



**Section 2**

**How many super funds are you transferring over money from?**

How many super funds are you transferring money from?

**Section 3**

**Details of funds you are transferring money from**

**Fund 1**

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

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

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

**Fund 2**

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

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

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

**Fund 3**

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

Member number

Name of fund

Postal address of fund

Suburb

State

Postcode

Telephone

Fund ABN

I want to rollover:

My whole benefit

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

## Section 4

## Details of ESSSuper product you are transferring to

Name of fund

E S S U P E R

ABN

8 5 - 8 9 4 - 6 3 7 - 0 3 7

Product you are rolling over to:

 Accumulation Plan (USI: ESS0003AU) Income Stream (USI: ESS0002AU) Beneficiary Account (USI: ESS0001AU)**Please make cheques payable to ESSSuper and forward all documentation to:**

ESSSuper

GPO Box 1974

Melbourne Vic 3001

## 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 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 understand that the transferring fund/s may deduct an exit fee.
- I authorise ESSSuper to make any necessary enquiries of the transferring 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](http://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](http://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](http://esssuper.com.au)