

Benefit Transfer Request Form

Important information

Prior to completing this form and before deciding to transfer your benefit, please consult your financial or other professional adviser to fully understand whether any charges, penalties, taxes or loss of superannuation or insured benefits may result from the transfer of any benefit from any other superannuation fund. Please ensure that you have adequate insurance arrangements in place prior to losing the benefit of any existing insurance cover which you may have in your current fund.

Please refer to the Sargon SAF Product Disclosure Statement for further information before completing and signing this form.

By completing this form, you will initiate a rollover request to transfer the whole or partial balance of your super benefits from another fund to the Sargon Small APRA Fund (SAF). A separate form is required for each super fund in which you hold benefits. If you need multiple copies, please download them from www.sargon.com.au/saf as an original signature is required on each form.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address).

1. Member details

Title Surname Given name(s)

Date of birth (DD/MM/YYYY)

Gender: Male
 Female

Residential address

Suburb State Postcode

Postal address (Complete if different to residential address)

Suburb State Postcode

Phone number (business hours) Phone number (home)

Mobile number

Email address

Tax File Number (TFN) or reason for exemption

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. You are not obliged to disclose your TFN, however, there may be consequences, including tax implications, if you don't provide it. Please refer to the Sargon SAF Product Disclosure Statement for further information. Declining to quote your tax file number is not an offence. However, giving the Trustee your tax file number enables it to accept all permitted types of contributions to your account/s. Also, you will not pay more tax than you need to on both contributions and benefit payments. Finally, it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

2. Details of your Small APRA Fund (SAF)

Please provide the details of the SAF where your super benefits will be TRANSFERRED TO:

SAF Name

SAF Account Number (if known)

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

3. Details of your other superannuation fund

Please provide the details of the superannuation fund where your super benefits will be TRANSFERRED FROM:

Name of your other superannuation fund

Fund postal address

Suburb

State

Postcode

Phone number

Membership or Account Number

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

4. Benefit to be transferred

Total account balance (your member's account in the FROM fund will be closed)

OR

Partial balance (nominated value)

You should be aware that a capital gains tax (CGT) liability may arise and be deducted from your benefit prior to the rollover. Please consult with your financial or other professional adviser before proceeding.

5. How is the benefit to be transferred


- Cheque
- Electronic Transfer
- In-specie Transfer

Member declaration and authorisation

By signing this benefit transfer request form:

- I declare I have fully read this form and the information completed is true and correct.
- I consent to my tax file number (if provided) being disclosed for the purposes of rolling over my super to my Sargon Small APRA Fund.
- I consent to the rollover of super as described on this form and I authorise my other super provider to give effect to my rollover request.
- I am aware that I may ask the other super fund for all the information that I need to understand my benefit entitlements in that fund and the effect of a rollover on my benefit entitlements (including any fees or charges that may apply), and do not require any further information.
- I understand when rolling over from the other super fund I may lose the insurance benefits of the other super fund.
- I have consulted with a financial or other professional adviser and understand and acknowledge the implications of rolling over my benefit from the other super fund into my Sargon Small APRA Fund.
- I discharge the Trustee of my other super fund or superannuation provider of my 'FROM' fund of all further liability in respect of the benefits rolled over, paid and transferred to my Sargon Small APRA Fund.

Member Name: _____

 Signature: _____ Date: ____ / ____ / ____