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.

i – Your member details	Please complete in pen using CAPITAL letters						
Member number							
Title		Sex		Date of birth (ddmmyyyy)			
Mr Mrs Ms Miss	Other	Male Female					
First name		Last name					
Residential address							
Suburb							
State Postcode	Country (if not Australia)						
Business hours phone	After hours phone		Mobile	е			
Email							
			1 1 1 1				
2 – Other fund details Fund name							
Member number	Fund phone number		Fund Australian	n Business Number (ABN)			
Fund Unique Superannuation Identifier	(USI) or for a Self-managed su	iper fund, enter the Fu	nd's Electronic S	Service Address (ESA)			
3 – Amount to transfer							
Close the account and transfer t	he whole balance to Equip Su	per.					
Leave the account open, but train	nsfer this amount to Equip Sup	oer: \$,	.00			

Need help?







4 – Previous name or add	iress (if your other fund he	eld different details fo	r you, noting t	hem here ma	y help avoid	transfer delays
Other previous name/s						
Previous street address (if the details	with your other fund are diffe	erent to those above)			
Suburb						
State Postcode	Country (if not Australia)					
5 – Proving your identity						
To protect your super, you need to pro-		ve money between s	uper funds.			
Use my tax file number to iden						
By choosing this option, you are a Australian Taxation Office. Your you have to if we don't have it an information about providing your	TFN is confidential and you d d you will need to provide cer	on't have to give it to tified proof of identity	Equip Super, documents to	however you	ı may pay m	ore tax than
I have attached certified proof	of identity documents					
For information about the docum	nents you can provide and w	ho can certify them,	go to equipsu	per.com.au	/identity. Th	his form and th
identity documents you provide v		-		-	•	
Privacy						
The personal information you provide view online at equipsuper.com.au/pr		_		-	atement, wh	ich you can
Together Trustee's Privacy Collection access and seek correction of the information, including other entities ar	ormation we hold about you.	It includes details on	how we colle	ct, disclose a		
Our administrator, Mercer Outsourcing Privacy Policy online at mercer.com.), will also handle yo	ur personal inf	ormation. Yo	ou can view	Mercer's
If you have any other queries in relation	n to privacy issues, you can co	ontact us or write to o	ur Privacy Offi	cer, GPO Bo	x 4303, Melb	bourne VIC 300
6 - Sign the form						
By signing this form I:						
• declare I have read and understood		•	•	•		
• am aware I may ask my super provious have on my benefits (such as insura		y fees and charges	that may apply	/ and about	the effect thi	is transfer may
• understand that on payment by my payment transferred;	orevious super fund, I discha	rge that super fund f	rom any furthe	er liability in	respect of th	ne amount
• authorise Equip Super (and its agen	ts) to contact my previous su	iper fund regarding t	his request to	combine tha	at account in	nto Equip Supe
Signature		Date (ddmmyy	yy)			
Y						
This form does not change the fund to	o which your employer pays	vour future contributi	ons. To choos	e Equip Sun	er for vour f	iuture

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.

