

Important information before beginning your rollover request

This form can be used to request a rollover to/from your SMSF. Please ensure you carefully read the form and fill in all required fields accurately. If the information is incorrect or does not match ATO and sending / receiving APRA fund's records, this may delay the processing of the rollover.

Please be advised that you must provide confirmation from the receiving APRA fund of the rollover being received. This must be provided when the member requesting the rollover is under preservation age or has reached preservation age and not retired.

Section 1 – Fund Details

Fund Name: _____

Section 2 – Member Details

First Name: _____ Surname: _____

Address: _____

Date of Birth: _____

Phone: _____ Email: _____

Section 3 – Rollover Amount

Are you rolling into your SMSF? Yes No

Are you rolling out of your SMSF? Yes No

Requested rollover date: ____/____/____

Requested rollover amount: Full Accumulation balance or

Partial Balance is the SMSF \$ _____

Section 4 – Paying / Receiving Fund details

Fund Name: _____

Address: _____

Suburb: _____ State: _____

ABN: _____ USI: _____

Member ID: _____

Section 5 – Declaration

By signing the below declaration I as a trustee/member of the fund:

- Acknowledge that I am requesting the rollover of the above be made to/from my SMSF.
- Acknowledge that I have not received any advice from Australian Super Manager in regards to the rollover.
- Declare that the information I have provided in this form is true, correct, and complete.
- Request that Australian Super Manager provide the necessary documentation/ information to complete the necessary changes to certain third parties as needed.
- Understand that Australian Super Manager may collect, use, and disclose the information in this form to third parties as needed.
- Declare that once this rollover is complete if my balance is Nil I will cease to be a member of the SMSF.

Signature: _____

Date: ____/____/____

Authorisation to Collect Information

Please accept this copy as authority, as the original will stay on file at the below address.

To	Customer Service Manager
Provider Name	
Address	

Client Name		Date of Birth	/	/
Address				
Preferred phone number for contact				
Product Details				

To whom it may concern,

Access to information

- I authorise you to provide representatives of Australian Super Manager Pty Ltd with any information they require regarding our insurance, superannuation and investments.
- We are aware of the provisions of the Privacy Act and release you from those provisions in respect of information provided to Australian Super Manager Pty Ltd and its representatives.

Signed: _____	Date: / /
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