

Partial Rollover Request Form



This form is for use by members who wish to rollover a portion of their benefit to another APRA regulated superannuation fund. If you wish to rollover a portion of your benefit to a self-managed superannuation fund, please use the "Partial Rollover to SMSF Request Form".

Personal Details

Title: Mr / Mrs / Miss / Ms (please circle one) Date of Birth: _____
Surname: _____ Given Names: _____
Residential Address: _____
Suburb: _____ State: _____ Postcode: _____
Postal Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone number: _____ Email: _____
Tax File Number: _____ / _____ / _____

Payment Instructions

Amount of rollover required \$ _____

* Amount will be with withdrawn pro-rata from your current investment option(s) selection.

Rollover Fund Details

Please advise all details below for the fund you wish to rollover to rollover to. We are not able to process your request without all the details having been provided.

Rollover Fund Name: _____
Your member or account number in rollover fund: _____
Rollover Fund ABN: _____
Rollover Fund Unique Superannuation Identifier (USI): _____

Signature and Declaration

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed 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 on my benefits, and have obtained or do not require such information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer

Signature

Date / /

Please send your completed form to:

CBH Superannuation Fund, GPO Box L886 Perth WA 6842

Phone: (08) 9416 6235 Fax: (08) 9322 3942 Email: donna.adam@cbh.com.au