

# Transfer to super



We can only accept your request if the form is correctly completed.

## Important information

You should consider the Product Disclosure Statement before sending us your completed form.

You'll need to complete **all** the questions on this form, and also sign the declaration on **page 3**. All our forms are available at [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice)

Unless you're transferring to an existing Super Service account, you can only transfer an existing Pension Service account to a new Super Service account within the same product.

To select the **Core Investment List**, 100% of current investment holdings (including pending sells), and portfolio facilities must be on the Core Investment List.

## Your account details

### 1. Are you also submitting a Transfer to pension form with this request?

Yes  No

### 2. Personal details

Existing account number (this is the account you're transferring from)

Date of birth (DD/MM/YYYY)

Account name

Contact telephone (business hours)

Email

### 3. Tax File Number (TFN)

or  I'm not an Australian resident for tax purposes.

**You don't have to provide your TFN, and it isn't an offence if you don't.**

Your TFN is confidential, and the Trustee is authorised by tax laws to collect and disclose your TFN under the Superannuation Industry (Supervision) Act 1993 and Privacy Act 1988. The Trustee may use your TFN only for lawful reasons, in paying out money, identifying or combining superannuation benefits. Your TFN may be disclosed to the trustee of another Fund or RSA provider if your benefits are transferred, unless you request in writing for it not to be disclosed.

## Your transfer details

### 4. I am transferring to:

a new Super Service account within the same product, or

my existing Super account - account number

## 5. Investment List

If you are transferring to an existing account please go to **question 6**.

For my new Super Service account, I want the following Investment List to apply:

Core Investment List; OR

full Investment List

If no nomination is made, no changes will be made to your current Investment List.

To select the Core Investment List, 100% of current investment holdings (Including pending sells), and portfolio facilities must be on the Core Investment List.

## 6. I want to transfer:

100% of my existing account (this will close your account).

\$  from my existing account.

by leaving \$  in my existing account.

Where you're requesting a partial transfer, you need to attach a cover letter confirming the name and amount of each investment to be transferred to super. Amounts can be specified as dollar or percentage values.

## 7. Are you looking to add money to your super account once the transfer is completed?

No  Go to next question

Yes  I have completed and attached an Additional and regular investments form.

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## Your beneficiary nomination

### 8. Please select one of the following options below

Carry over my  
current nomination

This will carry over the nomination on your account specified in **Question 2**. Where you have a reversionary nomination on your account, this will be carried over as a non binding nomination on your new super account.

Create a new  
beneficiary nomination

I have provided a new nomination in the attached **Beneficiary nomination** form.

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## Adviser Service Fee

### 9. Have you negotiated an advice fee with your financial adviser that you want us to deduct from your account?

No  Go to Applicant declaration

Yes  You'll need to complete an **Adviser Service Fee** form.

# Applicant declaration

## Member acceptance

I have received and read the current Product Disclosure Statement (PDS).

I understand that if the Core Investment List has been selected on my target account, but an option outside the Core Investment List is held, I accept that I will pay the administration fees applicable to the full Investment List.

I apply to open a Superannuation account in my capacity as a member of the PremiumChoice Retirement Service (the Fund) on terms set out in the Trust Deed for the Fund and this application form. I agree to be bound by the Trust Deed (as amended, supplemented or replaced from time to time) in respect of any interest that I hold at any time in the Fund.

I am eligible to contribute to the Fund or have contributions made on my behalf. I acknowledge that it is my responsibility to be fully informed about any investment I consider for inclusion in my portfolio at all times.

## Applicant declaration

As far as I am aware, everything I have provided in this form is true and complete, and if there are any changes to this information in the future, I will advise the Trustee as soon as possible.

## Offer within Australia

I understand that this offer is made in Australia in accordance with Australian laws and my account will be regulated by these laws.

## Understanding investment risk

An investment in MLC is subject to investment risk including possible delays in repayment and loss of income and capital invested.

- I acknowledge and accept that where I have invested into an illiquid investment option or an investment option I have become illiquid, then the Trustee may take longer than 30 days to sell down my investment option.

## Investment strategy

I instruct the Trustee to transfer the investments held in my PremiumChoice Retirement Service account/s. In giving this instruction I have considered the information disclosed in the Investment Menu, all current PDS and other disclosure documents for each investment selected, and determined the investments are appropriate for me.

