

Request to transfer form

Instructions

Please use this form if you are requesting the transfer of your super benefits between your other super fund and your ClearView Super or Pension account. This form will NOT change the super fund to which your employer pays your contributions. The ATO Standard Choice form must be used and provided to your employer with details of your preferred choice of fund to make this change.

Note: You will need to complete one form for each account you request to transfer.

Please complete this form using **black ink** and print clearly within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words. Please **CROSS ✗** appropriate answer boxes. Fields marked with an asterisk (*) must be completed in order for us to action your request.

A. Member details

My ClearView WealthFoundations Super and Pension account, or

My ClearView Superannuation and Roll-overs account, or

My ClearView Pension Plan account

*My account number / (e.g. TSUP / 100000)

*Title

*Gender

*Date of birth

Mr Mrs Ms Miss Dr Other Male Female

*Given name(s)

*Surname

Other previous names

Note: If your name is different on your FROM super fund please provide a certified copy of proof of name change (such as a marriage or change of name certificate).

Contact phone number ()

*Tax File Number OR individually issued Exemption Code - -

Note: Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

Residential address (cannot be a PO Box address)

*Street number and name

*Suburb

*State

*Postcode

*Country (if other than Australia)

Previous address

Note: If you know that the address held by your FROM fund is different to your current residential address, please give details below.

Street number and name

Suburb

State

Postcode

Country (if other than Australia)

B. Fund details

*FROM Fund name

*Fund phone number

 ()

*Membership or account number

*Australian Business Number (ABN)

*Unique Super Identifier (USI)

Partial transfer OR Full transfer

Partial or expected amount \$.

Is this rollover a KiwiSaver transfer (If yes, we may require additional information from you)

*TO Fund name

ClearView WealthFoundations Super and Pension (USI CVW0001AU)

ClearView Superannuation and Roll-overs (USI NRM0041AU)

ClearView Pension Plan (USI NRM0042AU)

*Fund phone number

 132 977

*Membership or account number

 / (e.g. TSUP / 100000)

*Australian Business Number (ABN)

 45 828 721 007

