

Rollover Request to Transfer Benefits Between Funds

Warning: Completion of this form will result in the sale and conversion to cash of any investments you have with the listed super fund/institution, which may result in the deduction of a tax before the transfer. This may also cancel any insurance you have with the listed superannuation provider. If you are unsure about the impact this may have on your benefit you should consult your investment adviser/financial planner.

1. Personal Details

Mr
 Mrs
 Miss
 Ms
 Other

Family Name

Given Names

DOB DAY MONTH YEAR

Gender Male Female

TFN

Contact Phone Number

Member Address

No./Street

Suburb

State/Territory

Postcode

2. Current Superannuation Account/Fund/Policy Details

From

Rollover Institution/Fund Name

Institution Phone Number

Current Fund ABN

Account/Membership Number

To

SMSF Name

SMSF ABN

SMSF Member No

Fund Address

Street

Suburb

State/Territory

Postcode

3. Authorisation

I hereby authorise you to:

Retain \$ in my account
 Full rollover

and transfer the balance by:

Cheque

Made payable to:

As trustee for:

And forward to the administrator of the fund as follows:

Sequoia Superannuation Pty Ltd
 GPO Box 4350, Sydney NSW 2001
 Phone 02 8114 2290

Direct Credit Electronic Funds Transfer

Name

BSB

Account Number

When you complete this form, please:

- Use a black pen;
- Write clearly in block letters;
- Answer all applicable questions;
- Ensure it is signed.

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4. AGREEMENT/AUTHORISATION

By signing this, I agree:

- I hereby authorise and consent you to provide the administrator of the fund any other relevant or requested information regarding my account.
- I hereby authorise Sequoia Superannuation Pty Ltd to access and/or obtain copies of all information and documentation relating to my superannuation fund account and investments.
- I/We agree that Sequoia Superannuation Pty Ltd may collect, use and store my/our personal information for the purpose of processing my/our Application and to provide ongoing services. This complies with the relevant laws as well as in accordance with Sequoia Superannuation Privacy Policy, a copy of which can be provided on my/our request. Such information may include but is not limited to: Tax File Numbers (TFNs), Bank Account details, Drivers' Licence and Passport information. I/We also understand that I/we can request in writing this personal information that Sequoia Superannuation Pty Ltd holds on me/us.
- 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 confirm that I am a member of the above SMSF and that I am a director or trustee of the SMSF named above.
- I discharge the superannuation provider of my current fund of all further liability in respect to the benefits paid and transferred to my SMSF.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider to give effect to this transfer.

Member/Director/Trustee

Name	<input type="text"/>
Signature	<input type="text" value="X"/>
Date	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>

Please return your completed form:

By post to: Sequoia Superannuation Pty Ltd
GPO Box 4350
SYDNEY NSW 2001

OR

Scan and email to: admin@sequoia.com.au

Please provide us with the following ID requirements to ensure that we have all the required information to process your rollover request:

Certified copy of your driver's license or passport

OR

Certified copy of birth/citizenship certificate

OR

You have previously provided copies of your ID to Sequoia Superannuation.