

ROLLOVER FORM

This is the form you should fill out to rollover money from a previous super fund into your Cruelty Free Super account. You should read the Product Disclosure Statement (PDS) for Cruelty Free Super before completing this form.

The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from www.crueltyfreesuper.com.au or on request by phoning 1300 022 762

This form may be posted to Cruelty Free Super GPO Box 263, Sydney, NSW 2001 or emailed to hello@crueltyfreesuper.com.au

Section 1 Personal details

Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Member number	<input type="text"/>				
Date of Birth	<input type="text"/>				
Gender	<input type="text"/>				
Phone number	<input type="text"/>				
Email address*	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

*By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

You can elect to receive communications by post at any time by contacting Cruelty Free Super on 1300 022 762 or email hello@crueltyfreesuper.com.au or in writing at GPO Box 263, Sydney, NSW 2001.

Section 2 Details of your previous super fund

Name of Fund	<input type="text"/>
Fund USI	<input type="text"/>
Member Number	<input type="text"/>



Are you transferring your entire balance from this fund? Yes No

If no, how much would you like to rollover?

\$

To assist in the processing of your transfer request, please attach a copy of a statement from the fund you are transferring from.

Section 3 Declaration and Signature

By completing this form I declare that:

- I am choosing to transfer all or part of the balance held in another super fund into Cruelty Free Super. This transfer may close my account with that super fund and may cancel any insurances I hold.
- I have received all the information I require in order to exercise the choices I have made. I have made an informed decision because I have read the PDS and all related documents 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 of Cruelty Free Super other than those contained in the PDS
- 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 Cruelty Free Super, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment

x

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Signature

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Date