



WORKFLOW NUMBER

Rollover Request

This request will be invalid if not signed and dated.

IMPORTANT: This form must be completed to rollover benefits into Australian Christian Superannuation (ACSuper). If you wish to rollover money from more than one superannuation fund into ACSuper, please complete a separate form for each fund (you can photocopy this form, or for extra copies of this form please call ACSuper on Freecall 1800 856 653).

CURRENT ACSUPER MEMBER DETAILS

PLEASE USE BLOCK LETTERS AND BLACK INK WHEN COMPLETING THIS FORM.

EXISTING ACSUPER MEMBERSHIP NUMBER SFN SPIN

MR/MRS/MISS/MS/DR/OTHER SURNAME DATE OF BIRTH (DD/MM/YYYY)

GIVEN NAMES

STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY STATE POSTCODE

TELEPHONE (AH) (BH) MOBILE EMAIL ADDRESS (OPTIONAL)

DETAILS OF PREVIOUS FUND

(please attach membership statement from previous fund)

NAME OF PREVIOUS FUND

ADDRESS OF PREVIOUS FUND

SUBURB / TOWN / CITY STATE POSTCODE

PREVIOUS FUND MEMBERSHIP NUMBER PREVIOUS FUND CONTACT PHONE NUMBER APPROXIMATE VALUE OF BENEFIT BEING ROLLED OVER \$

NAME OF PREVIOUS EMPLOYER APPROXIMATE DATE YOU LEFT THIS EMPLOYER

Your personal details in the previous fund (if different from the above details held with ACSuper)

MR/MRS/MISS/MS/DR/OTHER SURNAME

GIVEN NAMES

STREET ADDRESS / PO BOX

SUBURB / TOWN / CITY STATE POSTCODE

AUTHORISATION

- I authorise Australian Christian Superannuation to make arrangements with the fund nominated above to have my benefits rolled over to Australian Christian Superannuation and acknowledge that this notice is irrevocable.
- I discharge the Trustee of my previous superannuation fund from any further liability in respect of any amount once the benefits have been rolled over to Australian Christian Superannuation.
- I approve the deduction of rollover fees by my previous superannuation plan (if any) from the benefits rolled over (subject to legislative restrictions).
- I understand that in certain cases Australian Christian Superannuation may be required by law to deduct tax from the untaxed portion (if any) of the Superannuation Lump Sum Payment.
- I request that any contributions received after payment of my benefits be redirected to my account with Australian Christian Superannuation.

SIGNATURE OF MEMBER

DATE (DD/MM/YYYY)



Return this completed form to:
Australian Christian Superannuation
Customer Service Centre
PO Box 3401, Albury NSW 2640