



TRANSFER IN FORM

COMPLETING THE REQUEST TO TRANSFER WHOLE BALANCE OF SUPERANNUATION BENEFITS BETWEEN FUNDS

Date Stamp (Internal Office Use Only)

Please complete this form with a Black pen using BLOCK letters and send it to:
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like ● NOT like ☒ ☑

→ By completing this form, you will request the transfer of the WHOLE balance of your superannuation benefits between Funds. This form can NOT be used to transfer part of the balance of your superannuation benefits. This form will NOT change the Fund to which your employer pays your contributions. The Standard Choice Form must be used by you to change Funds.

Section A Instructions for completing this form

Before completing this form

- Read the important information below.
- **Check with the Fund you are transferring your benefits FROM can accept this transfer form.**

When completing this form

- Refer to these instructions where a question shows a symbol like this: ➤
- Print clearly in BLOCK LETTERS.

After completing this form

- Sign the authorisation.
- Attach the appropriately certified proof of identity documents.
- Review the Checklist below.
- Send the request form to your Fund.

Important Information

⚠ This transfer may close your account (you will need to check this with your FROM Fund).

This form can NOT be used to:

- transfer part of the balance of your superannuation benefits;
- transfer benefits if you don't know where your superannuation is;
- transfer benefits from multiple Funds on this one form - a separate form must be completed for each Fund you wish to transfer superannuation from;
- change the Fund to which your employer pays contributions on your behalf;
- open a superannuation account; or
- transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.

Checklist

Please fill in the options from the Checklist below:

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you checked your TO Fund can accept the transfer?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents if applicable?

Section B What happens to my future employer contributions?

Using this form to transfer your benefits will not change the Fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM.

If you wish to change the Fund into which your contributions are being paid, you will need to speak to your employer about Choice. For the appropriate forms and information about whether you are eligible to choose the Fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

Section C Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under that Fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- **Fees** - your **FROM** Fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your Fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your **TO** Fund may also charge entry or deposit fees on transfer. Differences in fees Funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- **Death and disability benefits** - your **FROM** Fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current Fund, you may lose any insurance entitlements you have. Other Funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new Fund, you may wish to check the costs and amount of any cover offered. Please refer to the PDS as you may be able to transfer your existing cover to the Fund.

Section D What happens if I do not quote my Tax File Number (TFN)?

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your funds may be taxed at the highest marginal tax rate plus the Medicare Levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your Fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

In the Superannuation Industry (Supervision) Act 1993, your superannuation Fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other Trustee.

Section E Completing proof of identity

You will need to provide documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong.

Acceptable Documents

The following documents which will need to be certified may be used.

EITHER

One of the following documents only:

- Current Driver's Licence issued under State or Territory Law;
- Passport.

OR

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.

AND

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 three months that contains your name and residential address. (For example Tax Office Notice of Assessment or Rates Notice from Local Council).

These documents will need to be certified - see Section G.

Section F Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents:

Purpose:

- Change of Name
- Signed on behalf of the applicant

Suitable linking documents:

- Marriage Certificate, Deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
- Guardianship papers or Power of Attorney

Section G Certification of personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking 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.

- Permanent employee of Australia Post with five or more years continuous service
- 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 (including an Authorised Officer of Western Financial)
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a Legal Practitioner
- A Notary Public Officer
- A Police Officer
- A Registrar or Deputy Registrar of a Court
- A Justice of the Peace
- An Australian Consular Officer or an Australian Diplomatic Officer
- A Judge of a Court
- A Magistrate
- A Chief Executive Officer of a Commonwealth Court

Section H Where do I send the form?

You can send your completed and signed form with your certified proof of identity documents to either Fund.

MORE INFORMATION

For more information about superannuation, visit the:

- Australian Securities and Investments Commission website at: www.fido.asic.gov.au, or
- Australian Taxation Office website at: www.ato.gov.au/super

Section 2 Fund details

FROM Fund Name																					
Fund Phone Number									Membership or Account Number												
Australian Business Number									Super Product Id No.												

! If you have multiple account numbers with this Fund, you must complete a separate form for each account you wish to transfer.

TO Fund Name	W A L o c a l G o v e r n m e n t																				
	S u p e r a n n u a t i o n P l a n																				
Address	P O B o x Z 5 4 9 3 S t G e o r g e s																				
	T e r r a c e P E R T H W A 6 8 3 1																				
Fund Phone Number	0 8 9 4 8 0 3 5 0 0								Membership or Account Number												
Australian Business Number	1 8 1 5 9 4 9 9 6 1 4								Superannuation Product Identification No.	W A L 0 0 0 1 A U											

Section 3 Proof of Identity

> Please see Section E for 'Completing proof of identity'.

I have attached a certified copy of my:

- Current Driver's Licence or Passport
- OR**
- Birth / Citizenship Certificate or Centrelink Pension Card **AND**
- Centrelink payment letter or Government or Local Council Notice (< 1 year old) with name and address.

Section 4 Authorisation

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

- I declare 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 any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information;
- I discharge the superannuation provider of my **FROM** Fund of all further liability in respect of the benefits paid and transferred to my **TO** Fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each Fund to give effect to this transfer.

Family Name																				
Given Names																				
Signature																				

Date

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Section 5 Compliance declaration

The WA Local Government Superannuation Plan declares the following:

The Fund is a regulated superannuation Fund and complies with the Superannuation Industry (Supervision) legislation.

There are no minimum amounts that can be accepted by the Fund.

The Fund is able to accept the following types of payments and contributions:

- Employer Contributions to meet the Superannuation Guarantee (SG) or award obligations;
- Additional Employer Contributions;
- Employee Contributions made from after tax remuneration;
- Salary Sacrifice Contributions;
- Transfers or Rollovers from other Superannuation Funds;
- Government Co-Contributions; and
- Spouse Contributions.

All cheques should be made to "WA Local Government Superannuation Plan". Cheques should be sent to:

WA Local Government Superannuation Plan
PO Box Z5493
St Georges Terrace
PERTH WA 6831

The Fund's Superannuation Fund Number is: 1466 / 519 / 43.

The Fund's Australian Business Number is: 18 159 499 614.

The Fund's SPIN is: WAL0001AU.

The Fund's RSE Licence Number is L0001137 and the RSE Registration Number is R1004380.