

# ClearView **WealthFoundations**

## Request to transfer form

### Instructions

Please use this form if you are requesting the transfer of your super benefits between your other super fund and your WealthFoundations Super or Pension. This form will NOT change the fund to which your employer pays your contributions. The ATO Standard Choice form must be used and provided to your employer with details of your preferred choice of fund to make this change.

**Note:** You will need to complete one form for each account you request to transfer.

Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please **CROSS ✗** appropriate answer boxes. Fields marked with an asterisk (\*) must be completed in order for us to action your request.

### A. Member details

\*My WealthFoundations account number  /  (e.g. CSUP / 100000)

\*Title

Mr  Mrs  Ms  Miss  Dr  Other

\*Gender

Male  Female

\*Date of birth

\*Given name(s)

\*Surname

Other previous names

**Note:** If your name is different on your FROM super fund please provide a certified copy of proof of name change (such as a marriage or change of name certificate).

Contact phone number (  )

\*Tax File Number OR individually issued Exemption Code  -  -

### Residential address (cannot be a PO Box address)

\*Street number and name

\*Suburb

\*State

\*Postcode

\*Country (if other than Australia)

### Previous address

**Note:** If you know that the address held by your FROM fund is different to your current residential address, please give details below.

Street number and name

  

Suburb

State

Postcode

Country (if other than Australia)

**Note:** Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

### B. Fund details

\*FROM Fund name

\*Fund phone number

 (  ) 

\*Membership or account number

\*Australian Business Number (ABN)

\*Unique Super Identifier (USI)

Partial transfer OR  Full transfer

Partial or expected amount \$  .

Is this rollover a KiwiSaver transfer (If yes, we may require additional information from you)

\*TO Fund name

\*Fund phone number

\*Membership or account number

 /  (e.g. CSUP / 100000)

\*Australian Business Number (ABN)

\*Unique SuperannuationIdentifier (USI)

