Roll your super into Equip Super



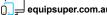
It's simple: Complete this form, return it to us and we'll do the rest.

You should check whether your previous fund will charge you any exit or withdrawal fees, or how other benefits may be affected. For example, if you close your account any insurance cover you hold will cease. You may be eligible to transfer this cover to Equip Super, contact us if you wish to do that.

1 – Your member details	Please complete in pen using CAPITAL letters
Member number	
Title Mr Mrs Ms Miss Other	Sex Date of birth (ddmmyyyy) Male Female
First name	Last name
Residential address	
Suburb	
State Postcode Country (if not Australia)	
Business hours phone After hours phone	Mobile
Email	
2 – Other fund details	
Fund name	
Member number Fund phone number	Fund Australian Business Number (ABN)
Fund Unique Superannuation Identifier (USI) or for a Self-managed su	per fund, enter the Fund's Electronic Service Address (ESA)
3 – Amount to transfer	
Close the account and transfer the whole balance to Equip Su	per.
Leave the account open, but transfer this amount to Equip Sup	per: \$,

Need help?







4 – Previous name or addre	SS (if your other fur	nd held diffe	rent details f	or you, n	oting th	em here	may he	p avoic	d transf	er delays
Other previous name/s										
Previous street address (if the details wit	th your other fund are	different to	those above	e)						
Suburb										
State Postcode C	Country (if not Australi	ia)								
5 – Proving your identity										
To protect your super, you need to prove y		u move mor	ey between	super fui	nds.					
Use my tax file number to identify										
By choosing this option, you are auth Australian Taxation Office. Your TFN you have to if we don't have it and your information about providing your TFI	N is confidential and you will need to provide	ou don't have certified p	e to give it to	o Equip S ty docum	Super, hents to	owever	you ma	y pay m	nore ta	x than
I have attached certified proof of i	identity documents									
For information about the document identity documents you provide will							ı.au/ideı	ntity. ⊤	his for	m and the
Privacy										
The personal information you provide on online at equipsuper.com.au/privacy or			_			Privacy	Stateme	nt, whi	ch you	can view
Togethr Trustee's Privacy Collection Stat access and seek correction of the inform information, including other entities and of	ation we hold about y	you. It includ	es details o	n how w	e collec	t, disclo			-	
Our administrator, Mercer Outsourcing (A Privacy Policy online at mercer.com.au/		ercer), will a	so handle yo	our perso	onal info	ormation	n. You ca	an view	Merce	er's
If you have any other queries in relation to	privacy issues, you ca	an contact u	s or write to o	our Priva	cy Offic	er, GPO	Box 430)3, Mell	bourne	VIC 300
6 - Sign the form										
By signing this form I:										
declare I have read and understood this	s form and the inform	nation I have	provided is	complet	e and c	orrect;				
 am aware I may ask my super provider have on my benefits (such as insurance 			and charges	that ma	y apply	and ab	out the e	ffect th	is tran	sfer may
 understand that on payment by my pre- transferred; 	vious super fund, I dis	scharge tha	super fund	from any	y furthe	r liability	in resp	ect of tl	he amo	ount
authorise Equip Super (and its agents)	to contact my previou	us super fur	d regarding	this requ	uest to d	combine	that ac	count ir	nto Equ	uip Super
Signature			ate (ddmmy	ууу)						
X										
This form does not change the fund to w	hich vour employer n	avs vour fut	ure contribut	tions. To	choose	: Fauin	Super fo	or vour	future	

Need help?

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

contributions, simply download and complete a *Choice of Fund* form from our website or contact us for a copy.

