

Rollover your super into MTAA Super

Please call us on **1300 362 415** if you require any assistance.

Please complete this form using **CAPITAL LETTERS**

Use this form to transfer (rollover) benefits from another super fund into your MTAA Super account. You can transfer the whole balance or a partial balance.

If you have more than one super account to transfer, call us on **1300 362 415** or download more forms at mtaasuper.com.au/member-forms. Each transfer request must have your original signature.

To complete this form:

- read the *Important Information* section on the last page of this form
- follow the instructions shown with a ⓘ
- fill out all mandatory fields marked with a (*)

When the form is complete:

- sign the authorisation in Section E
- send the original form to either your **FROM** (transferring) fund or to MTAA Super (your **TO** (receiving) fund)

Section A

Personal details

*Given name/s

*Family name

*Date of birth

Mr Mrs Ms Miss Other

*Street address

*Suburb

*State

*Postcode

Telephone (business hours)

Mobile

Email

* Gender

Male

Female

Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, you do not have to disclose your TFN. However, there may be tax consequences if you do not. See 'What happens if I do not quote my TFN?' in *Important Information* Section on the last page of this form.

Previous address

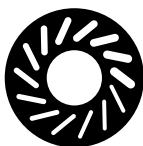
If the address held by your **FROM** fund is different to your current address, give details below.

*Address

*Suburb

*State

*Postcode



Section B

Fund details –
FROM
(transferring fund)

*Fund name

*Fund address

*Suburb *State *Postcode

Fund telephone

*Membership or account number

Australian Business Number (ABN) Unique Superannuation identifier (USI)

ⓘ If you have multiple account numbers with this fund, you must complete a separate form for each account being transferred.

Section C

Fund details –
TO
(receiving fund)

Fund name
M T A A S U P E R A N N U A T I O N F U N D

Fund address
L O C K E D B A G 5 1 3 4

Suburb State Postcode

P A R R A M A T T A N S W 2 1 2 4

Fund telephone
1 3 0 0 3 6 2 4 1 5

Member or account number

Australian Business Number (ABN) Unique Superannuation Identifier (USI)

7 4 5 5 9 3 6 5 9 1 3 M T A 0 1 0 0 A U

ⓘ You must check with your TO fund to ensure they can accept this transfer

Section D

Rollover amount

I request a whole balance transfer of super benefits between funds.
OR
 I request a partial balance transfer of super benefits between funds.
The amount to transfer is \$

Section E

Authorisation

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 superannuation provider for information about my benefit entitlements, including any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require any further information.
- I acknowledge that by leaving my current fund, I may lose any insurance entitlements I have.
- I consent to my TFN being disclosed for the purposes of consolidating my account.
- I acknowledge having read and understood the privacy information in the *Member Product Disclosure Statement* and the Privacy Policy available at **mtaasuper.com.au/privacy** or otherwise provided, and consent to personal information being collected and used in accordance with these terms.
- I discharge the superannuation provider of my **FROM** fund of all further liability in respect of the benefits paid and transferred to my **TO** fund.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- I acknowledge that, if I intend to claim a tax deduction for personal contributions, I must submit a notice of intent to claim a tax deduction before requesting to withdraw or transfer some or all of my account balance. **MTAA Super is unable to accept a notice after a payment or transfer has been completed.**
- I acknowledge that the superannuation provider of my **FROM** fund may ask me to provide further information that it may reasonably require in order to process my request, such as proof of my identity.

***Name (use BLOCK LETTERS)**

***Member signature**

***Date**

Please return the completed, signed and dated form to:

**MTAA Super
Locked Bag 5134
Parramatta NSW 2124**

Important information

This form cannot be used to:

- transfer benefits if you don't know where your super is,
- transfer benefits from multiple super funds on this one form (a separate form must be completed for each fund you wish to transfer super from),
- change the fund to which your employer pays contributions on your behalf,
- open a super account, or
- transfer benefits under certain conditions or circumstances (for example, if there is a super agreement under the *Family Law Act 1975* in place).

① Things to consider when transferring super

Transferring benefits out of your **FROM** fund may close that account. Before closing any super account, it's important to consider:

- a possible reduction in benefit if you leave before retirement
- any loss of other valuable benefits, such as insurance.

You should also make sure your insurance arrangements with MTAA Super are adequate before filling out this form.

For more information read the *Consolidating Your Super* fact sheet at mtaasuper.com.au/fact-sheets

① What happens to my future employer contributions?

Using this form will not change the fund to which your employer pays your contributions. If you want to change your super fund, you need to fill out a *Standard Choice* form. Your employer can provide you with a copy.

To make MTAA Super your fund of choice, fill out a *Notification to Employer: Choice of Fund* form available at mtaasuper.com.au/forms and hand it to your employer.

① What happens if I do not quote my Tax File Number (TFN)?

You do not have to give us your TFN. If you don't, your contributions and any benefit payments will be taxed at a higher rate. You also won't be able to make any personal non-concessional (after-tax) contributions.

Choosing to quote your TFN makes it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, we can collect your TFN and use it for lawful purposes. These purposes may change in the future. If we transfer your super to another fund, we will give that fund your TFN unless you ask us not to in writing.

① Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table has information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Email contact@mtaasuper.com.au

Postal address Locked Bag 5134, Parramatta NSW 2124

Trustee Motor Trades Association of Australia Superannuation Fund Pty. Limited
ABN 14 008 650 628 AFSL 238 718

Fund MTAA Superannuation Fund ABN 74 559 365 913