

**Address:** GPO Box 2163 Melbourne VIC 3001

**Phone:** 1300 550 273 **Fax:** (03) 9648 4720 **Email:** info@csf.com.au **Internet:** www.csf.com.au

Please use BLOCK letters and black ink when completing this form. This request will be invalid if unsigned.

If you wish to rollover money from more than one superannuation fund into Catholic Super, please complete a separate form for each fund (you can photocopy this form or for extra forms please call us or download from our website) and return form/s to Catholic Super.

### Section 1: Your personal details

Catholic Super Member Number	Date of Birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms/Miss	Surname	
<input type="text"/>	<input type="text"/>	
Given Names		
<input type="text"/>		
Telephone (Business hours)	(Mobile)	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		
Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax File Number		
<input type="text"/>		

#### Providing your Tax File Number (TFN)

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.

It is not compulsory to provide your TFN to Catholic Super. However if you do not give us your TFN,

- you may pay more tax on your superannuation benefits than you have to (you may get this back at the end of the financial year in your income tax assessment);
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts;
- Catholic Super will not be able to accept any voluntary contributions from you;
- any superannuation contribution paid by your employer on your behalf will be accepted but will be subject to tax at the top personal marginal tax rate; and
- any payment of your benefits may be delayed.

### Section 2: Previous fund details *(If you have a hard copy of your latest statement, please attach a copy)*

Name of previous fund	
<input type="text"/>	
Superannuation Product Identification Number (SPIN)*	ABN*
<input type="text"/>	<input type="text"/>
<i>* Obtainable from your previous fund</i>	<i>* Obtainable from your previous fund</i>

## Section 2: Previous fund details *(cont.)*

### Address of previous fund

Street Number / PO Box

Street Name

Suburb / Town

State

Postcode

Previous fund membership number

Previous fund phone number

### Your personal details in the previous fund (if different from the above details held with Catholic Super)

Mr/Mrs/Ms/Miss

Surname

Given Names

Street Number / PO Box

Street Name

Suburb / Town

State

Postcode

## Section 3: Proof of Identity

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

**OR**

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card AND

Centrelink payment letter or Government notice (<1 year old) with name/address

### Completing Proof of Identity

The fund you are transferring out of will require documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong. Please attach copies with this form before returning it to Catholic Super so your transfer request can be processed as quickly as possible.

#### Acceptable documents

The following documents may be used.

Either one of the following documents only:

- driver's licence issued under State or Territory law; or
- passport.

OR one of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

AND one of the following documents:

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory within the past twelve months that contains your name and residential address, for example: a Tax Office Notice of Assessment, a Rates notice from local council.

### Section 3: Proof of Identity (cont.)

#### Certification of personal documents

All copied pages of original proof of identification documents (including any linking documents) need to 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 people can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

### Section 4: Acknowledgement and signature

#### Privacy

When your personal details are provided to Catholic Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please contact us on 1300 550 273.

#### Authorisation

- I authorise Catholic Super to make arrangements with the fund nominated above to have my benefits rolled over to Catholic Super and acknowledge that this notice is irrevocable.
- I discharge the Trustee of my previous superannuation fund from any further liability in respect of any amount once the benefits have been rolled over to Catholic Super.
- I approve the deduction of rollover fees by my previous superannuation fund (if any) from the benefits rolled over (subject to legislative restrictions).
- I understand that in certain cases Catholic Super may be required by law to deduct tax from the untaxed portion (if any) of the superannuation payment.
- I request that any contributions received after payment of my benefits be redirected to my account with Catholic Super.

Applicant's signature

Date (DD/MM/YYYY)

Return the completed, signed and dated application to:

**Catholic Super**  
**GPO Box 2163**  
**Melbourne VIC 3001**

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