

Trustee:
Diversa Trustees Limited
ABN: 49 006 421 638
AFSL: 235153
Trustee No.: L0000635

Fund:
ABN: 32 367 272 075
USI: 32 367 272 075 156
Fund Registration No.: R1001204

ROLLOVER FORM

This is the form you should fill out to rollover money from a previous super fund into your Lindfield Super account. You should read the Product Disclosure Statement (PDS), Additional Information Booklet and Insurance Guide before completing this form. Post the completed form to Lindfield Super, GPO Box 263, Sydney, NSW 2001

Section 1 Personal Details

Title and Given Name (s) [input]
Surname [input]
Date of Birth [input] Phone number [input]
Email address [input] Gender [input]
Tax File Number (TFN) [input]
Member Number [input]

Section 2 Details of your Previous Super Fund

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

Name of super fund [input]
Address of super fund [input]
Membership number [input]
Are you transferring your entire balance from this fund? Yes [input] No [input]
If no, how much would you like to rollover? \$ [input]

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

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.

Trustee:
Diversa Trustees Limited
ABN: 49 006 421 638
AFSL: 235153
Trustee No.: L0000635

Fund:
ABN: 32 367 272 075
USI: 32 367 272 075 156
Fund Registration No.: R1001204

Section 2 Declaration and Signature

By completing the rollover form I declare that:

- I am choosing to transfer all or part of the balance held in another super fund into Lindfield Super. This transfer may close my account with that super fund.
- 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 Lindfield Super other than those contained in the PDS
- By providing my email address, I consent and authorise Lindfield 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 Lindfield Super, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment

I have read, understood and agree to the above declaration.

.....
Signature

..... /..... /.....
Date

.....
Print Name

Post the completed application form to: Lindfield Super, GPO Box 236 Sydney NSW 2001 or email to lindfieldsuper@gpml.com.au