

1. 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:

- > Closure of account – This transfer may close your account (you will need to check this with your FROM fund).
- > 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 charge entry or 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.

2. THIS FORM CAN NOT BE USED TO:

- > Transfer benefits if you don't know where your superannuation is
- > Transfer benefits from multiple funds 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.

3. WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)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 will usually 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. Under the *Superannuation Industry (Supervision) Act*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative changes. The TFN may be disclosed to another superannuation provider when your benefits are being transferred, unless you request in writing your TFN is not to be disclosed to any other trustee.

4. 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, please complete the Standard Choice Form enclosed and return it to your employer.

IMPORTANT: PLEASE SEND ORIGINAL TO VISION SUPER

Request to transfer or rollover superannuation benefits into Vision Super

*Denotes mandatory fields. If you do not complete these fields, processing of your request may be delayed.

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1. Personal details

*Vision Super member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

*Surname:

*Given name/s:

*Date of birth:

*Home address:

*Suburb: *State: Postcode:

Email address:

Contact phone number:

Tax File Number:

2. FROM fund details (transfer my benefits from)

FROM:

*Fund name:

Fund address:

Fund phone number:

*Membership or account number:

Unique Superannuation Identifier (USI):

TO:

Local Authorities Superannuation Fund
Australian Business Number (ABN) 24 496 637 884
Fund Phone Number 1300 300 820
Unique Superannuation Identifier (USI): 24496637884003

3. Transfer amount – Please indicate amount below

☐ The whole balance of my account in the FROM fund

OR

☐ The following amount in the FROM fund \$

4. Proof of Identity

Regulated superannuation funds must use the ATO's Super TFN Integrity Check (SuperTICK) service for member verification when transferring a member's benefit to another fund. This is a secure electronic service which assists superannuation funds in ensuring the integrity of the information we hold for you. In the event that this verification process is not sufficient for your FROM fund to process the rollover to Vision Super, you may be required to submit further identification documentation to your FROM fund.

If your FROM fund is a self-managed super fund, you may also be required to submit further identification documentation to Vision Super.



M T R

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Contact Centre: 1300 300 820 | memberservices@visionsuper.com.au | visionsuper.com.au

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the
Local Authorities Superannuation Fund ABN 24 496 637 884

Request to transfer or rollover superannuation benefits into Vision Super



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 have obtained or 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 *Signature *Date
(Please print in BLOCK LETTERS)

6. Authorisation to release information

I hereby give authority to the Trustee of my OLD fund to give access to, or provide, any information relating to this rollover/transfer to any staff member of Vision Super requesting such information.

*Name *Signature *Date
(Please print in BLOCK LETTERS)

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 Regulation 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*.

Noelle Kelleher
Company Secretary
For and on behalf of Vision Super Pty Ltd

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Contact Centre: 1300 300 820	memberservices@visionsuper.com.au	visionsuper.com.au
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