

## Roll in form for direct 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?
- Send 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 (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. It is not compulsory to quote your TFN, however 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"/>		
Previous address		
<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

a) 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"/>
b) 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	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 (s) 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.

- I have attached original certified copies of identification to this form.

## 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.

Full name

Signature

Date (DD/MM/YYYY)

Please return completed and signed form via email to [super@onevue.com.au](mailto: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](http://onesuper.com). You should consult a financial adviser if you require personal advice.

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