

Rollover Form

This is the form you fill out if you are already a member of Superestate and you want to rollover money from a previous super Fund into your Superestate Fund. You should read the Product Disclosure Statement and Reference Guide before completing this form.

◆ Personal Details

Your employee has chosen to have their super contributions paid into Superestate. Please ensure their details are updated with the following information and that all future super contributions for this employee are paid to Superestate.

Full Name:	
Address:	
Date of Birth:	Member number (if known):
Mobile:	Email:

◆ Details of Your Previous Super Fund

Name of super fund:	
USI of super fund:	
Value of this account (approximate):	Member number:
Are you transferring your entire balance from this fund? (tick one box) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, how much would you like to rollover?	\$ <input type="text"/> OR <input type="text"/> %
<input type="checkbox"/> Tick this box if you are directing all future superannuation contributions to your Superestate account .	
Optional: If you send a copy of a superannuation statement from the fund you are transferring from it will assist in the processing of your transfer request.	

◆ Declaration and Signature

By completing the Rollover Form I declare that:

- I am choosing to transfer all or part of the balance held in another super Fund into **Superestate**. This transfer may close my account with that super Fund.
- I have received all the information I require in order to exercise the choice I have made. I have made an informed decision because I have read the PDS to which this rollover applies. All the details I have provided for this application are true and correct.
- I acknowledge that no representation has been made to me by or on behalf of **Superestate** other than those contained in the PDS.
- By providing my email address and phone number, I consent and authorise **Superestate** to send communications or information in electronic format, including information required by law, to you via email, text or similar technologies.
- If I have provided my TFN, I declare that I have read the important information about my tax file number and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation Fund if I transfer my benefits.
- I understand the nature of risk attached to the investments I am applying for and acknowledge that neither **Superestate**, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment.
- I authorise **Superestate** and its administrator to make enquiries and request information from your previous Fund.
- I have read, understand and agree to the **Superestate** Privacy Policy located on the **Superestate** website.
- I understand and agree that my superannuation balance will be invested in accordance with my current investment arrangement with **Superestate**.
- I have read, understood and agree to the above declaration.

Signature:

If signed under Power of Attorney (POA): The Attorney must attach an original certified copy of the POA. The Attorney hereby states that he/she has not received notice of any limitation or revocation of his/her POA and is also authorised to sign this form

Print Name:

Date:

Please send your completed form electronically to: hello@superestate.com.au or
by post to: **GPO BOX 318, SYDNEY, NSW, 2001**