

Full SMSF Roll-In Form

Use this form to transfer other superannuation benefits to Full SMSF.

Before transferring superannuation benefits to Full SMSF, you should consider:

- Exit fees
- Benefits you may be losing, such as insurance
- Costs
- Investment performance
- Whether you should seek professional advice

Checklist:

- Have you completed all areas of this form?
- Have you signed and dated this form?
- Have you attached an original copy of certified identification to this form?
- Send your completed form to:
Super Prophets, PO Box R1926, Royal Exchange NSW 1225

1. Your Personal Details

Title:	
Given Name(s):	
Surname:	
Date of Birth:	/ /

2. Tax File Number (or exemption)*

Tax File Number:	
OR	
Exemption Reason:	
OR I do not wish to quote a Tax File Number or exemption reason. (Please mark with an X).	

* In order to receive any tax concessions available in relation to your entitlement, you are required to quote your Tax File Number. It is not compulsory to quote your Tax File Number, however if your Tax File Number is not quoted, the Trustee is obliged to deduct PAYG tax from the relevant part of your benefit at the top marginal rate.

3. Contact Details

Street Address:	
Previous Address:	
Home Telephone:	
Work Telephone:	
Mobile:	
Email:	

4. Rollover Fund Details

Other Fund Member Number:	
Fund Name:	
Fund Address: Only needed if not sending directly to the Fund	
Fund ABN or SFN:	
Unique Superannuation Identifier (USI): If transferring from an SMSF and a USI is not available, please use the SPIN number	
Fund Telephone: Only needed if not sending directly to the Fund	

5. Transfer Details

Full Transfer Amount:	\$
Partial Transfer Amount:	\$

6. SMSF Details

Member Number: For existing members only	
Fund Name:	
Fund Address:	

6. SMSF Details (Continued)

Fund ABN:

Fund Telephone:

7. Authority (Please mark with an X)

I authorise Full SMSF to obtain details and follow up the process of the transfer of funds from the fund indicated in Section 4 of this form:

8. Identification Requirements (Please mark with an X)

To complete the transfer of superannuation benefits to Full SMSF, please attach an originally certified copy of identification to this form. For information on identification required, please refer to the Identification Requirements Factsheet available on the Super Prophets Implement website.

I have attached an originally certified copy of identification to this form:

9. Declarations and Signature

By signing this form I am making the following statements:

- I declare I have fully read this form and the information provided 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 of my benefits, and do not require any further information;
- I discharge my superannuation provider of all further liability in respect of my benefits; and
- I request and consent to the transfer of superannuation as described in Section 4 of this form and authorise the superannuation provider to give effect to this transfer.

Full name:

Signature:

Date:

Full SMSF, PO Box R1926, Royal Exchange NSW 1225

Phone: 1300 850 453

Full SMSF is supplied by SMSF Managers Pty Limited ABN 91 154 138 799 and SMA Tax & SMSF Services Pty Limited ABN 40 097 813 137. The Full SMSF Service Guide is available on the Super Prophets Implement website or by calling 1300 850 453. This document may contain advice which is general in nature and not specific to your particular circumstances. Before making a decision to use the Full SMSF service or acting on general advice, you should consider your own financial situation, the Full SMSF Service Guide and whether the particular financial product is right for you.