

Instructions

- **Black or blue** pen please. We're not into pencil.
- Please use **BLOCK** letters.
- Please place a **tick** in boxes where required.
- Fill out as many answers as you can. Don't worry if you can't answer all questions. One of the **max Team** will contact you and help you with the rest.
- Any questions? Please contact the **max Team** on **1300 883 629**.
- When you've completed this Rollover Form, please sign where indicated and mail to:

max Super
Reply Paid 4678
Melbourne VIC 8060 (No postage stamp required if posted within Australia)

- Please make cheques payable to "**max Super**".



Step 1 - Your Personal Details

Let's get started.

| | | | |
|-------------------------|---|----------------------|----------------------|
| max Super Member Number | Mr/Mrs/Ms/Miss | First Name | Middle Name(s) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | Gender | Date of Birth | |
| <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F | D D / M M / Y Y Y Y | |
| Level/Street No. | Street Name | | |
| <input type="text"/> | <input type="text"/> | | |
| Suburb/Town | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Step 2 - Your Old Fund Details

So max can dig up your old super.

| | | | |
|----------------------|----------------------|----------------------|-------------------------------------|
| Name of Old Fund: | | | |
| <input type="text"/> | | | |
| Membership Number: | | Fund SPIN (if known) | |
| <input type="text"/> | | <input type="text"/> | |
| Level/Street No. | Street Name | | |
| <input type="text"/> | <input type="text"/> | | |
| Suburb/Town | State | Postcode | Phone Number of Old Fund (if known) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Step 3 - Declaration

So max can go fetch.

I understand that **max Super** is a complying regulated superannuation fund under Commonwealth legislation. I authorise **max Super** to make arrangements with my old fund to have the whole of my benefit transferred into my **max Super** Account. I am aware that I can ask the trustee of my old fund for all the information that I need to understand the features of my old fund. I understand that features of super funds (including fees, insurance cover and investment options) vary from fund to fund.

I also understand that:

1. Upon payment by my old fund to **max Super**, the trustee of my old fund is discharged from liability with regard to that benefit once the money has been rolled over and a final statement has been issued by the old fund;
2. **max Super** and my old fund are complying superannuation funds;
3. Subject to legislation, my old fund may deduct transfer fees from my benefit;
4. I request that any further contributions that are received by my old fund after my benefit has been transferred to **max Super** are redirected to my account in **max Super**;
5. **max Super** may be required by law to deduct tax from the untaxed portion of any Eligible Termination Payments;
6. Information collected from my old fund may be disclosed to the administrator and other parties as required.

Your Signature



Date

D D / M M / Y Y Y Y

Interests in **max Super** issued by **Equity Trustees Ltd**: ABN: 46 004 031 298 AFSL: 240975
For the **max Super Fund**: ABN: 22 508 720 840 SPIN: ETL0055AU SFN: 511 691 058