



# Transfer Authority Form

Please fill out this Form in capital letters using a black or blue pen.

## 1. KEEP CONTROL OF YOUR INVESTMENTS

Consolidating your superannuation into a single account may make it easier for you to keep track of your superannuation, cut down on paperwork and potentially save you fees.

To consolidate your other superannuation benefits into your TAL Superannuation account, just follow the simple steps below. We will contact your other superannuation fund(s) and manage the rollover process for you, right to the end. We will confirm to you in writing when the money is received in to your TAL superannuation account.

**Please read the Important Notes at the back of this Form before completing this Form.**

### Step 1

Gather the following information:

- full name of other fund(s)
- full address of other fund(s)
- your member/policy number of other fund(s); and
- Australian Business Number (ABN) and Unique Superannuation Identifier (USI) or RSE Registration number of other fund(s).

This information can be located on paperwork from the other fund(s), such as your member statement. If you cannot locate a recent statement, contact your other superannuation fund(s) or employer(s) (if relevant) to find out this information.

Please check with your other fund(s) if they accept the TAL Superannuation Transfer Authority Form. Some funds require their own transfer forms to be completed.

### Step 2

Complete this Transfer Authority Form (one form per account). If you have more than one superannuation account to consolidate, simply photocopy this Form, download more copies from our website at [www.tal.com.au](http://www.tal.com.au) or contact a TAL Customer Service Consultant for a copy.

Make sure you complete your other superannuation fund details in full and sign each form you submit, otherwise the process may be delayed. Also ensure you keep a copy of each form submitted, for your records.

### Step 3

In order for your other fund(s) to release your benefit, you are required to provide certified proof of your identification. If you have more than one superannuation account to consolidate, please provide a set of certified copies for each fund. Please note that your rollover request may not be processed without proof of identification.

Please refer to Section 4 of this Form for more information.

### Step 4

Return the completed Form(s) and identification requirements to the address shown below.

### Step 5

We will arrange the rollover of your other superannuation account(s) to your TAL superannuation account (it's that easy!).

### Need more information?

If you have any questions about rolling over your superannuation to TAL, please contact your financial adviser or a TAL Customer Service Consultant.

## 2. PERSONAL DETAILS

Policy/Fund and Member Number							
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other		
Surname				Given name(s)			
Previous Surname (if applicable)				Date of birth	DD / MM / YYYY		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Tax File Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current address							
Suburb				State		Postcode	

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

Previous address							
Suburb				State		Postcode	
Phone	( )			Email			

\* Under the Superannuation Industry (Supervision) Act 1993, TAL is authorised to collect your Tax File Number (TFN) which will only be used for lawful purposes.

## 3. DETAILS OF OTHER SUPERANNUATION FUND

Please provide below details of the fund you would like to rollover into your TAL superannuation account.

Name of other fund							
Member Number*		Fund USI*					
Fund ABN*		RSE Reg.					
Fund postal address							
Suburb				State		Postcode	
Fund contact number	( )						
Approximate value with other fund	\$						

\*Make sure you provide your member number, fund USI and fund ABN.

Under Choice legislation, you may be able to nominate your TAL superannuation fund as your Choice of Fund to receive all your future employer contributions. Refer to **What happens to my future contributions?** in the **IMPORTANT NOTES** section of this Form.

#### 4. PROOF OF IDENTITY

In order for your other fund to release your benefit, you are required to provide the following identification. Please note that your rollover request may not be processed without proof of identification.

Please make sure you read the Certification of personal documents in the IMPORTANT NOTES section of this Form.

☐

Use my TFN quoted in Section 2 to identify me. By giving us your TFN, you are authorising us to give this information to your other superannuation fund. They will confirm your ID with the Australian Taxation Office.

**OR Provide the following**

☐

Original certified copy of your Driver's Licence or Passport (photo page only)

If Passport or Driver's Licence are not available, please supply 1 document from **List A** and 1 document from **List B**

##### List A

☐

Original certified copy of your Birth/Citizenship Certificate

☐

Original certified copy of your Centrelink Pension Card

##### List B

☐

Original certified copy of a Centrelink Payment Letter

☐

Original certified copy of a Government or Local Council Notice (less than 1 year old) with your current name and address (e.g. Australian Taxation Office notice of assessment or rates notice from council)

#### 5. PRIVACY

The way in which TAL collects, uses and discloses your personal and sensitive information is described in the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or on request.

#### 6. AUTHORISATION

By signing this Transfer Authority Form, I am making the following statements:

- I have read this Form and the information completed is true and correct
- I request and consent to the rollover of my benefit from my other fund, nominated in Section 3, to TAL Superannuation Limited (the Fund), (aBn 69 003 059 407) (Trustee), as Trustee of the receiving Fund or TAL Superannuation and Insurance Fund (aBn 20 891 605 180) (the Fund). I authorise the Trustee to act on my behalf in arranging the transfer
- I authorise TAL Life Limited (aBn 70 050 109 450) (the administrator of the Fund) to contact my other fund, nominated in Section 3, to obtain details relevant to transferring my benefit
- I authorise the transfer of any contributions still to be made by my former employer (if applicable) which may be received after benefits have been transferred to the Fund
- I understand that the trustee of my other fund, nominated in Section 3, is discharged from any further liability in respect of any amount rolled over to TAL
- I understand that in certain circumstances, the Trustee may be required to deduct tax from the untaxed portion (if any) of the amount rolled over; and
- I understand that transfer fees (if any) and/or exit fees or penalties from my other superannuation fund may be deducted from the benefit rolled over (subject to legislative restrictions) and I am aware that I may ask for information about these fees or any other information about the effect this rollover may have on my benefits and do not require any further information.

