



Completing the request to transfer whole balance of superannuation benefits between funds form

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.

BEFORE COMPLETING THIS FORM

- Read the important information below.
- Check that the fund you are transferring your benefits **TO** can accept this transfer.

WHEN COMPLETING THIS FORM

- Refer to these instructions where a question shows a message 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

- 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?

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**.

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.

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 fund 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.

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 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.

TRANSFERS TO SELF MANAGED SUPERANNUATION FUNDS

You may use this form to transfer your benefits to your own self managed superannuation fund (SMSF).

You should be aware that SMSFs are subject to the same rules and restrictions as other funds, when benefits are to be paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved', meaning they are not generally able to be accessed until you are over age 55 and retired.

The trustee of your **FROM** fund may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF, if there are multiple transfer requests to your SMSF. Penalties may apply for providing false or misleading information.

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 may be used.

EITHER

One of the following documents only:

- 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 twelve months that contains your name and residential address. For example:
 - Tax Office Notice of Assessment
 - Rates notice from local council.

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	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office.
Signed on behalf of the applicant	Guardianship papers or Power of Attorney.

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.

The following can certify copies of the originals as **true and correct** copies:

- a permanent employee of Australia Post with five or more years of 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
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or
- a Chief Executive Officer of a Commonwealth court.

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

For more information about this form, phone the Australian Taxation Office on **13 10 20**.



Request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with a ➔
- This form is only for whole (not part) balance transfers.

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form and certified proof of identity documents to either your **FROM** or **TO** fund.

Personal details

Title: Mr Mrs Miss Ms Other

*Family name

*Given names

Other/previous names

*Date of birth / /

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.

➔ See 'What happens if I do not quote my tax file number?'

*Gender Male Female

*Contact phone number

Residential address

*Address

*Suburb

*State/territory *Postcode

Previous address

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

Address

Suburb

State/territory Postcode

Fund details

FROM

*Fund name

Fund phone number

Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

❗ 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

*Fund phone number

*Membership or account number

Australian business number (ABN)

Superannuation Product Identification Number (SPIN)

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

*Proof of identity ➔ See 'Completing proof of identity'

I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:

Birth/Citizenship Certificate or Centrelink Pension Card

AND

Centrelink payment letter or Government or local council notice (<1 year old) with name and address

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.
- If the **TO** fund is a self managed superannuation fund (SMSF), I confirm that I am a member, 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 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 (Print in BLOCK LETTERS)

*Signature

*Date / /

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.



Commonwealth Bank Officers Superannuation Corporation Pty Limited
(ABN 76 074 519 798, AFSL 246418, RSEL L0003087), as Trustee for the
Officers' Superannuation Fund (OSF) (ABN 24 248 426 878, RSER R1056877)

GPO Box 4758
Sydney NSW 2001
Telephone 1800 023 928
Facsimile (02) 9303 7700
www.osfsuper.com.au

1 April 2010

To whom it may concern

The Officers' Superannuation Fund (OSF) is a superannuation fund which was established under the Commonwealth Banks Act 1959.

Pursuant to section 110 of that Act, the fund is governed by the Trust Deed dated 11 July 1996.

The Fund is a regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction by the Australian Prudential Regulation Authority under section 63 of this Act not to accept contributions. It is the Trustee's intention to maintain the Fund at all times as a complying superannuation fund within the meaning of subsection 42(1) of this Act.

The Trust Deed allows benefits to be rolled over or transferred to the Fund. The requirements of the Fund for preservation of benefits satisfy the payment standards set out in the Superannuation Industry (Supervision) Regulations 1994.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Wayne Edwards', with a long horizontal stroke and a small flourish at the end.

Wayne Edwards

Manager, OSF Investor Services

For and on behalf of the trustee, Commonwealth Bank Officers Superannuation Corporation Pty Limited

Please note: This letter can be given to the fund you are transferring from to confirm that the OSF is a complying superannuation fund. Officers' Superannuation Fund (OSF), ABN 24 248 426 878, SPIN OSF0001AU, RSER R1056877. Superannuation Fund Numbers (SFNs) are no longer used. The ABN and SPIN can be used for purposes of identifying the fund for rollovers or other purposes.

Officers' Superannuation Fund

Application to transfer insurance cover

1 November 2011

Please phone us on **1800 023 928** with any questions about this form.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following **X. Start at the left of each answer space and leave a gap between words.**

USE OF THIS FORM

If you are an OSF Division F member, you can use this form to apply to transfer insurance cover from another super fund into your Division F account, providing you are transferring the whole account balance from that fund into Division F. Answers to some frequently asked questions are provided on page 4 of this form. You should also refer to the current Product Disclosure Statement (PDS) and Reference Guide: Insurance Cover available from our website osfsuper.com.au for more information on insurance cover in Division F. **It is important that you DO NOT cancel your existing cover in your former fund or close that account until you have received confirmation in writing from us that this request has been accepted.**

