

IMPORTANT: Please use BLOCK letters and black ink when completing this form. Please read all the information and the back of this form to help you complete your Change of Member Details correctly. This request will be invalid if not signed and dated. See Instructions on page 3.

1. CURRENT PLAN MEMBER DETAILS

Member Number	<input type="text"/>				
Mr/Mrs/Ms/Miss	<input type="text"/>	Surname	<input type="text"/>		
Given Names	<input type="text"/>	Date of Birth	<input type="text"/>		
Residential Address (PO Box is not acceptable)	<input type="text"/>				
Suburb/Town/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing Details (if different from residential address)					
Street Address or PO Box:	<input type="text"/>				
Suburb/Town/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact Phone Number	<input type="text"/>	Tax File Number	<input type="text"/>		
Email Address (upper and lower case)	<input type="text"/>				

2. DETAILS OF PREVIOUS FUND

Name of Previous Fund	<input type="text"/>	Member Number	<input type="text"/>		
Unique Superannuation Identifier	<input type="text"/>	Australian Business Number	<input type="text"/>		
Postal Address of Previous Fund					
Street Address or PO Box:	<input type="text"/>				
Suburb/Town/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>		
Approximate Value of Benefit	<input type="text"/>	If Partial Rollover, Specify Amount	<input type="text"/>		

*If your Membership details of a previous fund are different from those in Section 1, please complete additional details below. Please note that evidence of a change of name must be attached (copy of marriage certificate, deed poll or decree nisi). The Trustee reserves the right to request further proof of identification where it considers it to be appropriate or is required by law to do so.

Mr/Mrs/Ms/Miss	<input type="text"/>	Surname	<input type="text"/>		
Given Names	<input type="text"/>	Date of Birth	<input type="text"/>		
Residential Address (PO Box is not acceptable)	<input type="text"/>				
Suburb/Town/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Mailing Details (if different from residential address)					
Street Address or PO Box:	<input type="text"/>				
Suburb/Town/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Privacy

Please note that by sending the Trustee personal information about yourself, you are agreeing that the Trustee can use it for the purposes of running your Superannuation Account. If you have any questions about your rights under the privacy legislation or require a copy of our privacy policy, please call the Plan Administrator on 07 5555 5656. Important - refer to the PDS for a summary of our privacy policy.

3. DECLARATIONS AND SIGNATURE

I declare that all of the above details are correct.

- a. I authorise the Trustee to arrange with the fund nominated above to transfer my benefit to my Superannuation Account in the Powerwrap Master Plan and acknowledge that this notice is irrevocable.
- b. I discharge the Trustee of my previous fund from any further liability in respect of any amount once the benefit has been transferred to my Superannuation Account in the Powerwrap Master Plan.
- c. I approve the deduction of any transfer fees by my previous superannuation fund (if any) from the benefit transferred (subject to legislative restrictions).
- d. I acknowledge and understand that the Trustee cannot provide me with advice about the transfer of my benefit to my Superannuation Account in the Powerwrap Master Plan and that if I require such advice I should consult an appropriately qualified adviser.
- e. I understand that in certain cases the Trustee may be required to deduct tax from the untaxed portion (if any) of the transferred amount.
- f. I request that any contributions received by my previous fund after payment of my benefit be transferred to my Superannuation Account in the Powerwrap Master Plan.

Member to Sign Here

Date

- If signing under Power of Attorney, you verify that, at the time of signing, you had not received notice of revocation of that Power of Attorney. In the event that a certified copy of the Power of Attorney has not been previously provided, you must submit this with the completed form.

4. PROOF OF IDENTITY

- * Yes - I have attached proof of identity information as required per the last page of this document.

OFFICE USE ONLY

SIGNATURES VERIFIED

PROCESSED

PW AUTHORISED SIGNATURE..... DATE

HOW TO COMPLETE THE FUND TRANSFER REQUEST FORM

1. CURRENT PLAN MEMBER DETAILS

Complete this section in full for your existing fund details. Please do not use initials. Your full name and date of birth will help us to identify your account.

2. DETAILS OF PREVIOUS FUND

Complete this section in full for the contact details of the current fund you are transferring from.

3. DECLARATIONS AND SIGNATURE

The member must sign and date the Declaration before returning this form.

4. PROOF OF IDENTITY

Documents required for Identification:

Proof of identity must be provided with this form.

A certified copy of one of the following documents must be provided:

- Drivers license issued under State or Territory Law
- Australian Passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

OR one of the following Secondary documents

- Australian birth certificate or birth extract
- Australian Citizenship certificate issued by Commonwealth
- Pension card issued by Centrelink that entitles the person to financial benefits
- Health card issued by Centrelink

PLUS one of the following (if providing a secondary document):

- A document issued by the Commonwealth or State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individuals name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debit payable by the individual to the Commonwealth (or by the Commonwealth to the individual) which contains the individuals name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individuals name and residential address)

What is a certified copy?

A certified copy is a document that has been certified as a true copy of the original document by an officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.

Return completed original form to
Powerwrap Limited
PO Box 16071 Collins Street West
VIC 8007