

SUPER ROLLOVER REQUEST

Use this form to request another institution to transfer your super money. Use black or blue pen and CAPITAL LETTERS please.

You should contact your super fund/s to find out if there are any fees, charges or other consequences for transferring your super out of that fund. If you would like more information, simply call us on 1300 371 136 between 8.30 am and 5.30 pm (AET), Monday to Friday, or email us at applications@allianzretireplus.com.au.

1 PERSONAL DETAILS

Title

First name

Middle name

Surname

Date of birth

Tax file number*

**You are not obliged to provide your tax file number, but there may be consequences if you choose not to.*

Residential address

Suburb

State

Postcode

Previous address (if address held by your fund is different to your current address, please give details)

Suburb

State

Postcode

Email

Phone

2 FUND DETAILS

Fund name

ABN

Member / Account number

Unique Superannuation Identifier

Fund phone

Fund address

Suburb

State

Postcode

Please select the applicable transfer option

Full rollover

Partial rollover

Enter partial rollover amount

2 FUND DETAILS CONTINUED

Rolling over to

Fund name

Future Safe

ABN

27 076 033 782

Address

GPO Box 4181, Sydney, NSW, 2001

Phone

1300 371 136

Unique Superannuation Identifier

27 076 033 782 001

Bank account details

Account name

Allianz Australia Life Insurance Limited

BSB

032 003

Account number

544069

3 AUTHORISATION

By signing this request form I am making the following statements:

- I declare that 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 fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I consent to my tax file number being disclosed for the purposes of commencing my policy.
- I discharge the superannuation provider of my super fund of all liabilities in respect of the benefits paid and transferred.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of the fund to give effect to this transfer.

Name

Date

Signature