



a super start
setting up for your future

Super Rollover form

Use this form when you want to roll money into the Heidelberg Australia Superannuation Fund.

Complete this form and send it to your previous superannuation fund to let them know your details and where they should send your money. Complete a separate form for each rollover.

To the Super Fund Administrator

I request that you roll my superannuation from your fund, the name of which I've written below, to the Heidelberg Australia Superannuation Fund.

Previous Super Fund name: _____

Previous Super Fund membership number: _____

Your personal details

Title: Mr/Mrs/Miss/Ms *(please circle)*

Surname: _____ First name: _____

Address: _____

_____ State: _____ Postcode: _____

Date of birth: ____ / ____ / ____ Telephone (W): _____ (H) _____

Heidelberg Australia Superannuation Fund member number (if an existing member): _____

Your current super fund

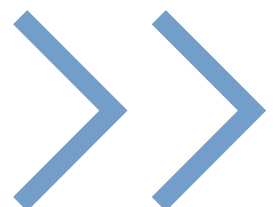
Name of fund: _____ Heidelberg Australia Superannuation Fund

Australian Business Number (ABN): _____ 75 071 229 817

Unique Superannuation Identifier (USI): _____ 75071229817001

Telephone Number: _____ 1800 127 953

The cheque should be made payable to: _____ Heidelberg Australia Superannuation Fund





Notice of complying status

The Heidelberg Australia Superannuation Fund is a complying superannuation fund. The Fund complies with the Superannuation Industry (Supervision) Act and Regulations and is not subject to a direction under section 63 of that Act. The Fund accepts rollovers and will observe any preservation requirements attached to the rollover.

Cheques should be sent to: **The Fund Administrator**
 Heidelberg Australia Superannuation Fund
 PO Box 1442
 Parramatta NSW 2124

Declaration

Please complete the form by signing and dating below:

- I authorise the transfer of my benefits from my previous fund to the Heidelberg Australia Superannuation Fund.
- I authorise the transfer of any contributions to the Heidelberg Australia Superannuation Fund that are still to be made by my previous employer, which may be received after benefits have been transferred. By giving this authorisation, I also permit the transfer of my personal details.
- I understand that the Trustee of my previous fund is discharged from any further liability in respect of the amount transferred once the transfer has been made.
- I understand that in certain cases, my new fund may be required by law to deduct tax from any untaxed element of my rollover.
- I acknowledge that I have received, read and understood the summary of the *Privacy Policy* for the Fund as set out in the Product Disclosure Statement. I agree to the use and disclosure of my personal information as disclosed therein.

Signature:

Date:

_____ / / _____

**Keep a copy of this form and send the original form
to your previous superannuation fund.**

If you have any questions, please contact the Fund Administrator on 1800 127 953.