



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

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a
- This form is only for whole (not part) balance transfers.

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to **either** your **FROM** (transferring) or **TO** (receiving) fund.

Personal details

Title: Mr Mrs Miss Ms Other

*Family name

*Given names

Other/previous names

*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.

See 'What happens if I do not quote my tax file number?'

*Sex Male Female

Contact phone number

Residential address

*Address

*Suburb

*State/territory *Postcode

Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, give details below.

Address

Suburb

State/territory Postcode

Fund details

FROM (Transferring fund)

*Fund name

Fund phone number

*Membership or account number

Australian business number (ABN)

Unique Superannuation identifier

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

TO (Receiving fund)

*Fund name RESOURCE SUPER - RUSSELL INVESTMENTS MASTER TRUST

Fund phone number 1800555667

*Membership or account number

Australian business number (ABN) 89 384 753 567

Unique Superannuation identifier TRM0001AU

You must check with your **TO** fund to ensure they can accept this transfer.

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 have obtained or do not require such 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.

*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.