

Rollover Form



Complete this form if you are already a member of Slate Super and wish to rollover money from another super fund into your Slate Super account.

You can find detailed information about Slate Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.slatesuper.com.au or on request by phoning **02 8074 1772**.

This form may be posted to Slate Super **PO Box R1979, Royal Exchange NSW 1225** or scanned and emailed to info@slatesuper.com.au

IMPORTANT: Using this form does not change the fund to which your employer contributes your superannuation guarantee contributions. If you would like your employer to contribute to your Slate Super account, you will need to provide them with a **Standard Choice Form** available from www.slatesuper.com.au or on request by phoning **02 8074 1772**.

1. Personal Details

<p>Given Name(s)</p> <p>Member Number</p> <p>Mobile Phone Number</p> <p>Residential Address</p>	<p>Surname</p> <p>Date of Birth</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 33%;">DD</td> <td style="width: 33%;">MM</td> <td style="width: 33%;">YYYY</td> </tr> </table> <p>Email Address*</p> <p>City</p> <p style="text-align: right;">State</p> <p style="text-align: right;">Postcode</p>	DD	MM	YYYY
DD	MM	YYYY		

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can unsubscribe from our non-essential emails at any point or elect to receive communications by post by contacting Slate Super on **02 8074 1772** or via email at info@slatesuper.com.au or in writing at **PO Box R1979, Royal Exchange NSW 1225**.

2. Tax File Number

Tax File Number

You can find your TFN on statements you've received from the ATO, your super fund, your work payment summary, or alternatively you can contact the ATO on 13 28 61 for help finding it. By providing your TFN you are giving Simple Choice Super permission to use your TFN for superannuation purposes. This includes creating and administering your account, accepting personal contributions into your account, using the ATO's SuperMatch service to find lost or inactive accounts in your name, and actioning your rollover requests.

Choosing not to provide your TFN is not an offence, but it may mean that you pay higher tax on your investment and we will not be able to accept some types of contributions from you. The lawful purposes for which your TFN can be used, and the consequences for not quoting your TFN, may change in the future, as a result of legislative changes. For more information, refer to the PDS or contact us on **02 8074 1772**.

3. Details of Your Previous Super Fund

Name of Fund [^]		Fund ABN	
Fund USI		Member Number	
Are you transferring your entire balance from this fund?*	Yes	No	If no, how much would you like to rollover? <input type="text" value="\$"/>

[^] If the Fund is a Self-Managed Super Fund, please provide a **certified copy of a bank statement for the Fund** which is less than 12 months old.

* Transferring your entire balance will automatically close your old account and will lead to the loss of insurance or other benefits that are linked to that account. You may be able to transfer your insurance to your Slate Super account. For more information contact us on **02 8074 1772**.

OPTIONAL: To assist in the processing of your rollover request, please attach a copy of a Member Statement from the fund you are transferring from.

4. Declaration and Signature

By completing this form, I declare that:

- All the details I have provided are true and correct.
- I have read and understood the PDS and all related documents applicable to this rollover.
- I have read the Privacy Statement (below) and understand how Slate Super will use my personal information.
- I am aware I may ask the Trustee of the account I am transferring for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I am discharging the Trustee of the account I am transferring from all further liability in respect of the benefits paid and transferred to my Slate Super account.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to the transfer.

Signature

Print name

Date

DD	MM	YYYY
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PRIVACY STATEMENT: By signing this form you consent to Slate Super collecting and using your personal information in order to establish and administer your super account, improve our products and services, keep you informed and comply with the relevant legislation. Your personal information is generally collected from you but sometimes it may be collected from third parties like your employer or another Australian super fund with whom you have an account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund’s Administrator, the Fund’s Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer, in order to administer your account. To access your personal information or for a copy of our Privacy Policy, visit www.slatesuper.com.au, phone **02 8074 1772** or email us at info@slatesuper.com.au.