

## ROLLOVER AUTHORITY SUPERANNUATION

OnePath Custodians Pty Limited (OPC) ABN 12 008 508 496 AFSL 238346 RSE L0000673 is the issuer of the Grow Wrap Super and Pension Service and the Trustee of the Retirement Portfolio Service ABN 61 808 189 263 RSE R1000986

### Use this form to roll your superannuation benefits into your Grow Wrap Super Service account.

- Do not cancel any existing insurance cover until your application for insurance has been assessed and accepted by your platform insurer. If you do not want your current insurance cover cancelled, do not complete this rollover authority.
- Ensure that your existing investment is clearly detailed below for the institution from which you are transferring.
- You do not need to complete this form if you are transferring from another Grow Wrap superannuation fund.
- Rolling over your super benefit to Grow Wrap may limit your ability to lodge or vary deduction notice for personal contributions made to the fund from which you are transferring.
- If you have multiple account numbers with this fund, please complete a separate form for each account you wish to transfer.
- Please complete, sign and return this request to Grow Wrap.



Please note: Rollovers from external super funds into Grow Wrap Super accounts must be initiated via Adviser Online. Paper forms will only be accepted for requests that can't be completed digitally.

PLEASE USE BLACK INK AND PRINT IN CAPITALS. MARK BOXES WITH AN [X] WHERE APPLICABLE.

## 1. Rollover details



Please contact your existing superannuation provider to confirm if they have any additional requirements before they can action this rollover authority. Please complete all details and ensure that you provide us with a valid Australian Business Number (ABN) and Unique Superannuation Identifier (USI).

To (paying institution):

Street name and number:

Suburb:

State:

Postcode:

Phone number (paying institution):

Account/membership/policy number:

Account/membership/policy name:

ABN:

USI:

Amount to be transferred: Entire balance (your account will be closed)

If partial amount, please specify: \$

Please note: We cannot action special request, for example, leave a certain amount in external fund entity. Please provide the exact partial amount.

Voyage account receiving the transfer:

Grow Wrap Super Service (USI – 61808189263180)

Grow Wrap Pension Service (USI – 61808189263181)

## 2. Personal details

Title:

Full given name(s):

Surname:

Date of birth:

Gender:

Male

Female

Account number:

### Postal address

Street number and name or PO Box:

Suburb:

State:

Postcode:

### Residential address (leave blank if the same as your mailing address)

Street number and name or PO Box:

Suburb:

State:

Postcode:



If your personal details have changed, you may need to contact your existing superannuation provider and update their records before they action this authority.

## 3. Proof of identity (optional)

**Your existing superannuation provider may require documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong. We encourage you to contact your existing superannuation provider to determine what documentation is required.**

I have attached a certified copy of my driver's licence or passport (optional)

### CERTIFICATION OF PERSONAL DOCUMENT REQUIREMENTS

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court
- a magistrate, or a Chief Executive Officer of a Commonwealth court

## 4. Declaration and signature

I hereby request that the rollover institution named above complete the transfer of benefits from my account/policy to OnePath Custodians Pty Limited (OPC) ABN 12 008 508 496 AFSL 238346 RSE L0000673 as trustee of the Retirement Portfolio Service ABN 61 808 189 263 RSE R1000986, a superannuation fund established to comply with the requirements of the Superannuation Industry (Supervision) Act. By giving this authorisation to transfer my benefits:

- I hereby give the rollover institution named above authority to provide any and all relevant information to the Trustee.
- I discharge the trustee of my previous fund from any further liability in respect of my superannuation benefit once the transfer to the Trustee has been completed.
- I am aware that I may ask the trustee of my previous fund for information to understand any benefit entitlements that I may have, including information about any fees or charges that may apply to the rollover, or information about the effect of the rollover on any benefit entitlements I may have, and I do not require any further information.
- I authorise the deduction of any withdrawal and/or termination fees that may be applicable as a result of the transfer.

Signature 1

Full given name(s):

Surname:




Date:

### Sign

- ☒ Wet signature, or
- ☒ Electronic signature from an approved provider.

Visit Help Centre to view our requirements.

### Submit

-  Upload to **Request Centre** (advisers only)
-  Email to **service@wrapinvest.com.au**
-  Mail to **Grow Wrap, GPO Box 3154, Sydney NSW 2**

### Need Help?

If you're a financial adviser, you can visit **Adviser Help Centre** or chat to us through Adviser Online.

If you're a member, please speak to your financial adviser, or call us on **1800 095 825**.