Combine your Equip Super accounts



About this form

You can use this form to roll one existing Equip Super account into another. If you are combining multiple Equip Super accounts, you will need to use one form for each account you wish to transfer. There are no exit fees associated with combining your accounts.

1 – Your personal details	Please complete in pen using CAPITAL letters			
Member number (if known)				
Title	Sex Date of birth (ddmmyyyy)			
Mr Mrs Ms Miss Other	Male Female			
First name	Last name			
Residential address (must be provided)				
Suburb	State Postcode			
Postal address				
Suburb	State Postcode			
Business hours phone After hours phone	Mobile			
Email				
2 - Account details and consolidation instruct Close this Equip Super account (A):	ions			
and transfer the balance				
into this Equip Super account (B):				
Investment instructions for transferring account				
If you do not make a selection, the transferring balance will be invested	ed according to the first option below:			
Invest the transferring account balance according to the future of OR	ontributions investment strategy of my continuing account (B).			
Invest the transferring balance according to its existing asset allo (note that if the Equip Super Account you are transferring into (ie MySuper investment option in your closing account (A) will be in	e account B) is a defined benefit account, any balance in the			
Other important information:				

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continuing account.



· Equip Super will review your request and may attempt to contact you to confirm your instructions prior to processing.

• The personal information and beneficiary nominations held in the account you choose to keep will be retained. We recommend that you review that information and ensure the details are up to date. Any third party authority on the closing account will not carry across to the



3 – Options for your insurance cover on the account to be closed (A)

If you do not have insurance on the account you have nominated to close in Step 2, this section does not apply.

If you have insurance cover and do not select an option below, any insurance cover on the account to be closed will cease.

You may be able to elect to combine any death and total and permanent disablement (TPD) insurance cover on your closing account with the death and TPD insurance cover in the account you are transferring to. If you choose to and are eligible to combine your cover, the total cover on the account you are transferring to will become fixed cover.

Please note it is not possible to consolidate income protection cover if you hold it on both accounts. Equip Super will review your request and may attempt to contact you to confirm your instructions prior to processing.

Please consolidate my death and TPD insurance cover.

Please cancel the insurance on the account to be closed. I am satisfied with the insurance attached to the account that will remain open.

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustee's Privacy Statement, which you can view online at equipsuper.com.au/privacy or you can obtain a copy by contacting us on 1800 682 626.

Togethr Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.com.au/privacy

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

4 - Sign the form

By signing this form I:

- understand that I am applying to close account A as specified in Step 2 of this form
- · declare that I have fully read and understood this form and the information I have provided is true and correct
- · understand that if I transfer account A, I must advise Equip Super at Step 3 if I want to consolidate my insurance cover
- · understand that I may be asked to provide further information if the accounts I have requested to be consolidated cannot readily be identified as belonging to me
- · understand that there may be a delay if Equip Super need to confirm my instruction to combine accounts

Signature	Date (ddmmyyyy)					
X						

Please return your completed form to Equip Super, GPO Box 4303, Melbourne VIC 3001.

Need help?







