



Office use only

Request to transfer your entire account balance into Hostplus.

February 2017

Completing this form

- Read A guide to transferring your entire account balance into Hostplus
- Refer to instructions where indicated with a **i**
- This form is only for whole (not part) balance transfers
- Complete all fields marked with an asterisk (*)

After completing this form

- Sign the authorisation
- Send form to: Hostplus, Locked Bag 5046, Parramatta NSW 2124

1 Personal details.

Title Mr Mrs Ms Dr Other Gender Male Female

Given names*

Surname*

Other/previous names

My Tax File Number is:* Phone number Date of birth*

i See 'What happens if I do not quote my Tax File Number?'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.

2 Residential details.

Street address*

Suburb State P/C

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

Previous address

Suburb State P/C

3 Fund details.

Where are you rolling from?

Fund name*

Member or account number

Fund ABN

Fund telephone number*

Unique Superannuation Identifier (USI)*

i If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

Where are you rolling to?

Fund name

Member or account number*

Fund ABN

Fund telephone number

Unique Superannuation Identifier (USI)

4 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
- I consent to my tax file number being disclosed for the purposes of consolidating my account
- I discharge the superannuation provider of my **from** fund of all further liability in respect of the benefits paid and transferred to Hostplus

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 of applicant*

Date*

Faxed, scanned or photocopied forms cannot be processed. However, you may use photocopies of a blank form. You must complete a separate transfer form for every fund and every account within that fund that you are transferring from.

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

 When you have completed this form please send it to: Hostplus, Locked Bag 5046, Parramatta NSW 2124

To the trustee of the old fund.

Statement of Compliance – Superannuation Industry (Supervision) Act 1993

The trustee of the Hostplus superannuation fund, Host-Plus Pty Limited, certifies that:

- the fund is a Resident Superannuation Fund under the above act, and that
- we have no reason to believe that the fund will not comply with the above Act and Regulations, and that
- the fund is not subject to a direction from the Australian Prudential Regulation Authority which prohibits the trustee from accepting employer contributions.

Payment instructions.

Please make the cheque payable to: 'Hostplus' – followed by your name.

Send the cheque and transfer payment details and any surcharge information to: Hostplus, Locked Bag 5046, Parramatta NSW 2124.