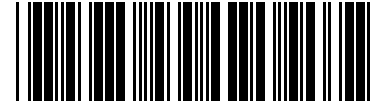


Consolidate my super



Rollover initiation request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993

THIS FORM WILL NOT CHANGE THE FUND TO WHICH YOUR EMPLOYER PAYS YOUR CONTRIBUTIONS.
USE BLACK OR BLUE PEN AND CAPITAL LETTERS.

You should contact your other super fund to find out if there are any fees, charges or other consequences for transferring your super out of that fund, such as insurance cover. *THESE FIELDS ARE MANDATORY

Please send your completed form to: Consolidate My Super, Reply Paid 27, Sydney NSW 2001 (no stamp needed).

SAVE FORM

PRINT FORM

1. YOUR PERSONAL DETAILS

*Name

Other/previous names

*Gender

*Date of birth

Tax File Number

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences. Refer to the product disclosure statement for more information.

F

M

dd/mm/yyyy

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Email

By providing your email address you are confirming you would like to receive, where possible, future communications electronically by email or online. You can change your communication preference at any time by logging into FirstNet or calling us on 13 13 36.

*Contact phone number

*Current address

*Suburb

*State/Territory

*Postcode

2. DETAILS OF YOUR COLONIAL FIRST STATE FUND – 'TO' FUND

*Fund/product name

FirstChoice Employer Super

*Account/member number

0 6 5

Unique Superannuation Identifier (USI)

F S F 0 3 6 1 A U

ⓘ Refer to your last statement for account information, or call us on 13 13 36.

3. DETAILS OF YOUR OTHER SUPER FUNDS – 'FROM' FUNDS

These are the funds you are moving out of. You can use this form to transfer up to six super funds to your Colonial First State fund. If you have more than six super funds to transfer, please complete a separate form or call us with the details.

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

3. DETAILS OF YOUR OTHER SUPER FUNDS – 'FROM' FUNDS (CONTINUED)

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

Your other super fund

*Fund/product name

*Account/member number

Unique Superannuation Identifier (USI)

4. AUTHORISATION

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

- I declare I have fully read this form and the information completed is true and correct.
- 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 I have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- 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.
- 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.

Disclosure authorisation (OPTIONAL)

Our Super Concierge team is here to help you consolidate your super. To provide this service, we may need to contact the fund(s) which you are transferring from. By completing this section you authorise us to follow up your transfer request on your behalf. Colonial First State is sensitive to privacy issues and we treat all personal information we receive with the utmost care. For details on how we manage information, please refer to our Privacy Policy on colonialfirststate.com.au or call us on 13 13 36.

I hereby authorise full disclosure of my account information to Colonial First State.

Upon production of this document, a photocopy, or fax, I authorise you to:

- answer any correspondence from Colonial First State to the extent necessary to give effect to the proposed transfer
- provide any information as requested by Colonial First State via phone, fax or email relating to my accounts held with you.

Signed

Name

Date signed

dd/mm/yyyy