

Roll in

Please complete this form in CAPITAL letters. Use this form to transfer other superannuation benefits to Smartsave Member's Choice Superannuation Master Plan.

Questions? Contact us on 1300 654 720 or smartsave@onevue.com.au.

Before transferring superannuation benefits to Smartsave Member's Choice Superannuation Master Plan, you should consider:

- exit fees
- benefits you may be losing, such as insurance
- costs
- investment performance
- whether you should seek professional advice.

Checklist

- ► Have you completed all areas of this form?
- ► Have you signed and dated this form?
- Have you attached an original copy of certified identification to this form?
- Return your completed form to: Smartsave, PO Box 1282, Albury NSW 2640.

I have already supplied my TFN OR Exemption reason OR I do not wish to quote a TFN or exemption reason * In order to receive any tax concessions available in relation to your entitlement, you are required to quote your TFN. It is not compulsory to quote your TFN, however if your TFN is not quoted, the Trustee is obliged to deduct PAYG Tax from the relevant part of your benefit at the top marginal rate.	1. Personal details						
2. Tax file number (TFN) or exemption* I have already supplied my TFN TFN OR Exemption reason OR I do not wish to quote a TFN or exemption reason * In order to receive any tax concessions available in relation to your entitlement, you are required to quote your TFN. It is not compulsory to quote your TFN, however if your TFN is not quoted, the Trustee is obliged to deduct PAYG Tax from the relevant part of your benefit at the top marginal rate. 3. Contact details Street address Suburb State Postcode Previous address State Postcode Phone (home) Phone (work) Mobile	Title	Given name(s)					
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Email							
	Email						

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4. Rollover fund details			
Other Fund Member number		Fund name	
Fund address (only needed if not sending directly to the	e Fund)		
Fund ABN or SFN		Unique Superan	nnuation Identifier (USI)
Superannuation Product ID number (SPIN)		Fund telephone	(only needed if not sending directly to the Fund)
5. Transfer details			
Full transfer amount	OR	Partial transfer a	amount
\$		\$	
6. Smartsave Member's Choice Superannuation M	 laster Pla	n details	
Fund name			
SMARTSAVE MEMBER'S CHOICE SUPERANNUATION M	ASTER PL	AN - SUPFRANNUA	TION
Member number (for existing members only)	7.5121(12)		usiness Number
Member number (for existing members only)		43 905 581 (
Unique Superannuation Identifier (USI)		Phone numb	
TCS0102AU		1300 654 72	
Fund address		1300 034 72	
PO BOX 1282, ALBURY NSW 2640			
7. Authority			
Please mark with an X.			
☐ I authorise the Trustee of Smartsave Member's Choice the transfer of funds from the fund indicated in Section			n to obtain details and follow up the process of
8. Identification requirements			
Please mark with an X.			
For information on identification required, please refer to Portal. A scanned original certified copy of identification is at		·	
certified identification and can produce this if required or by law.	d by the T	rustee of Smartsave	e Member's Choice Superannuation Master Plan
9. Declarations and signature			
By signing this form, I am making the following statemen			
 I declare I have fully read this form and the informatic I am aware that I may ask my superannuation provide information about the effect this transfer may have or I discharge The Fund from, all further liability in respe superannuation provider; I request and consent to the 	er for infor n my bene ect of the b	mation about any for efits, and do not requencies and trains denefits paid and trains	ees or charges that may apply, or any other Juire any further information Ansferred to The Fund by my previous
 authorise the superannuation provider of each fund to I declare that by nominating and authorising a Nomin discharge, and indemnify the Trustee and all the Trust claims, demands, and proceedings arising from my apand all acts, matters and things done or purported to on my behalf even if not actually authorised by me. Full name 	o give effe nated Repr tee's succe ppointmer	ect to this transfer resentative/Financia essors and assigns f nt of such Appointed	al Adviser to act on my behalf that I release, from and against all losses, actions, liabilities, d Nominated Representative/Financial Adviser
Signature			Date (DD/MM/YYYY)
			İ

Note: this declaration must be signed by the Member, if my Nominated Representative/Financial Adviser is not authorised to act on my behalf to roll in funds, to transfer funds, and to transact investments.

Certificate of Compliance

Smartsave Member's Choice Superannuation Master Plan USI 43 905 581 638 001

ABN 43 905 581 638

Smartsave Member's Choice Superannuation Master Plan is a sub-plan of MAP Superannuation Plan, a superannuation fund established in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS). The Trustee of this fund is Diversa Trustees Limited (ABN 49 006 421 638, RSE Licence Number L0000635, AFSL 235153).

We certify that:

- ▶ The trustee has lodged an irrevocable election for the fund to be a regulated superannuation fund within the meaning of Section 19 of SIS
- ▶ The fund will be administered as a complying superannuation entity for the purposes of SIS. The trustee has not received a notice of non-compliance from the Australian Prudential Regulation Authority.
- The Australian Prudential Regulation Authority has not directed the fund not to accept contributions or rollovers under Section 63 of SIS

Company Secretary

Diversa Trustees Limited

Adviser declaration

- ▶ I confirm that the Member has provided an original certified authorisation for myself as their Nominated Representative to act on their behalf to roll-in funds, to transfer funds, and to transact investments.
- ▶ I have provided the Member with access to the current product disclosure statement (PDS) and other disclosure documents for their selected investments as outlined in the PDS.
- I have provided a copy of a Statement of Advice, and hold an authority to proceed from the Member, including details of approved investment strategies, and investments to be purchased, which can be produced should it be required by the Trustee of Smartsave Member's Choice Superannuation Master Plan and/or as required by law.
- ▶ I confirm I abide by and meet all current AML/CTF requirements and can provide the original certified copy of identification documents as required by the Trustee and/or by law.
- ► I release, discharge, and indemnify the Trustee and all the Trustee's successors and assigns from and against all losses, actions, liabilities, claims, demands, and proceedings arising from my appointment as the Member's nominated representative, and all acts, matters and things done or purported to be done by me acting on the Member's behalf even if not actually authorised by the Member (applicant).

Adviser full name	
Signature	Date (DD/MM/YYYY)
Please return completed and signed form to: Smartsave, PO Box 1282, Albury NSW 264	0.

Contact us

Phone: 1300 654 720 | Email: smartsave@onevue.com.au | Website: smartsavesuper.com.au

Smartsave Employer Super and Smartsave Personal Choice and Smart Pensions are part of the Smartsave Member's Choice Superannuation Master Plan ABN 43 905 581 638 RSE R1001341 (Fund). Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153. RSE Licence L0000635 (Trustee) is the Trustee of the Fund and the product issuer. The information in this document has been prepared by OneVue Wealth Services Ltd ABN 70 120 380 627 AFSL 308868 as the Fund Promoter. It is intended to provide you with general information only and does not take into account your personal objectives, financial situation or needs. Before making any financial decisions about Smartsave Employer Super and Smartsave Personal Choice & Smart Pensions, it is important that you read the current product disclosure statement (PDS) relevant to your membership and consider your particular circumstances and whether the particular financial product is right for you. The current PDS for each product is available on smartsavesuper.com.au. You should consult a financial adviser if you require personal advice.

V4/July 20

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