

Member Rollover Authorisation Form

(Transfer Request)



ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF SPEC Super?

YES NO

SPEC Super MEMBER NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

PREVIOUS FUND DETAILS

NAME OF PREVIOUS FUND

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ABN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS OF PREVIOUS FUND

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREVIOUS FUND MEMBERSHIP NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSONAL DETAILS MY PERSONAL DETAILS IN THE PREVIOUS FUND ARE:

*DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TITLE

MR MS MRS MISS

GENDER

MALE FEMALE

*FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*FAMILY NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TAX FILE NUMBER (SEE NOTE OVERLEAF)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*YOUR TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MOBILE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREVIOUS EMPLOYER NAME

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APPROX VALUE OF MY PREVIOUS FUND

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF LAST CONTRIBUTION TO PREVIOUS FUND

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TELEPHONE NUMBER OF PREVIOUS FUND

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENTIAL ADDRESS

STREET NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STREET NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBURB/TOWN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*POSTCODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTAL ADDRESS (If same as above, write "as above")

PO BOX

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBURB/TOWN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTCODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PROOF OF IDENTITY (See over for details)

I have attached a certified copy of my driver's licence or passport or 18+ card

OR

Birth Certificate Certified or Centrelink Pension Card

AND

Centrelink payment letter (<12 months old) or Government or local council notice (<3 months old) with name and address

SIGNATURE

By signing this form I am making the following statements:

- I declare that I have read and understood the terms of the SPEC Super Product Disclosure Statement to which this transfer request applies;
 - I declare that the information in this application form is true and correct to the best of my knowledge and belief;
 - I am aware I may ask the Trustee of my previous superannuation fund about the effects of this transfer, and I have obtained sufficient information to make an informed decision;
 - I understand that any insurance benefit I had in my previous fund may cease upon transfer and that my previous fund may charge fees to effect this transfer;
 - I discharge the Trustee of my previous superannuation fund of all further liability in respect of the benefits paid and transferred to SPEC Super.
- I request and consent to the transfer of superannuation as described above and authorise the Trustee of each fund to give effect to this transfer.

SIGNATURE

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DATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PLEASE READ THE IDENTIFICATION CHECKLIST ON THE NEXT PAGE
RETURN COMPLETED FORM TO: SPEC SUPER PO BOX 1109 MILTON QLD 4064**

To ensure we can assist you in rolling your other superannuation accounts into SPEC Super, please complete the checklist below.

CHECKLIST

- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the form overleaf (denoted by *)?
- Have you signed and dated the form?
- Have you attached your certified identification?
- Have you supplied your Tax File Number?

Identification requirements

We are required by law to obtain proof of your identity before paying any benefit. We must obtain certified copies of the following to prove your identity. If you have international identification documents or are unable to provide the documents sought, please contact us.

Completing proof of identity

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

The following documents may be used:

EITHER:

One of the following documents:

- Current Driver's licence issued under State or Territory law
- Current Passport (or expired within the last 2 years)
- 18+ Card

OR

Two of the following documents (one from each column)

One of the following documents:

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

AND

One of the following documents:

Notice that contains your name & residential address that was issued by:

- Commonwealth, State or Territory Government within the past 12 months that records the provision of a financial benefit, for example: Letter from Centrelink regarding a Government assistance payment, or
- Australian Taxation Office within the past 12 months that records a debt or refund payable, for example: Tax Office notice of Assessment, or
- Notice issued by Local Council or Utilities Provider within the past 3 months that records the provision of services for example: Rates Notice, Electricity or Phone Bill.

Have you changed your name?

If you have changed your name, you will need to provide a certified copy of: Marriage Certificate, Decree Nisi, Deed Poll or change of name certificate from the Births, Deaths & Marriages Registration Office. Please note that a Ceremonial Certificate is not acceptable.

Certification of Documents

All copied pages of ORIGINAL proof of identity documents must be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and 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) and date.

The following is a list of people who are most commonly used to certify copies of the originals as true and correct copies:

- A permanent employee of Australia Post with 2 or more years of continuous service or employed in an office supplying postal services to the public;
- An officer with 2 or more continuous years service with one or more financial institutions;
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- Teacher employed on a full-time basis at a school or tertiary institution;
- A police officer;
- A Justice of the Peace or Commissioner for Declarations;
- Dentist;
- Pharmacist;
- A magistrate; or
- Medical practitioner.

To see the full list of persons who can certify identification documents, please read the Claiming a Benefit Fact Sheet on our website at, www.specsuper.com under the Publications and Forms and then Fact Sheets tab.

SPEC Super will contact your previous fund

Completing this form authorises SPEC Super to contact your previous Fund/s. SPEC Super will arrange for your money to be rolled over.

What if you have more than one previous super fund?

If you have more than one Fund to rollover into SPEC Super, please complete a separate form for each Fund.

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 benefit may be taxed at the highest marginal tax rate plus the Medicare levy on employer and salary sacrifice 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.

Under the Superannuation Industry (Supervision) Act 1993, 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 change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

This information is of a general nature and does not take account of your individual financial situation, objectives or needs. Because of this you should, before acting on this advice, consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. You should obtain a Product Disclosure Statement (PDS) and consider the PDS before making any decision. If you require such specific advice, you should contact a licenced financial adviser. SPEC(QLD) PTY. LTD. (ABN 60 010 743 405, AFSL No. 325 122) is the Trustee of SPEC Super (ABN 45 404 406 059)