

# Roll in — Pension

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?
- Send your completed form to: Smartsave, PO Box 1282, Albury NSW 2640.

1. Personal details			
Title	Given name(s)		
Surname			Date of birth (DD/MM/YYYY)
2. Tax file number (TFN) (c	or exemption) *		
☐ I have already supplied my	, TFN		
TFN	OR	Exemption reason	1
OR			
☐ I do not wish to quote a TF	•		
* In order to receive any tax conce TFN, however if your TFN is not qu	essions available in relation to you uoted, the Trustee is obliged to de	ir entitlement, you are requeduct PAYG Tax from the re	ired to quote your TFN. It is not compulsory to quote your elevant part of your benefit at the top marginal rate.
3. Contact details			
Street address			
Previous address			
Phone (home)	Phone (work)		Mobile
F "I			
Email			
4.5.11			
4. Rollover fund details			
a) Other Fund Member numb	<u>oer</u>	Fund name	
Fund address (only peeded if	f not conding directly to the Eu		
rund address (only needed ii	f not sending directly to the Fu	una)	
Fund ABN or SFN		Unique Supera	nnuation Identifier (USI)
			(55)
Superannuation Product ID n	number (SPIN)	Fund telephon	e (only needed if not sending directly to the Fund)
			-
b) Other fund Member numb	per	Fund name	

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Fund address (only needed if not sending directly to the Fun	nd)
Fund ABN or SFN	Unique Superannuation Identifier (USI)
Superannuation Product ID Number (SPIN)	Fund telephone (only needed if not sending directly to the Fund)
Superannuation Floudet 1D Number (SFIN)	Turid telepriorie (only fleeded if not serialing directly to the Failu)
5. Transfer details	
Full transfer amount	Partial transfer amount
\$	\$
6. Smartsave Member's Choice Superannuation Maste	er Plan details
Fund name	
SMARTSAVE MEMBER'S CHOICE SUPERANNUATION MASTE	ER PLAN
Member number (for existing members only)	Australian Business Number
	43 905 581 638
Unique Superannuation Identifier (USI)	Phone number
43 905 581 638 001	1300 654 720
Fund address	
PO BOX 1282, ALBURY NSW 2640	
7. Authority	
Please mark with an X.	
the transfer of funds from the fund indicated in Section 4 c	perannuation Master Plan to obtain details and follow up the process of of this form.
8. Identification requirements	
Please mark with an X.	
Portal.	Identification Requirements fact sheet available from the Secure Online
	ed to this form. My adviser has reviewed and will hold all original copies of the Trustee of Smartsave Member's Choice Superannuation Master Plan
9. Declarations and signature	
By signing this form, I am making the following statements:	
▶ I declare I have fully read this form and the information pr	rovided is true and correct;
▶ I am aware that I may ask my superannuation provider for information about the effect this transfer may have on my	r information about any fees or charges that may apply, or any other v benefits, and do not require any further information;
	f the benefits paid and transferred to The Fund by my previous nsfer of superannuation as described in Section 4 of this form and ve effect to this transfer; and
discharge, and indemnify the Trustee and all the Trustee's claims, demands, and proceedings arising from my appoir	d Representative/Financial Adviser to act on my behalf that I release, successors and assigns from and against all losses, actions, liabilities, ntment of such Appointed Nominated Representative/Financial Adviser done by my Appointed Nominated Representative/Financial Adviser acting
Full name	
Signature	Date (DD/MM/YYYY)

**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.

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## **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 2640.

#### 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.

V04/July 2020

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