

Macquarie FutureWise Super Rollover Application

Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237 492 RSE No. R 1004496 RSE Licence No. L0001281



Complete this form for a rollover refund of FutureWise Super premiums.

Important note

If you intend to claim a tax deduction for personal contributions (or vary a previous notice) you must complete and return the enclosed form called 'FutureWise Super deduction notice for personal contributions' prior to ceasing membership with the fund.

Signing under power of attorney

If signing under power of attorney, the attorney certifies that they have no notice of the revocation of the power. Please supply a certified copy of the power of attorney.

Filling in this application

Please use black ink and mark boxes like this with an X.

1 Client details

Account number (if known)

Mr Mrs Miss Ms Dr Other

First given name

Other given name(s)

Surname

Sex

Male Female

Date of birth

2 Contact details

Residential address (for individuals) or business street address (for companies). **PO Box address is not acceptable**

Street number and name

Suburb/Town

State

Postcode

Home phone number

Work phone number

2 continued

Mobile phone number

Fax number

Email address

3 Rollover Fund details

Failure to provide the below information may result in delays processing this request.

Rollover institution

Fund phone number

Membership number

Australian Business Number (ABN)

SPIN

4 How do you want to receive payment?

Mark **ONE** only

(a) **By cheque** Provide details below

Make cheque payable to

Post cheque to

(b) **Deposit to** Provide details below

Bank account

Note, this must be an account in the name of the above named superannuation fund. Accounts in the names of individuals are not acceptable.

Account name

BSB number

Account number

5 Do you have any special instructions?

6 Declaration

In submitting this withdrawal request I acknowledge that:

- if I intend to claim a tax deduction for any personal contributions (or vary a previous notice), I have previously provided or enclose a deduction notice in an ATO approved format. I am aware that once I have ceased to be a member of the fund I will not be able to submit or vary a deduction notice in respect of personal contributions I have made;
- 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 do not require any further information;
- I am rolling over my superannuation benefit to another complying superannuation fund and I discharge the trustee, Macquarie Investment Management Limited, from any further liability in respect of my superannuation benefit once the rollover has been completed; and
- I am aware that the trustee may deduct tax applicable (if any) as a result of the withdrawal.

Name and title

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Signature (Please sign in black ink)

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Date

/ /

Send this form to:

Macquarie Investment Management Limited

GPO Box 5216 Brisbane QLD 4001 (please affix stamp)

If you have any questions about completing this form please call us on 1800 005 057