

Request to Transfer or Rollover Superannuation Benefits into Vision Super

Form 35

IMPORTANT INFORMATION

This transfer may close your account (you will need to check this with your FROM fund).

IMPORTANT: PLEASE SEND ORIGINAL FORM TO VISION SUPER

This form can **NOT** be used to:

- Transfer benefits if you don't know where your superannuation is
- Transfer benefits from multiple fund on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- Change the fund to which your employer pays contributions on your behalf. The Standard Choice Form must be used
- Open a superannuation account, or
- Transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** – your FROM fund must give you information about any exit and withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your TO fund may also change entry of deposit fees on transfer. Differences in fees funds charge have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** – your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **FROM**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on **13 10 20**.

COMPLETING PROOF OF IDENTITY

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

ACCEPTABLE DOCUMENTS

The following documents may be used:

EITHER

One of the following documents only:

- Driver's licence issued under State or Territory law
- Passport

OR

One of the following documents:

- Birth certificate or birth extract
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits

AND

One of the following documents:

- Letter from Centrelink issued within the last 12 months regarding a Government assistance payment showing your name and residential address, or
- Notice issued by Commonwealth, State or Territory Government or local council within the past 12 months that contains your name and residential address. For example:
 - Tax Office Notice of Assessment (issued within the last 12 months), or
 - Rates notice from local council or other utilities notices issued within the last 3 months showing your name and residential address

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CERTIFICATION OF PERSONAL DOCUMENTS

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy to make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc), address and date.

The following can certify copies of the originals as true and correct copies:

- A councillor of a municipality
- A person who holds an office in the public service or a Statutory Authority
- A senior officer of a council (e.g. a management role reporting to the Chief Executive Officer)
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal service to the public
- An officer with, or authorised representative of a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- Bailiff
- Bank officer, building society officer, credit union officer or finance company officer with 2 or more continuous years of service
- Chiropractor
- Clerk of a court
- Dentist
- Judge of a court
- Justice of the peace
- Legal practitioner
- Magistrate
- Master of a court
- Medical practitioner
- Member of Engineers Australia, other than at the grade of student
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Notary public
- Nurse
- Optometrist
- Patent attorney
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Pharmacist
- Physiotherapist
- Police officer
- Psychologist
- Registrar, or Deputy Registrar of a court
- Sheriff
- Sheriff's officer
- Teacher employed on a full time basis at a school or tertiary education institution
- Trade Marks attorney
- Veterinary surgeon

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1 Personal Details

Title: Mr Mrs Miss Ms Other

Member Name: Vision Membership Number:

Other/Previous Names:

*Address:


Suburb:

State: Postcode:

*Date of Birth: Contact Phone Number:

Contact email address:

Tax File Number:

 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: Postcode:

2 Fund Details

| | |
|---|--|
| <p>FROM:</p> <p>*Fund Name: <input type="text"/> <input type="text"/></p> <p>*Fund Address: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Fund Phone Number: <input type="text"/></p> <p>Membership or Account Number: <input type="text"/></p> <p>Australian Business Number (ABN): <input type="text"/></p> <p>Superannuation Product Identification Number (SPIN): <input type="text"/></p> | <p>TO:</p> <p>*Fund Name: <input type="text" value="Local Authorities Superannuation Fund"/></p> <p>Fund Phone Number: <input type="text" value="(03) 9911 3222"/></p> <p>Australian Business Number (ABN): <input type="text" value="24 496 637 884"/></p> |
|---|--|

3 Transfer Amount – Please indicate amount below

The whole balance of my account. **OR** The following amount \$



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4 *Proof of Identity (Please refer to Important Information on cover page)

- 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 (less than 1 year old) that contains your name and residential address eg. Tax Office Notice of Assessment issued within the last 12 months

5 Authorisation

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

- (1) I declare I have fully read this form and the information completed is true and correct,
- (2) 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.
- (3) 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.
- (4) 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.**

Certification of Complying Fund Status

To whom it may concern:

This is to certify that:

- The Local Authorities Superannuation Fund (also known as Vision Super) is a complying superannuation fund (Registration Number R1000603) within the meaning of the Superannuation Industry (Supervision) Act 1993 ("SIS Act").
- The Trustee of the Fund is Vision Super Pty Ltd (ABN 50 082 924 561), holder of Australian Financial Services Licence 225054 and RSE Licence Number L0000239.
- The Fund is a resident regulated superannuation fund within the meaning of the SIS Act and has never received a notice of non-compliance from the Australian Prudential Authority (APRA).
- The Fund is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the Superannuation Industry (Supervision) Regulations 1994.
- The Fund is not subject to, and has never previously been subject to, a direction under section 63 of the SIS Act. The Fund offers insurance cover (through Vision Super Saver plan) that means the minimum requirements of the Superannuation Legislation Amendment (Choice of Superannuation Funds) Act 2004, for a fund to be offered by an employer where an employee does not choose a fund.

Paul Curtin
Company Secretary
For and on behalf of Vision Super Pty Ltd

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