

# Prime Super Rollover your Super Form

This form is issued together with a Product Disclosure Statement (PDS) dated 15 December 2008. Complete this form if you have superannuation in other funds and you want it transferred to your Member Account. This form authorises Prime Super to approach your other superannuation fund(s) to arrange for the transfer of your other account(s) to your Member Account with Prime Super. Prime Super is a resident regulated superannuation fund within the meaning of Superannuation Industry (Supervision) Regulations 1994 (SIS) and is not subject to a direction under section 63 of SIS.



**Prime Super**  
ABN 60 562 335 823  
RN 1000276

**Trustee**  
Farm Plan Pty Limited  
ABN 81 067 241 016  
AFSL 219723  
RSE L0000277

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM (SAMPLE LETTERS)

A | B | C | D

## 1. Current Membership Details at Prime Super

Membership Number

Title (Please Tick One)

Mr  Mrs  Miss  Ms  Dr

Surname

Given Names

Street Address/RMB/PO Box

City/Town/Shire

Phone Number (BH)

Phone Number (AH)

Mobile

Email (UPPER and lower case where applicable)

Date of Birth

Gender

Male  Female

State

Postcode

Facsimile

## 2. Proof of Identity

The government has introduced legislation that requires us to obtain proof of your identity before we can transfer money from your other fund account(s). Details of the documents we require to establish your identity are contained overleaf.

**Please ensure you supply us with certified copies of these documents when returning this form.**

## 3. Details of Your Other Fund (Refer to Your Annual Member Benefit Statement)

Please note: If you have more than one other super account, contact us and we will send you additional Transfer Forms.

Or you can simply photocopy this form as many times as required. The following details can be found on your membership statement from your other fund.

Name of Superannuation Fund or Company where Benefits are Held

Fund's ABN or SFN (Super Fund Number) if known

Address of Superannuation Fund or Company

City/Town/Shire

State

Postcode

Membership Number (refer to previous member statements)

Have you ceased employment with the employer who contributed to this fund?

Yes  No

If YES, what date did you cease employment with that employer?

**Authorisation** I declare that:

- I authorise the transfer of my benefits from my other fund named above to Prime Super.
- I authorise the transfer of any contributions still to be made by my previous employer which may be received after benefits have been transferred to Prime Super.
- I understand that the Trustee of my other fund is discharged from any further liability in respect of any amount once benefits have been transferred.
- I approve the deduction of exit fees and the Government taxes (if any) from the benefits transferred (subject to legislative restrictions).

**Signature**

Please send this completed form to:

Prime Super  
PO Box 2229  
Wollongong, NSW 2500  
or Freefax to: 1800 023 662  
Enquires: Freecall 1800 675 839  
8am to 8pm Monday to Friday (Sydney Time)

Date

MST



