

# Request to transfer super into LESF



Please complete and return form to: Address. LESF Administration, GPO Box 1424, Brisbane QLD 4001

Internet. [www.lesf.com.au](http://www.lesf.com.au)

Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned and undated.

## MEMBER DETAILS (Please complete in full)

Member Number

(This can be found on your Member Statement)

Mr/Mrs/Ms/Miss

Surname

Given Names

Other/previous names

Date of Birth (ddmmyyyy)

Gender

M

F

### Street Address

Street Number

Street Name

Suburb/Town

State

Postcode

### Postal Address (if different to street address)

Street Number / PO Box

Street Name

Suburb/Town

State

Postcode

### Previous Address

If you know that the address held by your previous fund is different from your current residential address please give details below.

Street Number

Street Name

Suburb/Town

State

Postcode

Telephone (daytime)

Mobile

Email (Please note: If you provide your email, some types of correspondence will only be sent to you via email)

# Request to transfer super into LESF



Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned and undated.

## TAX FILE NUMBER (TFN) DETAILS

Under 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 trustee of your superannuation fund may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

### Tax File Number (TFN) details

I agree to provide my Tax File Number  No  Yes – my TFN is:

## PREVIOUS FUND DETAILS (If you have a hard copy of your latest statement, please attach a copy)

Please tick **one** box only

I would like LESF to arrange the transfer of my **WHOLE** benefit from my old fund **OR**

I would like LESF to transfer **PART** of my benefit from my old fund

Amount to be transferred \$

Name of previous fund

Superannuation Product Identification Number (SPIN)\*

ABN\*

\* Obtainable from your previous fund

\* Obtainable from your previous fund

### Address of previous fund

Street Number / PO Box

Street Name

Suburb/Town

State

Postcode

Previous fund membership number

Previous fund phone number

Name of Last or Current Employer to Contribute to this account

I am transferring and closing this account because I am/have:

Ceased Employment with

on Date (ddmmyyyy)

**OR**  exercising choice

# Request to transfer super into LESF



Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned and undated.

## COMPLETING PROOF OF IDENTITY

Please attach **certified documentation** to prove you are the person to whom the superannuation entitlements belong. Please tick the box/es to show which documents you have attached to this form. (Only provide original documents if you are submitting this form in person at a Fund office).

EITHER:	OR	AND
One of the following documents only: <input type="checkbox"/> A current driver's licence or permit issued under the law of a State or Territory; or <input type="checkbox"/> A passport issued by the Commonwealth which can be up to two years out of date; that contains a photograph of the person in whose name the document is issued.	One of the following documents: <input type="checkbox"/> Birth certificate or birth extract <input type="checkbox"/> Citizenship certificate issued by the Commonwealth <input type="checkbox"/> Pension card issued by Centrelink that entitles you to financial benefits.	One of the following documents: <input type="checkbox"/> Letter from Centrelink regarding a Government assistance payment <input type="checkbox"/> Notice issued by Commonwealth, State or Territory Government within the past 12 months, containing your name and residential address For example: - Tax Office Notice of Assessment - Rates notice from local council

If you are unable to provide accepted certified documents, please contact LESF for other options.

### Certification of personal documents

All copied pages of **original** proof of identification 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. The following people can certify copies of the originals as **true and correct** copies:

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner;
- a judge of a court;
- a magistrate;
- a chief executive officer of a Commonwealth court;
- a registrar or deputy registrar of a court;
- a Justice of the Peace;
- a notary public officer;
- a police officer;
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- an Australian consular officer or an Australian diplomatic officer;
- a finance company officer with 5 or more continuous years of service with one or more finance companies;
- an officer with, or authorised representative of, a holder of an Australian financial services licence (AFSL), having 5 or more continuous years of service with one or more licensees.

## ACKNOWLEDGEMENT AND SIGNATURE

### Privacy

When your personal details are provided to LESF they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to [www.lesf.com.au](http://www.lesf.com.au).

### Authorisation

- I authorise LESF to make arrangements with the fund nominated on page 2 of this form to have my benefits rolled over to LESF and acknowledge that this notice is irrevocable.
- I discharge the Trustee of my previous superannuation fund from any further liability in respect of any amount once the benefits have been rolled over to LESF.
- I approve the deduction of rollover fees by my previous superannuation fund (if any) from the benefits rolled over (subject to legislative restrictions).
- I understand that in certain cases LESF may be required by law to deduct tax from the untaxed portion (if any) of the superannuation payment.
- I request that any contributions received after payment of my benefits be redirected to my account with LESF.

My signature

Dated (ddmmyyyy)

This page has been left blank intentionally.