

Combine your super with CareSuper

1800 005 166
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GPO Box 1547, Hobart TAS 7001

Important information

This request may close the account you're transferring your benefits from.

Before combining your super:

- consider all relevant information. Differences in fees and investment returns can affect your super balance at retirement
- check if you have insurance with your other fund, as this will cease if your account is closed. You may be eligible to transfer your cover, contact us for more information
- consider if you want to claim a tax deduction or split contributions, as you won't be able to do this on the contributions you've transferred

Let your employer know that you've changed super funds. All future contributions should then be paid to CareSuper.

Section 1

Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Home phone

Mobile

Work phone

Email

Section 2

Provide your tax file number (TFN) as proof of identity

Do we have your TFN?

 Yes No but here it is:

You don't have to provide your TFN, but you may pay extra tax, miss out on government incentives and you can't make personal contributions. Read our *How super works* guide available at caresuper.com.au/pds for more information.



Section 3

Super fund details

Your old fund (the fund you're transferring FROM)

I'm transferring from another super fund into CareSuper

Fund name

Phone

Member/account number

Unique superannuation identifier (USI)

ABN

OR

I'm transferring from a self-managed super fund into CareSuper

Self-managed super fund name

ABN

Electronic service address (ESA)

Self-managed super fund bank account name

BSB number

Account number

Your CareSuper account (the account transferring into)

Member/account number

Phone

Unique superannuation identifier (USI)

ABN

Transfer amount

Total balance transfer

(OR)

Partial balance transfer of \$

You need to complete a separate form for each fund you'd like to combine.

Section 4

Member declaration

By signing this form I'm making the following statements:

- To the best of my knowledge, the information I've provided is true and correct.
- I'm aware that by transferring my super to CareSuper, I may lose benefits such as insurance with my previous fund. I've considered this and don't require any further information.
- I discharge the trustee of my previous super fund from any further liability in respect of my benefits paid and transferred to CareSuper.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* which is available at caresuper.com.au/privacy-policy or by calling us on **1800 005 166**.
- I authorise CareSuper to contact my other super fund regarding this request.
- I request and consent to the transfer of super as described above and authorise the super provider of each fund to give effect to this transfer.

Your signature

Date (DD MM YYYY)



Return the completed, signed and dated form via:

- upload using the Contact Us portal in Member Online
- email to info@caresuper.com.au
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001