

# Authority to transfer form

Please return your completed form to CSR Super and we will send it to your previous fund for processing

Please complete, sign and return the form to the address shown below

Complete this form if you want to transfer your benefit from another super fund to CSR Super. You will need to complete a separate form for each of the superannuation funds you want to transfer.

## Your CSR Super membership details

Surname

Given names

Residential address (must be provided)

State  Postcode

Date of birth (DD/MM/YY) / /  Contact telephone

Postal address (if different from above)

State  Postcode

Membership number  Email address

Please  to indicate your Division  Division Two  Division Three

Please complete details of previous fund

## Details of your previous fund

Your name with previous fund (if different from above)

Your address with previous fund (if different from above)

Name of previous fund

Previous fund member number

Address of previous fund

State  Postcode

Australian Business Number (ABN) of Fund  Superannuation Product Identification Number (SPIN) if known

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

Please complete page 2 

Please return this completed form to:

CSR Super  
PO Box 155  
North Ryde NSW 2113  
Triniti 3  
Level 5  
39 Delhi Road  
North Ryde NSW 2113  
Phone (02) 9235 8533  
Fax (02) 8362 9027

# Authority to transfer form (cont)

Please enter whole numbers only

## ▶ Investment choice details

Please see the CSR Super Product Disclosure Statement (PDS) available from [www.csrsuper.com.au](http://www.csrsuper.com.au) or by contacting the Inquiry Line for details of the investment options available.

I instruct the Trustee to invest my transferred benefit as follows:

<input type="text"/>	%	<b>High Growth</b>
<input type="text"/>	%	<b>Moderate Growth</b>
<input type="text"/>	%	<b>Lower Growth</b>
<input type="text"/>	%	<b>Protected</b>
<input type="text" value="100"/>		<b>TOTAL</b>

If you do not provide investment instructions above this transfer will be invested in the relevant default option. Please refer to the CSR Super PDS.

Please supply proof of identity

## ▶ Proof of identity

I have attached an **original** certified copy of my Driver's Licence or Passport

OR

I have attached **original** certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Australian Taxation Office Notice of Assessment or Local Council Rates Notice

Please sign and date this form

## ▶ Authorisation

### IMPORTANT NOTE

There may be an **exit fee** or withdrawal penalty applicable to your previous fund. Please check with the administrator of your previous fund **before sending this form**.

### AUTHORISATION

I authorise transfer of my benefit from my previous fund to CSR Super.

I am aware I may ask my superannuation provider for information about 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.

If my benefit in my previous fund has been rolled over to an Eligible Rollover Fund, I authorise the Trustee of the previous fund to pass this Authority on to the Eligible Rollover Fund and by giving this authorisation request, the Trustee of the Eligible Rollover Fund to transfer my funds to CSR Super.

I understand that in certain cases, CSR Super may be required by law to deduct tax from the untaxed portion (if any) of the transfer amount.

I understand that I can access the unrestricted non-preserved portion of any amount transferred into CSR

Super. Once payment is made to CSR Super, I discharge my previous super fund from any further liability in respect of the transfer amount.

I believe that the information I have provided is correct to the best of my knowledge.

**I have read and understood the above information and wish to transfer my benefit from my previous fund to CSR Super.**

**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.**

Name (in block letters)

Signature

Date (DD/MM/YY)

Please return this completed form to:

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North Ryde NSW 2113

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Level 5  
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April 2010

