

Transfer Request and Authority Form

ClearView Roll-over Bond

Please print clearly in **BLOCK LETTERS**.

Part A: Your details

Section 1: Personal details

Title

Mr Mrs Ms Miss Dr

Other

Surname

Given name/s

Date of birth

Gender

Male Female

Section 2: Tax File Number

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

Tax File Number

Section 3: Contact details

Residential address (cannot be PO Box address)

Suburb/Town

State

Postcode

Home phone

()

Mobile

Business phone

()

Fax

()

Email

Postal address (if different to the above)

Suburb/Town

State

Postcode

Part B: Fund details

Section 4: From fund

If you have multiple ClearView Roll-over Bond accounts, you must complete a separate form for each account you wish to transfer

Fund Name

ClearView Roll-over Bond

Australian Business Number (ABN)

45 828 721 007

Fund phone number

132 977

Membership or account number

Section 5: To fund

Fund Name

Australian Business Number (ABN)

Unqie Super Identifier (USI)

Fund phone number

()

Membership or account number

You must check with your TO fund to ensure they can accept this transfer.

Part C: Amount to transfer

Total value Partial value

\$

Note: If this section has not been completed your transfer will be the balance of your account

Part D: Proof of Identity

- I have attached a certified copy of my:
- Current drivers licence or passport
 - Birth/Citizenship Certificate, or
 - Centrelink Pension Card AND Centrelink Payment letter or Government notice (less than 1 year old) with name/address.

If you are unable to meet the above 'Proof of Identity' requirements please contact us on 132 977.

After completing this form

Sign the authorisation section and send this form along with a copy of your certified proof of identity documents to:

Mail:

ClearView
Client Administration
Reply Paid 4232
Sydney NSW 2001

If you have any questions about this form, please call us on 132 977.

Part E: 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 on the effect this transfer may have on my benefits, and do not require any further information.
- If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.
- 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 authorise my Financial Planner and representatives of the Trustee of the ClearView Retirement Plan to make inquiries about this transfer on my behalf.
- 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.

Signature