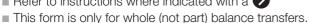


Rollover initiation request to transfer whole balance of superannuation benefits between funds

under the Superannuation Industry (Supervision) Act 1993

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a



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	Residential address
*Family name	*Address
*Given names	*Suburb
Other/previous	
names	*State/territory *Postcode
*Date of birth Day Month Year	Previous address
Tax file number	If you know that the address held by your FROM fund is different to your current residential address, give details below.
Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.	Address
See 'What happens if I do not quote my tax file number'	
*Sex Male Female	Suburb
	State/territory Postcode
Contact phone number	
Fund details	
FROM (Transferring fund)	TO (Receiving fund)
*Fund name	*Fund name RESOURCE SUPER - RUSSELL INVESTMENTS MASTER TRUST
Fund phone number	Fund phone number 1800555667
*Membership or account number	*Membership or account number
Australian business number (ABN)	Australian business number (ABN) 89 384 753 567
Unique Superannuation identifier	Unique Superannuation identifier TRM0001AU
If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.	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 statem	
I declare I have fully read this form and the information com and correct.	oleted is true
■ I am aware I may ask my superannuation provider for informa	
or charges that may apply, or any other information about the may have on my benefits, and have obtained or do not require	

■ I consent to my tax file number being disclosed for the purposes of

■ 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.

consolidating my account.

Month

*Date

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.

^{*} Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.