



# Consolidate your super

## Request to transfer super benefits between funds

You can also fill in this form online at [mlc.com.au/consolidate](http://mlc.com.au/consolidate)

**\* Mandatory fields.**

### 1. Your MLC Super Fund details

MLC account number (if known)

Customer number (if known)

Product Name

Fund ABN

Unique Superannuation Identifier (USI)

Gender\*

 Male  Female

Title

 Mr  Mrs  Miss  Ms  Other 

First name\*

Middle name(s)

Family name\*

Other/Previous names

Email

Contact telephone number (business hours)\*

Date of birth (DD/MM/YYYY)\*

Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. Your TFN will be used for identification purposes and will be disclosed to your other super provider, unless you request in writing that it is not disclosed. If your other super fund is unable to identify you they may request additional information.

### 2. Your residential address details

#### Current address\* (we can't accept a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

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## 2. Your residential address details continued

### Previous address (if known)

Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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## 3. Your other super fund details

Please provide the details of the super fund where your account will be transferred from.

Fund name*	Product name
<input type="text"/>	<input type="text"/>
Membership or account number*	Unique Superannuation Identifier (USI)
<input type="text"/>	<input type="text"/>
How much would you like to transfer from the above fund?*	Fund ABN
<input type="checkbox"/> My total account balance, or	<input type="text"/>
<input type="checkbox"/> A partial amount \$ <input type="text"/>	

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## 4. Your 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 understand that if I have made personal contributions and intend to claim a deduction from my other super fund, I must complete and lodge a notice of intent to claim form with the other super fund before consolidating my super. I understand that if I don't I may lose my entitlement to claim a tax deduction for personal contributions made to the other super fund;
- I am aware when consolidating accounts from another superannuation fund or within the MLC Super Fund that I may ask the other superannuation fund for information about any fees or charges (including exit fees and buy/sell spreads) that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information;
- I consent to my TFN being disclosed for the purposes of transferring my super to my MLC Super Fund account;
- I discharge the trustee of my other super fund of all further liability in respect of the benefits paid and transferred to my MLC Super Fund account;
- I authorise my adviser/trustee representative to enquire about this transfer;
- I authorise the trustee of the other superannuation fund to provide the Trustee with all relevant details of my membership, a copy of my rollover benefit statement and any other information required by law to affect this transfer;
- I understand when consolidating accounts from another superannuation fund or within the MLC Super Fund that by transferring the other fund to my MLC Super Fund account I may lose the insurance benefits of the other super fund;
- I understand when consolidating accounts from another superannuation fund or within the MLC Super Fund that I am requesting the closure, or partial withdrawal of benefits from my other super fund; and
- I request and consent to the transfer of super as described above and authorise the super provider of each fund to give effect to this transfer.

Name (please print in capital letters)

Signature\*

<input type="text"/>	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>

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## 5. Send us your form

Please mail or fax your completed, signed and dated form to:

**Reply Paid**  
**MLC Super**  
**PO Box 200**  
**North Sydney NSW 2059**  
(no stamp required)  
**Fax number: 02 9964 3334**

If you have any questions, please speak with your financial adviser, or call us on **132 652** between 8 am and 6 pm, Monday to Friday (AEST/ AEDT) or visit **mlc.com.au**