

The following Transfer Request Form has been provided to assist you with the transfer of your superannuation benefits from your current superannuation fund to e-Clipse Super.

*** Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.**

1 MEMBER DETAILS

Member Number (if known)		Date of Birth* (dd/mm/yyyy)	
<input type="text"/>		<input type="text"/>	
Please indicate <input type="checkbox"/> e-Clipse – Personal & Employer Sponsored <input type="checkbox"/> e-Clipse Super - Pension Plan			
Tax File Number (Refer to Section 6)		Contact Phone Number*	
<input type="text"/>		<input type="text"/>	
Title (Mr/Mrs/Ms etc)	Surname*	Given Names*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address*			
<input type="text"/>			
Suburb/Town*	State*	Postcode*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Termination date with previous employer (dd/mm/yyyy)			
<input type="text"/>			
Current Employer			
<input type="text"/>			

2 PAYING INSTITUTION DETAILS (Please provide other superannuation fund details)

Name of Superannuation Fund*			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fund ABN Number	OR	SPIN Number	
<input type="text"/>		<input type="text"/>	
Membership/Policy Fund with other Fund*			
<input type="text"/>			
I hereby authorise the transfer of	\$	<input type="text"/>	OR
My entire benefit which is estimated to be	\$	<input type="text"/>	(from the above named fund to e-Clipse Super)

3 PROOF OF IDENTITY

You will need to provide us with Certified ID in order to have your Transfer Request processed.

I have attached a certified copy of my driver's licence or passport **OR**
 I have attached certified copies of both: Birth/Citizenship Certificate or Centrelink Pension Card **AND**
 Centrelink payment letter of Government or local council notice (less than one year old) containing my name and address

4 ACKNOWLEDGEMENT

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 any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to my new 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.

Member Signature*

Date* (dd/mm/yyyy)

5 CERTIFICATE OF COMPLIANCE

The Trustee of e-Clipse Super – Personal, Employer Sponsored and Pension Plan Divisions.

- The Trustee of the e-Clipse Super, certifies that:
 - The Trust Deed governing the e-Clipse Super complies with requirements of the *Superannuation (Industry) Supervision Act 1993* Regulations.
 - The Trust Deed allows benefits to be transferred to e-Clipse Super.
 - Members cannot borrow monies from e-Clipse Super.
 - Members can only receive benefits from e-Clipse Super on reaching preservation age, age 65 or earlier in the case of invalidity, or as approved individually by the Trustee or the Australian Prudential Regulation Authority, or where the benefit transferred to e-Clipse Super is not subject to compulsory preservation requirements.
- The Trustee of e-Clipse Super is CCSL Limited, ABN: 51 104 967 964, RSE Licence number L0000758. The RSE Registration number for e-Clipse Super is 1072914.
- The ABN for e-Clipse Super is 45 960 194 277.
- Cheques are to be made payable to: **e-Clipse Super**
- Cheques and form/s are to be sent to: **PO Box 1282, ALBURY NSW 2640**

Should you have any further enquiries, please call our Client Service Line on 1300 728 525.

6 DISCLOSURE OF YOUR TAX FILE NUMBER

We are authorised to collect your TFN under the *Superannuation Industry (Supervision) Act 1993*. Your TFN will be used for legal purposes only. This may include finding or identifying your superannuation payments and providing information to the ATO. The purposes for which TFNs are used may change in the future as a result of legislative change.

You are not obligated to provide your TFN, however if you do not provide your TFN you may be subject to higher Tax (No-TFN Tax), than you would otherwise pay on your contributions and benefit payments, although this may be reclaimed through the assessment process.

Please be advised that non-concessional member contributions will be returned to you or your employer if your TFN is not provided to our Fund.

The Trustee will not pass your TFN to any other superannuation provider if you tell the Trustee in writing that you don't want them to pass it on.

ON COMPLETION PLEASE FORWARD TO:

e-Clipse Super
PO Box 1282
ALBURY NSW 2640