

# Roll in

Please complete this form in CAPITAL letters. Use this form to transfer other superannuation benefits to YourChoice Super.

**Questions?** Contact us on 1800 640 055 or [yourchoicesuper@onevue.com.au](mailto:yourchoicesuper@onevue.com.au).

Before transferring superannuation benefits to YourChoice Super, 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:  
YourChoice Super, PO Box 1282, Albury NSW 2640.

## 1. Personal details

Title	Given name(s)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Surname	Date of birth (DD/MM/YYYY)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

## 2. Tax file number (TFN) or exemption\*

☐ I have already supplied my TFN

TFN	OR	Exemption reason
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

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			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Previous address			
<input style="width: 100%;" type="text"/>			
Suburb	State	Postcode	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Phone (home)	Phone (work)	Mobile	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Email			
<input style="width: 100%;" type="text"/>			

## 4. Rollover fund details

Other Fund Member number	Fund name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Fund address (only needed if not sending directly to the Fund)	
<input style="width: 100%;" type="text"/>	

Fund ABN or SFN

Unique Superannuation 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 amount

\$

\$

## 6. YourChoice Super details

Fund name

Member number (for existing members only)

Australian Business Number

Unique Superannuation Identifier (USI)

Phone number

Fund address

## 7. Authority

Please mark with an X.

- ☐ I authorise the Trustee of YourChoice Super to obtain details and follow up the process of the transfer of funds from the fund indicated in Section 4 of this form.

## 8. Identification requirements

Please mark with an X.

For information on identification required, please refer to the Identification Requirements Factsheet available from the Secure Online Portal.

- ☐ A scanned original certified copy of identification is attached to this form. My adviser has reviewed and will hold all original copies of certified identification and can produce this if required by the Trustee of YourChoice Super or by law.

## 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 provided is true and correct
- ▶ I am aware that 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, and do not require any further information
- ▶ I discharge The Fund from, all further liability in respect of the benefits paid and transferred to The Fund by my previous superannuation provider; I request and consent to the transfer of superannuation as described in Section 4 of this form and authorise the superannuation provider of each fund to give effect to this transfer
- ▶ I declare that by nominating and authorising a Nominated Representative/Financial Adviser to act on my behalf that 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 of such Appointed Nominated Representative/Financial Adviser and all acts, matters and things done or purported to be done by my Appointed Nominated Representative/Financial Adviser acting on my behalf even if not actually authorised by me.

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.

## Certificate of Compliance

YourChoice Super USI 71 603 157 863 006  
ABN 71 603 157 863

YourChoice Super 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 YourChoice Super 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: YourChoice Super, PO Box 1282, Albury NSW 2640.

## Contact us

**Phone:** 1800 640 055 | **Email:** [yourchoicesuper@onevue.com.au](mailto:yourchoicesuper@onevue.com.au)

YourChoice Super and YourChoice Pension are superannuation products within MAP Superannuation Plan ABN 71 603 157 863 RSE R1001587 (the Fund), which is Division II of The MAP Master Superannuation Plan. Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153 RSE Licence L0000635 (referred to as the Trustee, we, our, us) is the Trustee of the Fund and the product issuer. The information in this document has been prepared by OneVue Super Services Pty Ltd ABN 74 006 877 872, AFSL 246883 as the Fund Administrator. 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 YourChoice Super and YourChoice Pension, it is important that you read the current product disclosure statement (PDS) and consider your particular circumstances and whether the particular financial product is right for you. The current PDS for each product is available on the Secure Online Portal. You should consult a financial adviser if you require personal advice.