

Transfer your super

Issued: 1 July 2021

Before you start

- Transferring your super from other super funds is easiest done on Members Online once you have received your personal login details, or you can complete this form.
- If you are transferring into a new ESSSuper account, please also complete the application form in the relevant Product Disclosure Statement at esssuper.com.au/pds
- Please post the **original** form to ESSSuper as your original signature is required on this form.
- Alternatively, you can consolidate your super securely online by logging into your Members Online account at esssuper.com.au/login
- To transfer your insurance cover to the ESSSuper Accumulation Plan, complete the *Insurance and Super Transfer Form (ES174)* available at esssuper.com.au/forms.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Member number (leave blank if you are a new ESSSuper member)

Title Mr Mrs Ms Miss Other (please specify)

Surname

Given names

Date of birth / /

Postal address

Suburb

State Postcode

Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

Suburb

State Postcode

Telephone (business hours) () (after hours) ()

Telephone (mobile)

Email address

! By providing your email address, you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you. I understand I can change my communication preferences at any time by calling ESSSuper on 1300 650 161 (for emergency services members) or 1300 655 476 (for state super members) or through the My details/Manage preferences section of MembersOnline.

Tax File Number - - You are not obliged by law to provide your TFN but there may be adverse tax consequences if you don't (refer to the relevant PDS or contact us for more information).

OFFICE USE ONLY

INS FORM ATT

Yes

No

Section 2

How many super funds are you transferring money from?

How many super funds are you transferring money from?

Section 3

Details of super funds you are transferring money from

Fund 1

Please provide the details of the super fund that you are transferring from:

Member number

Name of super fund

Postal address of super fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

 My whole benefit

Postal address of super fund

 Only part of my benefit. Please provide the amount. \$

Fund 2

Please provide the details of the super fund that you are transferring from:

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

 My whole benefit

Postal address of super fund

 Only part of my benefit. Please provide the amount. \$

Fund 3

Please provide the details of the super fund that you are transferring from:

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

 My whole benefit

Postal address of super fund

 Only part of my benefit. Please provide the amount. \$

Section 4 Details of ESSSuper product you are transferring to

Name of fund

ABN

Product you are rolling over to:

Accumulation Plan (USI: ESS0003AU)

Income Stream (USI: ESS0002AU)


Beneficiary Account (USI: ESS0001AU)

Section 5 Declaration and signature

I authorise the rollover of the superannuation benefits I have listed on this form to ESSSuper, and in doing so:

- I acknowledge that I have read the relevant Product Disclosure Statement available from ESSSuper.
- I acknowledge and accept that the benefits in the Accumulation Plan, Income Streams and Beneficiary Account (including Spouse Accounts) are not guaranteed or underwritten by the Victorian Government or the Emergency Services Superannuation Board and that ESSSuper does not come under the jurisdiction of the Australian Financial Complaints Authority.
- I understand and acknowledge the implications and effects of transferring my benefits from my superannuation fund/s to ESSSuper.
- I discharge the superannuation provider of my transferring super fund/s of all further liability in respect of my superannuation benefit paid and transferred to ESSSuper.
- I understand that ESSSuper is required to deduct tax from any untaxed portion of my transfer.
- I authorise ESSSuper to make any necessary enquiries of the transferring super fund/s to give effect to the transfer.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits such as insurance cover, and do not require any further information.
- I have read and accept the statements relating to privacy in the relevant Product Disclosure Statement and I consent to providing ESSSuper with my personal information pursuant to the *Privacy and Data Protection Act 2014* for the purposes described in ESSSuper's *Privacy Policy* and *Privacy Collection Statement* available from our website at esssuper.com.au

Signature of account holder

 PLEASE SIGN HERE

Date / /

Please post the completed form with your original signature to

ESSSuper GPO Box 1974, Melbourne Vic 3001
 T 1300 650 161 | W esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain copies of ESSSuper's *Privacy Policy* and *Privacy Collection Statement*, please visit our website at esssuper.com.au