

Request to transfer form

Purpose of this form

Use this form if you are requesting the transfer of your super benefits between your other super fund and your WealthFoundations Super or Pension account. This form will NOT change the super fund to which your employer pays your contributions. The ATO Standard Choice form must be used and provided to your employer with details of your preferred choice of fund to make this change.

If you would like to rollover a KiwiSaver account to your WealthFoundations account, please contact the Service Centre as further documentation is required to organise this transfer.

A. Member details

Given name(s)

Surname

Other previous names

Note: If your name is different on your FROM super fund please provide a certified copy of proof of name change (such as a marriage or change of name certificate).

Date of birth

Contact phone number

Email address

B. Your account details - 'To' Fund

TO Fund name:

Account number

 / (e.g. CSUP / 100000)

Fund name

Unique Superannuation Identifier (USI)

C. Rollover details - 'From' fund(s)

Rollover 1: Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$.

Rollover 2: Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$.

Rollover 3: Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$.

Rollover 4: Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$.

Rollover 5: Fund name

Account number

Unique Super Identifier (USI)

Full transfer OR Partial transfer

Approximate or partial amount \$.

D. Member declarations and signature

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 am aware I may ask my super 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, and do not require any further information.
- I discharge the super provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my WealthFoundations account.
- I hereby authorise my financial adviser and representatives of the Trustee of ClearView Retirement Plan to obtain any information in relation to this rollover from my FROM fund.
- 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.

Signature of member

Date signed

Full name (print clearly in block letters)

Sending your form

Please send the form to us via your email address on file or mail.

Mailing address:

ClearView Wealth
Reply Paid 4232
Sydney NSW 2001

Email address:

client.wealth@clearview.com.au

If you have any questions or need help please call our Service Centre on **132 977**.