## My financial adviser

I appoint my financial adviser to transact on my behalf, issue investment and corporate action instructions, obtain and receive information and reports about my account and investments.

I understand the Trustee may refuse to act on my financial adviser's instructions and requests for information. Any withdrawal requests payable to a third party must be provided by me. I understand that the Trustee may vary the terms of my financial adviser's appointment by giving prior notice to me.

I agree to release, discharge and indemnify the Trustee from and against any liabilities, costs or losses that may occur in connection with my financial adviser's appointment.

## Beneficiary nomination

I've read and understood the information provided in the PDS.

I request the Trustee accept my beneficiary nomination. I understand I should review my nomination regularly, especially when my circumstances change (eg marriage, having children or any other life-changing event), to ensure my nomination is always up to date.

## Statements

I agree to six monthly and annual statements and transaction confirmations being made available at [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice)

## Cooling-off

I understand that if this product does not suit me, I have 14 days after opening the account to advise the Trustee to close my account. For further information on cooling-off, please refer to the current PDS.

## Notification of changes

I acknowledge and agree that without limitation, the Trustee may give me notice of any material change to a matter or significant event in respect of my account or interest in the Fund (however described) (an **Event Notice**) by either (in its discretion):

- sending the Event Notice to an email address as notified from time to time by me or my agent to the Trustee or its agent; or
- making the Event Notice available for free download (by me or my agent) at [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice)

I acknowledge and agree that:

- the Trustee may provide me with PDS updates of information that is not materially adverse (**Non-Adverse Updates**) by making available such Non-Adverse Updates for free download by me or my agent at [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice); and
- I will not receive advance notice of Non-Adverse Updates and can obtain on request from the Trustee at no charge, a paper copy of any Non-Adverse Update.

## Privacy

I acknowledge that I have access to the IOOF Group's Privacy Policy and agree that any member of the IOOF Group may collect, use, disclose and handle my personal information in a manner set out in the IOOF Group's Privacy Policy available at [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice)

## Signature of Applicant or Attorney

Name

X	Date (DD/MM/YYYY)							

**If signed under Power of Attorney:** Attorneys must attach a certified copy of the Power of Attorney and identification for themselves (go to [investinfo.com.au/premiumchoice](http://investinfo.com.au/premiumchoice) to download the relevant identification form) if not already supplied. The Attorney hereby certifies that he/she has not received notice of any limitation or revocation of his/her Power of Attorney and is also authorised to sign this form.

Power of Attorney documents can't be accepted by fax.

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## Send us your form

Please scan and email your completed, signed and dated form to us at [premiumchoice@investinfo.com.au](mailto:premiumchoice@investinfo.com.au), fax to **03 9869 1595** or you can mail it to:

**PremiumChoice Client Services**  
**GPO Box 1610**  
**MELBOURNE VIC 3001**

If you have any questions, please speak with your financial adviser, call us on **1300 880 054** Monday to Friday between 8.00 am and 6.00 pm (AEST/AEDT) or visit [investinfo.com.au/premiumchoice](https://investinfo.com.au/premiumchoice)

## This section is for financial adviser use only

Was Personal Advice provided for this transaction?

Yes  No

If you don't answer this question we'll assume the answer is 'No'.

### Financial adviser details

I declare that I've provided the client with the Product Disclosure Statement and agree:

- that my remuneration specified in this form is only for advice on my client's account and not for any other advice or service
- where the Adviser Service Fee is to be shared with other parties I have obtained and documented the client's clear authority and consent for this to take place
- to only provide instructions where my client has not withdrawn my authority to do so, and
- to review with my client the ongoing suitability of any investments I have recommended to my client.

### Signature of financial adviser

Name of financial adviser

X	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"/>

### Financial adviser details

Name

Financial adviser code

Dealer Group

Contact number

### Record of identification

Please complete the Record of identification below.

#### Applicant



ID Document Details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original	<input type="checkbox"/> Original
	<input type="checkbox"/> Certified copy	<input type="checkbox"/> Certified copy
Document issuer		
Issue date		
Expiry date		
Document number		
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Sighted	<input type="checkbox"/> Sighted