

Rollover your Flexi Pension form



Use this form to rollover all or part of your UniSuper Flexi Pension account to another complying super fund, including self-managed super funds (SMSFs).

IMPORTANT INFORMATION

By completing this form, you're requesting the rollover of all or part of your Flexi Pension account to another complying super fund.

Please note that Flexi Pension accounts require a minimum closing balance of \$10,000 to remain open. If a partial rollover takes your Flexi Pension below \$10,000, we'll pay the remaining balance into your nominated bank account (or an accumulation account for TTR Flexi Pension). For more information, see below and refer to the *Flexi Pension Product Disclosure Statement* (PDS) available at unisuper.com.au/pds.

UNDERSTANDING THE RISKS

By completing and returning this form, you'll be requesting a full or partial commutation from your Flexi Pension. As there may be Centrelink and/or tax implications to transferring your Flexi Pension, we recommend you consult a qualified financial adviser or tax adviser before proceeding.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, call **1800 331 685**.

SECTION 1 MEMBER DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.
Complete everything in this section.

Account number

If you are unsure of your account number, refer to your most recent UniSuper correspondence or call us on **1800 331 685**.

Title

Mr Mrs Ms Dr Professor Other

Surname

Given name

Date of birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Daytime contact number

Email address

SECTION 2 TAX FILE NUMBER

▶ You don't have to provide your tax file number (TFN), however, if you don't, you may need to provide us with additional information.

Your TFN

I don't wish to quote my TFN.

SECTION 3 ROLLOVER AMOUNT

Choose one of the following:

Roll over all of my account. Go to SECTION 5.

Roll over part of my account* How much do you want to roll over? \$

* Flexi Pension accounts require a minimum balance of \$10,000 to remain open. If the amount requested will take the balance of your account below \$10,000, then we'll pay the remaining balance into your nominated bank account (or an accumulation account for TTR Flexi Pension).



SECTION 4 ROLLOVER DRAWDOWN METHOD

If you have nominated a partial rollover and you want to choose which investment options your rollover is made from, select one of the following methods:

- Default** – Withdrawal is drawn from your investment options in the default order. (Set out in the *Flexi Pension PDS*).
- Pro-rata** – Rollover comes from your investment options in proportion to the balance in each investment option at the time of rollover.
- Your choice** – Rollover comes from your investment options in the order nominated by you. (Please complete the section below.)

If you don't make a choice, then the rollover will be processed in the same way as your income payments.

Your choice

If you've chosen Your choice, select the order of investment options you want your rollover paid from.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Sustainable Balanced | <input type="checkbox"/> Australian Shares |
| <input type="checkbox"/> Australian Bond | <input type="checkbox"/> Growth | <input type="checkbox"/> International Shares |
| <input type="checkbox"/> Conservative | <input type="checkbox"/> High Growth | <input type="checkbox"/> Global Environmental Opportunities |
| <input type="checkbox"/> Conservative Balanced | <input type="checkbox"/> Sustainable High Growth | <input type="checkbox"/> Australian Dividend Income |
| <input type="checkbox"/> Australian Income | <input type="checkbox"/> Listed Property | <input type="checkbox"/> Global Companies in Asia |
| <input type="checkbox"/> Balanced | | |

Once your selections have been exhausted, your rollover will be deducted from your investment options in the default drawdown order set out in the *Flexi Pension PDS*.

SECTION 5 ROLLOVER FUND DETAILS¹ (INCLUDING SMSFS)

➤ Complete your rollover fund details below.

Full name of fund^{1,2,3,4}

Name of product (N/A if SMSF)

Fund contact number

Fund postal address (SMSF only)

Suburb/Town

State

Postcode

Membership/policy number²

Fund type

- Australian Prudential Regulation of Authority (APRA)
- Self-managed super fund (SMSF)
Please ensure you attach your certified proof of identity documents
- Other

ABN²

Unique Superannuation Identifier (USI)

Electronic Service Address (ESA)
(SMSF only)

¹ Check this is a complying super fund that can accept this rollover.

² Mandatory. If you don't complete all information fields, there will be a delay in processing your request.

³ If you have a TTR Flexi Pension account, you can only rollover to purchase another complying income stream.

⁴ If you have a BIS Flexi Pension account, you can only rollover to purchase another death benefit income stream.

SECTION 6 YOUR SMSF BANK DETAILS

▶ Please specify the SMSF bank account into which the rollover is to be paid.

Financial institution name

Name in which account is held*

Please provide a copy of your bank statement (no more than 6 months old) from your SMSF bank account which shows the bank details.

BSB number (must have six digits)

Account number

Email me to confirm that payment has been processed.

 Yes No

Please ensure you've entered your financial institution account details correctly. Our responsibility is discharged once payment is made to this account.

* Payments can only be made if the bank account is in the SMSF name. Payments can't be made to a personal account or a third party bank account.

SECTION 7 MEMBER DECLARATION AND SIGNATURE

▶ Please read this declaration before you sign and date your form.

- I declare that I've read Page 1 of this form and the information I've provided on this form is true and correct.
- I authorise UniSuper to process my rollover as instructed on this form.
- I understand that I may ask UniSuper to provide me with all the information I reasonably require to understand the effect a rollover may have on UniSuper benefit entitlements, including fees and charges and I don't require any further information.
- I acknowledge that if any details, including mandatory information, haven't been completed or the certified proof of identity documents not provided, my application cannot be processed.
- I discharge UniSuper from all further liability, claims and obligations in respect of the benefits paid into my nominated fund, as applicable.
- I consent to my personal information being used in accordance with UniSuper's Privacy Policy.
- I understand that government rules require me to take my pro-rata minimum pension payments for the financial year before I can make a rollover in some circumstances.
- I acknowledge that my rollover will be treated as a full or partial commutation and have considered any Centrelink and tax implications by consulting a qualified financial adviser or tax adviser.
- I acknowledge that if, after my rollover, there is less than \$10,000 in my account, UniSuper will pay the remaining balance to my nominated bank account (or an accumulation account for a TTR Flexi Pension).
- I consent to my personal details being used to electronically verify my identity if paper copies of my certified documents are incorrectly certified or can't be read.
- I understand my details will be subject to an information match request for relevant record holder information, and that the result will be provided through an external third party system.

Signature

Date

DD MM YYYY

SECTION 8 POWER OF ATTORNEY SIGNATURE

► Please also complete this section if you have signed this form in your capacity as the member's attorney.

Signed on behalf of the Member under Power of Attorney.

Attorney's full name (please print)

Signature of attorney

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Power of Attorney documentation (tick one box only):

Attached Previously supplied to UniSuper

Need help?

- email enquiry@unisuper.com.au
- call 1800 331 685.

Returning your form

Email a scanned copy of your completed and signed form to pensionsmailbox@unisuper.com.au

Note: We can't accept digital or electronic signatures on this form.

Or mail the completed and signed form to UniSuper, Level 1, 385 Bourke Street, Melbourne Vic 3000.

If you're providing certified copies of your proof of identity documents, they must contain an original signature. We can't accept faxed or emailed copies.

CERTIFIED PROOF OF IDENTITY

We're required by law to verify your identity. If you've provided us with your correct TFN we may be able to process your request without additional proof of identity.

If your TFN can't be validated, or you want to transfer to a self-managed super fund, you'll need to provide us with certified copies of proof of identity.

Find out about which documents can be accepted and how to verify your identity by reading the *Your guide to proof of identity* fact sheet.