

Superannuation Rollover Request

I request that my superannuation listed in point two below be rolled into Cashel Super & Pension Plan (a division of Aracon Superannuation Pty Ltd AFSL 507184 ABN 13 133 547 396)

1. Cashel Super & Pension Plan Member Details (if known)

Member Number:		Tax file number:	
<input type="text"/>		<input type="text"/>	
Mr/Mrs/Ms	Last Name	First and Middle Name	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile:		Email address:	
<input type="text"/>		<input type="text"/>	
Residential address:			
Unit Number:	<input type="text"/>	Street Number:	<input type="text"/>
Street Name:	<input type="text"/>	Street Type:	<input type="text"/>
Suburb/Town/City:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Postal address: (if different to residential)			
Unit Number:	<input type="text"/>	Street Number:	<input type="text"/>
Street Name:	<input type="text"/>	Street Type:	<input type="text"/>
Suburb/Town/City:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>

2. Details of Previous Fund

Name of Previous Fund: *	Member Number: *	Unique Superannuation Identifier: *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund Phone Number:	<input type="text"/>	Fax: <input type="text"/>
Postal address:		
Unit Number:	<input type="text"/>	Street Number:
Street Name:	<input type="text"/>	Street Type:
Suburb/Town/City:	<input type="text"/>	State:
Postcode:	<input type="text"/>	Country:
Approx. \$ of Superannuation Balance Benefits: *	\$	<input type="text"/>
Full or Partial Rollover:	<input type="checkbox"/> Full	<input type="checkbox"/> Partial
If partial rollover specify amount: *	\$	<input type="text"/>

Attachments***Verification of Identity Documents**

Please attach a certified copy of your driver's licence or passport; **OR**

Certified copies of Birth/Citizenship certificate or Centrelink pension card **AND**

Centrelink payment letter or government or local council notice (> 1 year old) with name and address

Copy of Superannuation Fund Statement to be rolled out of.

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

3. Declarations and Signature

I request and authorise the transfer of superannuation as described above and authorise the trustee of my previous superannuation fund nominated above to give effect to the transfer of my benefit to the Cashel Super & Pension Plan (a division of Aracon Superannuation Fund).

I hereby authorise the Trustee of my previous fund to provide information regarding my superannuation account to the Administrator of the Cashel Super & Pension Plan

I discharge the trustee of my previous fund from any further liability in respect of any amount once the benefit has been transferred to Cashel Super & Pension Plan.

I approve the deduction of any transfer fees by my previous superannuation fund (if any) from the benefit transferred (subject to legislative restrictions).

I am aware I may ask my previous superannuation fund for information about any fees or charges that may apply, or any information about the effect this transfer may have on my benefits, and do not require any further information.

I acknowledge and understand that the Trustee cannot provide me with advice about the transfer of my benefit to the Cashel Super & Pension Plan and that if I require such advice I should consult an appropriately qualified financial adviser.

I understand that in certain cases the Trustee may be required to deduct tax from the untaxed portion (if any) of the transferred amount. I request that any contributions received by my previous fund after payment of my benefit be transferred to my Account with Cashel Super & Pension Plan (a division of Aracon Superannuation Fund). I declare that all of the details given in this form are true and complete.

Signature

Date