

# Consolidate your super

## Request to transfer super benefits between funds

If you'd like to change your future employer super contributions to be paid to your PremiumChoice account, please complete the Fund nomination form which can be found at [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice)

\* **Mandatory fields.**

### 1. Your personal details

PremiumChoice account number (if known)

Contact telephone number\* (business hours)

Title

 Mr  Mrs  Miss  Ms Other 

First name\*

Middle name(s)

Family name\*

Other/Previous names

Date of birth\* (DD/MM/YYYY)

Email

Gender\*

 Male  Female

Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. Your TFN will be used for identification purposes and will be disclosed to your other super provider, unless you request in writing that it is not disclosed. If your other super fund is unable to identify you they may request additional information.

### 2. Your residential address details

#### Current address\* (we can't accept a PO Box)

Street address

Suburb

Postcode

State

Country

#### Previous address (if known)

If the address held by your other super fund is different to your current address, please provide details below.

Street address

Suburb

Postcode

State

Country

### 3. Your other super fund details

Please provide the details of the super fund you want to transfer to your PremiumChoice account.

Fund name\*

Product name\*

Membership or account number\*

Unique Superannuation Identifier (USI) (if known)

Electronic Service Address (ESA)#

Fund ABN#

How much would you like to transfer from the above fund?\*

My total account balance, or

A partial amount \$

# Mandatory field for Self Managed Super Fund transfers only

### 4. Your PremiumChoice account details

Please transfer my super to

Product name

Unique Superannuation Identifier (USI) (if known)

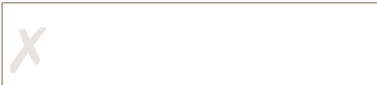
### 5. Your authorisation

By signing this request form, I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I have considered if I'll be giving up any benefits or if any fees will apply by transferring my super to PremiumChoice
- I consent to my TFN being disclosed for the purposes of transferring my super to PremiumChoice
- I discharge the trustee of my other super fund of all further liability in respect of the benefits paid and transferred to PremiumChoice
- I authorise my adviser/trustee representative to enquire about this transfer, and
- I request and consent to the transfer of super as described above and authorise the super provider of each fund to give effect to this transfer.

Name (please print in capital letters)

Signature\*

	Date (DD/MM/YYYY)							
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 6. Send us your form

Please mail or fax your completed, signed and dated form to:

PremiumChoice Client Services  
GPO Box 1610  
MELBOURNE VIC 3001

Fax: (03) 9869 1595

If you have any questions, please speak with your financial adviser, or call us on **1300 880 054** between 8 am and 6 pm, Monday to Friday (AEST/AEDT) or visit [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice)