

**NOTE: BEFORE COMPLETING THIS FORM, YOU SHOULD OBTAIN CONFIRMATION FROM THE OTHER FUND OF ANY TERMINATION PENALTIES THAT MAY APPLY**



## REQUEST FOR TRANSFER TO:

### COMBINED FUND

RSE ABN 32 064 976 138 Fund ABN 46 921 400 504

#### SECTION 1: Your Details

Member/Reference No. \_\_\_\_\_ **[Office use only]**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

#### SECTION 2: Other Fund Details

Please transfer my benefits from the following Superannuation or Rollover Fund to my Combined Fund Account.

Name of Other Fund: \_\_\_\_\_

Policy/Member No: \_\_\_\_\_

Fund Address: \_\_\_\_\_

#### Proof of Identity

In accordance with the Government's Anti-Money Laundering/Counter Terrorism Financing Legislation, I have attached the following proof of identity (✓ tick one):

**CERTIFIED** copy of my driver's licence or passport

**OR**

**CERTIFIED** copies of two items from the approved list of documents(see accompanying Proof of Identity information sheet)

### **SECTION 3: Authorisation**

1. I authorise Combined Fund to request the transfer of benefits from my personal superannuation fund, employer superannuation fund or rollover fund on my behalf.
2. I understand that the Trustee of my previous fund will be discharged from any further liability in respect of the amount transferred and that any insurance cover in that fund will be cancelled.
3. I approve the deduction of transfer fees and Government taxes (if any) from the benefits transferred (subject to legislative restrictions).
4. I acknowledge that there may be delays in finalising the transfer and that, ultimately, I am responsible for a financial loss which may occur (if any) as a result of the transfer.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### **COMPLYING FUND DECLARATION**

**FUND ABN 46 921 400 504**

**RSE ABN 32 064 976 138**

The Trustee of the Combined Fund (the "Fund") certifies that:

- (a) The Trust Deed governing the Fund complies with the requirements of the Superannuation Industry (Supervision) Act 1993 and Regulations (SIS).
- (b) The Fund is a Resident Regulated Complying Superannuation Fund under SIS (Registration No. R1000405).
- (c) The Fund is able to receive Superannuation Guarantee contributions.
- (d) The Trust Deed allows benefits to be transferred to the Fund.
- (e) The Trustee of the Fund is Combined Fund Pty Ltd (RSE Licence No. L0000376).
- (f) Members cannot borrow monies from the Fund.
- (g) Members can only receive benefits from the Fund upon retirement after reaching their preservation age or as otherwise permitted by the Government regulation.
- (h) Cheques should be made payable to:

***"Combined Fund"***

and sent to GPO Box 4559, Melbourne VIC 3001.

**VIRGINIA PARRY-JONES**  
**UNDER SECRETARY**

## COMPLETING PROOF OF IDENTITY

Government regulations require you to provide documentation with this request to prove you are the person to whom the superannuation entitlements belong.

Each superannuation fund has its own requirements and as a result, other funds may request further information. However, in most cases, the following documents may be used as satisfactory proof of identity:

**EITHER – a certified copy of your driver’s licence with photograph and signature or your passport containing photograph and signature.**

**OR – certified copies of two items from the lists below:**

**One of the following documents:**

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits.

PLUS

**One of the following documents:**

- letter from Centrelink regarding a Government assistance payment
- notice issued by Commonwealth, State or Territory Government or local council within the past twelve months that contains your name and residential address. For example:
  - Tax Office Notice of Assessment
  - Rates notice from local council

## CERTIFICATION OF PERSONAL DOCUMENTS

**All copied pages of ORIGINAL proof of identification documents need to be certified as true copies by any individual approved to do so (see below).**

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping ‘certified true copy’ followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as **true and correct** copies:

- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership
- a permanent employee of Australia Post with five or more years of continuous service who is employed in an office supplying postal services to the public
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

## IMPORTANT NOTE

A person who is entitled to witness a signature on a Statutory Declaration **may not** be eligible to certify a copy of an original. **For example, we cannot accept copies which have been certified by pharmacists, medical practitioners, dentists, teachers etc.**