




Consolidate my Super into NESS Super Form

Please complete and return this form to: NESS Super, Locked Bag 20, Parramatta NSW 2124
Complete in pen using CAPITAL letters or type directly into this form and print it out.
Use (X) to mark boxes. This request must be signed and dated.

 Website: www.nesssuper.com.au
 Email: nessadmin@aas.com.au
 Freecall: 1800 022 067

 **Important Note:** Before you transfer your super into NESS Super, please refer to 'Tips before you transfer' at www.nesssuper.com.au/super/managing-super/combine-your-super.

1. Member details (Please complete in full)

Last name		Mr/Mrs/Ms/Miss	
<input type="text"/>		<input type="text"/>	
Given names		Date of birth (ddmmyyyy)	
<input type="text"/>		<input type="text"/>	
Other/previous names			
<input type="text"/>			
Street address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Previous street address (if details with your form fund are different to those above)			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Male/Female	Email		
<input type="text"/>	<input type="text"/>		
Telephone (business hours)	Telephone (after hours)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Tax File Number (TFN) Details

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. NESS Super may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing to NESS Super that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to NESS Super will have the following advantages (which may not otherwise apply):

- NESS Super will be able to accept all types of contributions to your account/s;
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Tax File Number (TFN) details

I agree to provide my Tax File Number No Yes – my TFN is:

 Please turnover

3. Provide other fund details

From: Fund's name

Fund phone number

Member or account number

Australian Business Number (ABN)

SPIN or USI*

To: NESS Super

Membership number

Phone number: 1800 022 067

ABN: 72 229 227691

USI: NES0100AU

* Enter either Superannuation Product Identification Number (SPIN) or Unique Superannuation Identifier (USI)

4. Is this a whole or partial balance rollover?

Please tick **one** box only

I would like NESS Super to arrange the transfer of my **WHOLE** account balance from my other fund **OR**

I would like NESS Super to transfer **PART** of my account balance from my other fund.

Amount to be transferred \$, ,

5. Acknowledgement and Signature

Privacy

When your personal details are provided to NESS Super they are securely stored and are accessible only to authorised personnel for the purposes of maintaining your account, including your death and disablement insurance arrangements. If you wish to view our privacy statement please go to www.nesssuper.com.au

Authorisation

By completing and submitting this request, you are making the following statements:

1. I authorise NESS Super to make arrangements with the fund nominated on page 2 of this form to have my account balance rolled over to NESS Super and acknowledge that this notice is irrevocable.
2. I am aware that by leaving my current superannuation fund fees or charges may apply, and there may be significant changes to my insurance benefits.
3. I consent to my TFN being disclosed for the purposes of consolidating my account.
4. I have reviewed my insurance arrangements and understand that the insurance cover with the fund that I am leaving may cease as a result of this transfer of funds.
5. I discharge the superannuation provider of the fund I am leaving for all further liability in respect of the benefits paid and transferred to NESS Super.
6. I request that any contributions received by my other superannuation fund after the rollover of my account balance be redirected to my account with NESS Super.

Signature

Date




Print full name

6. Important information

1. Please check if your other fund charges **exit fees**.
2. Review your **insurance arrangements**. You may have insurance with the fund you're leaving and you will lose this cover if you leave. In many cases NESS Super may be able to transfer the cover you have through your previous arrangement without requiring medical evidence, but please call us on **1800 022 067** to talk about this before taking any action.
3. Remember to change the fund your employer pays your **contributions** to. Go to www.nesssuper.com.au/super/forms-publications and download a 'Choice of Fund Form'.

7. Contact us

Need help? Contact us on **1800 022 067** 8am – 8pm Sydney time Monday – Friday.

 **Website:** www.nesssuper.com.au  **Email:** nessadm@nass.com.au  **Freecall:** 1800 022 067