Name (print in  
BLOCK LETTERS)

Member signature

Date

DD / MM / YYYY

## 7. NOTES FOR OTHER SUPERANNUATION FUND

### Certificate of Compliance

The Trustee of the Fund, TAL Superannuation Limited (ABN 69 003 059 407), confirms that

1. The Fund is a 'complying superannuation fund' within the meaning of the term in the Superannuation Industry (Supervision) Act 1993 (SIS Act) and is not subject to a direction by the regulator under Section 63 of the SIS Act.
2. The Fund will accept the transfer or rollover of benefits from other complying Australian superannuation funds.
3. The Fund will accept, in respect of an existing member, contributions from any employer of the member. All existing members are required to quote their member number.

### Fund details:

The TAL Superannuation and Insurance Fund  
SFN 149 156 941  
ABN 20 891 605 180

All cheques should be made payable to TAL Life Limited (member name) and sent to:

**TAL Life Limited,**  
GPO Box 5380  
SYDNEY NSW 2001

## IMPORTANT NOTES

Please read this information before you complete the Transfer Authority Form.

### Things you need to consider when rolling over your superannuation

When you rollover your superannuation benefits, your entitlements under the other fund may cease. You should consider all relevant information before you make a decision to transfer your superannuation. Some of the points you may consider include the following:

- fees – your other fund must give you information about any fees that apply when rolling over or withdrawing your superannuation. The fees could include administration fees as well as exit or withdrawal fees. If you are not aware of the fees that may apply, please contact your other fund for further information before completing this Form. The TAL Superannuation and Insurance Fund may charge entry fees

A contribution fee may apply if it has been agreed on with your financial adviser. Differences in fees may have a significant effect on your superannuation savings.

For example, a 1% increase in fees may significantly reduce your final benefit

- death and disability benefits – through your other superannuation fund, you may currently be insured for death, illness or an accident which leaves you unable to return to work. If you choose to withdraw your superannuation benefits from your other fund, you may lose any insurance entitlements you have. TAL Superannuation offers Insurance benefits to eligible members. However, you may be required to provide evidence of health before cover is granted.

If you are unsure about fees or insurance benefits, you should consult your other fund provider or your financial adviser before transferring your benefits.

### What happens to my future contributions?

Using this Form to rollover your superannuation benefits will not change the fund to which your employer pays your contributions and may close your account with your other fund.

If you wish to nominate TAL as the fund into which your contributions are paid, and haven't already done so, please speak to your employer or financial adviser, or contact a TAL Customer Service Consultant about Choice of Fund.

For further information about whether you are eligible to choose the fund to which your employer contributions are made, visit [www.ato.gov.au](http://www.ato.gov.au) or call the Australian Taxation Office on 13 10 20.

### 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 member, 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. Notes Continued

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 Member	Guardianship papers or Power of Attorney.

### Certification of personal documents

All submitted copies of identification documents (including any linking documents) need to be certified as true copies by an individual approved to do so.

The person who is authorised to certify documents must sight the original and the copy and make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification and date.

The following people are authorised to certify copies of the originals as true and correct copies:

1. A person enrolled on the Roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
2. A judge of a court;
3. A magistrate;
4. A chief executive officer of a Commonwealth Court;
5. A registrar or deputy registrar of a court;
6. A Justice of the Peace (JP);
7. A notary public for the purposes of the Statutory Declaration Regulations 1993; (see Note 1 below)
8. A police officer;
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal service to the public;
10. A permanent employee of the Australian Postal Corporation with 2 or more years continuous service who is employed in an office supplying postal services to the public;

## IMPORTANT NOTES (CONTINUED)

11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
12. An officer with 2 or more continuous years of service with one or more financial institutions (for the purpose of the Statutory Declaration Regulations, 1993);
13. A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purpose of the Statutory Declaration Regulations, 1993);
14. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees; and
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Please note that copies of original documents cannot be certified by yourself or a family member.

Note 1: A notary public must put their registration number on the certified copy.

### Checklist for Certified copies:

1. Has the person certifying the document set out the following?
  - full name (no initials)
  - business address
  - capacity in which they can certify the document (category 1-15 above)
  - daytime telephone number to allow contact by TAL.
2. Has the person certifying the document written out the following wording (or similar) on the copy of the document?

"I certify that I have seen the original documentation and that the photocopy is a true likeness and this copy is a complete and accurate copy of that original"

OR

"I certify that I have seen the original documents and this copy is a complete and accurate copy of that original".
3. Has the person certifying the document set out the following after the certification wording?
  - signature
  - date of certification
  - official stamp if applicable or number such as JP number.

## 8. CONTACT DETAILS

Please keep a copy of this Form for your records and return your completed Form and all supporting paperwork to:  
TAL Life Limited, GPO Box 5380, SYDNEY NSW 2001.

If you have any questions please contact us on the details below.

**Call 1300 209 088**

Monday to Friday 9.00am – 5.00pm (AEST/AEDT)

Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

Website: [www.tal.com.au](http://www.tal.com.au)