

Rollover Form

Use this form if you want to rollover money from a previous super fund into your max Super fund. For more information about rollovers, see the PDS and Reference Guide.

Please use a **dark pen** and CAPITAL letters (except for your email address), print it and send it to us. Use (X) to mark boxes. Forms are located on our website at maxsuper.com.au/member/forms-docs. If you have any questions, call us on 1300 629 787.

Step 1: Your personal details

Member number

Date of birth

Title

Last name

Given name(s)

Residential address

Suburb

State

Postcode

Step 2: Details of your previous super fund

Please fill out details of the super fund you are rolling over from.
The more details you provide, the easier it is for us to rollover your funds into your max Super.

Name of super fund

Address of super fund

Suburb

State

Postcode

How much is in this account (approximate)

\$, , .

Membership number

Are you transferring your entire balance from this fund? (tick one box)

Yes No

If No, how much would you like to rollover?

\$, , .



%

Tick this box if you are directing all future superannuation contributions to your max Super account.

Optional: If you send a copy of a superannuation statement from the fund you are transferring from it will assist in the processing of your transfer request.

Step 3: Declaration and signature

- I am choosing to transfer all or part of the balance held in another super fund into max Super. This transfer may close my account with that super fund
- I have received all the information I require in order to exercise the choice I have made. I have made an informed decision because I have read the PDS to which this rollover applies. All the details I have provided for this application are true and correct
- I acknowledge that no representation has been made to me by or on behalf on max Super other than those contained in the PDS
- By providing my email address, I consent and authorise max Super to send communications or information in electronic format, including information required by law, to you via email or similar technologies
- If I have provided my TFN, I declare that I have read the important information about my tax file number and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits
- I understand the nature of risk attached to the investments I am applying for and acknowledge that neither max Super, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment
- I authorise max Super and its administrator to make enquiries and request information from your previous fund
- I have read, understand and agree to the max Super Privacy Policy
- I understand and agree that my superannuation balance will be invested in accordance with my current investment arrangement with max Super
- I have read, understood and agree to the above declaration.

Signature

Date of signed (DD-MM-YYYY)

Name (print in CAPITAL letters)