Choice Superannuation Plan). The MYONESUPER Product Disclosure Statement is issued by Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153 RSE Licence No L0000635 the Trustee of MYONESUPER and OneSuper.