1. CONFIRMATION OF ELIGIBILITY TO TRANSFER INSURANCE COVER

1. Is your existing cover arranged through an external superannuation fund (not a self-managed super fund)? Yes No
2. Are you transferring your entire account balance from your former fund into OSF Division F? Yes No
3. Will you be cancelling your existing cover in your former fund within 60 days of receiving confirmation from the OSF that your application to transfer insurance cover has been accepted? Yes No
4. Do you confirm that **BOTH** of the following statements are true and agree to continue to meet them?
 – You will not transfer the cover under your former fund to any other division or section of the former fund, or to any other fund other than OSF Division F.
 – You will not effect a continuation option or reinstate your insurance cover within the former fund (or any other division or section of the former fund) or within any fund or insurance policy where such reinstatement of cover is available to you. Yes No

*If you answered 'No' to any of questions 1 to 4 above, you are **not** eligible to transfer insurance cover into OSF Division F. You may be eligible for default cover or to apply for cover through the insurer's normal underwriting process—see page 4 for details.*

5. Are you restricted, due to sickness or injury, from performing the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Yes No
6. Have you received, had your claim admitted or are you eligible for a TPD benefit from your former fund, another super fund or the OSF? Yes No
7. Have you ever been declined cover in OSF Division F for the type of cover you are applying to transfer? Yes No
8. Have you been diagnosed with an illness that reduces your life expectancy to 12 months or less from today? Yes No

*If you answered 'Yes' to any of questions 5 to 8 above, you are **not** eligible to transfer insurance cover into OSF Division F. You may be eligible for default cover or to apply for cover through the insurer's normal underwriting process—see page 4 for details.*

2. MEMBER DETAILS

OSF account number

0 2 5

Title Mr Mrs Miss Ms Other Male Female

Full given name(s) Surname

Postal address (if different to above)

Unit number Street number PO Box Street name
 Suburb State Post code

Daytime phone number Date of birth DD / MM / YYYY

Important information about transfer of insurance cover

How is your cover applied when it is transferred into Division F?

The way your cover will be applied depends on whether you are transferring Death and Total and Permanent Disablement (TPD) cover or Salary Continuance cover, as follows:

→ **Death and TPD (or Death-only cover)** – your total cover will be equal to the sum of any existing cover within Division F **PLUS** the amount of cover held under your former fund (subject to product maximums).

Example: Division F Death & TPD cover \$200,000 + former fund Death & TPD cover \$100,000 = new Division F Death & TPD cover \$300,000.

→ **Salary Continuance** – any existing Division F cover will be increased to be equal to the amount of cover held under your former fund (subject to product maximums).

Example: Division F cover \$3,000 per month, former fund cover \$4,000 per month = new Division F cover \$4,000 per month.

Do you need to have been previously underwritten in order to transfer your cover?

No. Your cover in your former fund may have been obtained either through underwriting or automatically, eg. through an employer-sponsored plan arrangement.

What aspects of existing cover is transfer?

When cover is transferred to Division F, members receive an equivalent sum insured as outlined above. Any exclusions and any forward underwriting limit (FUL) that applied to the cover under the former fund will also apply under Division F.

The rules and premiums of the Division F insurance arrangements will apply and may be different to your existing cover.

Can you transfer different types of cover into Division F?

You can transfer the same type and the full amount of insurance cover (subject to product restrictions and eligibility rules) and not partial cover.

For example, if you have \$250,000 of Death and TPD cover with your former fund, you must transfer in the full amount of Death and TPD cover. You could not, in this case, choose to transfer Death-only cover, or a lesser amount of cover. If we reject the TPD cover, then the transfer of cover is declined.

What benefit period will apply to your Salary Continuance cover?

If you have existing Salary Continuance cover in Division F, the benefit period applied to your transferred cover will be the same benefit period that applies to your existing cover.

If you do not have existing cover, the benefit period applied to your cover will be:

- To age 65 (if your benefit period was to age 65 with your former fund), or
- 2 years (in all other cases).

Note: You are only eligible to transfer cover if your benefit period was at least 2 years with your former fund.

What waiting period will apply to Salary Continuance cover?

If you have existing Salary Continuance cover in Division F, the waiting period applied to your transferred cover will be the same waiting period that applies to your existing cover.

If you do not have existing cover, the waiting period applied to your transferred cover will be:

- 30 days (if your waiting period was 30 days or less with your former fund), or
- 90 days (if your waiting period was greater than 30 days but less than 90 days with your former fund).

Note: You are only eligible to transfer cover if your waiting period was 90 days or less with your former fund.

Does this form allow you to transfer your super account balance as well?

No. If you already have a Division F account, you will need to complete a *Request to transfer* form (available from our website osfsuper.com.au) in order to transfer your account balance from your former fund. You should send your completed *Request to transfer form* and this *Application to transfer insurance cover* to us at the same time.

If you do not already have a Division F account, refer to the current PDS for more details on how to open a new account.

Is there a limit to what insurance you can transfer into Division F?

Members can transfer multiple superannuation account balances and associated insurance policies to Division F, subject to your total insurance cover not exceeding the policy maximums. Refer to the current PDS for further details.

If you're not eligible to transfer insurance cover, can you still obtain cover in Division F?

Yes. Regardless of whether or not you are eligible to transfer cover from another super fund, you can apply for Death and TPD, Death-only or Salary Continuance cover at any time, subject to the rules of the insurance cover arrangements in Division F. This application for cover will be subject to the insurer's normal application and underwriting process. To apply for cover, please complete the *Insurance Application Form*, available from our website osfsuper.com.au

Note: In some cases, you may have received a default amount of Death and TPD insurance cover when your account was opened. Please check your benefit statement or the PDS for details.