

Medical & Associated Professions Superannuation Fund Whole Balance Transfer Authority

This form is for whole (not part) balance transfers only. Please read the accompanying Whole Balance Transfer Instructions before completing it. Complete this form using BLOCK LETTERS and a BLACK or BLUE pen. Write X in the appropriate boxes.

1 MEMBER DETAILS

*Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Member Number (if existing member)

M A P

Title *Surname

*Given Name(s)

*Current Residential Address

*City/Suburb

*State

*Postcode

Previous Address (if the address held by your previous fund is different to the address above)

City/Suburb

State

Postcode

*Sex (M/F)

*Contact Phone Number

Mobile

Email Address

*Date of Birth (DD-MM-YYYY)

Tax File Number¹

¹ Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your Tax File Number (TFN), but if you do not, there may be tax consequences. Refer to the Whole Balance Transfer Instructions for more information. Please read the information on collection of TFNs in the Product Disclosure Statement before providing your TFN.

2 FUND DETAILS

*Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

FROM

*Fund Name

Fund Administrator (the name of the company that administers your super fund)

Address

City/Suburb

State

Postcode

Telephone

Member/Account Number

ABN

SPIN

A U

TO

Fund Name

M E D I C A L & A S S O C I A T E D P R O F E S S I O N S

Fund Phone Number

Member/Account Number

1 8 0 0 0 0 9 9 2 1

ABN

SPIN

7 0 8 1 5 3 6 9 8 1 8

S M F 0 1 2 6 A U

*3 PROOF OF IDENTITY

***Indicates mandatory section. If you do not complete this section, there may be a delay in processing your request.**

Refer to the 'Proof of Identity' instructions for more information.

I have attached a certified copy of:

A ONE of the following documents:

- current driver's licence issued under state or territory law
- passport

OR

B ONE of the following documents:

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

AND

ONE of the following documents:

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, state or territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

4 MEMBER DECLARATION

***Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.**

By signing this Whole Balance Transfer Authority 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 super 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 discharge the super provider of my previous fund of all further liability with respect to the benefits paid and transferred to MAP Super.

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

*Member Signature

*Date (DD-MM-YYYY)

5 CHECKLIST

Once you have completed the form, please review the checklist below:

- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?
- Have you attached the certified documentation including any linking documents, if applicable?

6 PLEASE FORWARD ALL CORRESPONDENCE AND QUERIES TO

Forward your cheque payable to:

Cogent Nominees Pty Ltd ACF MAP Superannuation Fund - (full name of member).

Send cheque and transfer information to:

Medical & Associated Professions Superannuation Fund, GPO Box 529, Hobart TAS 7001
MAP Customer Service 1800 009 921 Website www.mapsuper.com.au

IMPORTANT

Do not fax or email your certified documents. All certified documents must be posted so we can view an original signature.

Whole Balance Transfer Instructions

Before completing the Whole Balance Transfer Authority, please read the important information below.

This form allows you to transfer your other super directly into the MAP Superannuation Fund. Complete this form and provide certified identification documents.

BENEFITS TO CONSOLIDATING YOUR SUPER

Avoid duplicate costs: by moving all of your super to your Fund account, you may save on fees.

Keep better track of your super: with one account to manage, you can more easily see how your super is performing.

Hassle free transfer: transferring money to your Fund account is easy – MAP Super does all the work for you.

TRANSFER INSTRUCTIONS

When you transfer your super, your entitlements (eg insurance cover) under your previous fund may cease. Check all relevant information before you decide to transfer your super.

When you transfer, the Whole Balance Transfer Authority CANNOT be used to:

- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances (for example, if there is a super agreement under the *Family Law Act 1975* in place).

PROOF OF IDENTITY

You need to provide a certified copy of a document(s) with this transfer request that clearly shows your full name, your signature, date of birth and residential address.

To meet these requirements you must provide either a certified copy of A or B as below:

EITHER	A
	<p>ONE of the following documents only:</p> <ul style="list-style-type: none"> • current driver's licence issued under state or territory law • passport
OR	B
	<p>ONE of the following documents:</p> <ul style="list-style-type: none"> • birth certificate or birth extract • citizenship certificate issued by the Commonwealth • pension card issued by Centrelink that entitles the person to financial benefits <p>AND</p> <p>ONE of the following documents:</p> <ul style="list-style-type: none"> • letter from Centrelink regarding a government assistance payment • notice issued by Commonwealth, state or territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

PROVIDING CERTIFIED IDENTIFICATION

A correctly certified document is one that is certified as being a true copy of the original document, signed by a person who has seen the original and is authorised to certify a copy of the document.

List of approved people who can certify your identity

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

- pharmacist
- a police officer
- medical practitioner
- nurse
- chiropractor
- optometrist
- dentist
- physiotherapist
- psychologist
- trade mark attorney
- veterinary surgeon
- a Justice of the Peace
- a notary public officer or a Commissioner of Declarations
- Commissioner for Affidavits
- bailiff
- clerk of a court
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- master of a court
- a person who is enrolled on the roll of the Supreme court of a State or Territory or the High Court of Australia, as a legal practitioner
- a permanent employee of the Australia Post Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- a bank officer with more than two years of continuous service (includes credit unions and building societies)
- a finance company officer with two or more years of continuous service
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Fellow of the National Tax Accountants' Association
- Member of the Association of Taxation and Management Accountants
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- a marriage celebrant registered under subdivision C of division 1 of Part IV of the *Marriage Act 1961*
- an Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- employee of the Australian Trade Commission who is:
 - a) in a country or place outside Australia
 - b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*
 - c) exercising his or her function in that place
- employee of the Commonwealth who is:
 - a) in a country or place outside Australia
 - b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*
 - c) exercising his or her function in that place
- a teacher employed on a full time basis at a school or tertiary education institution

Whole Balance Transfer Instructions continued

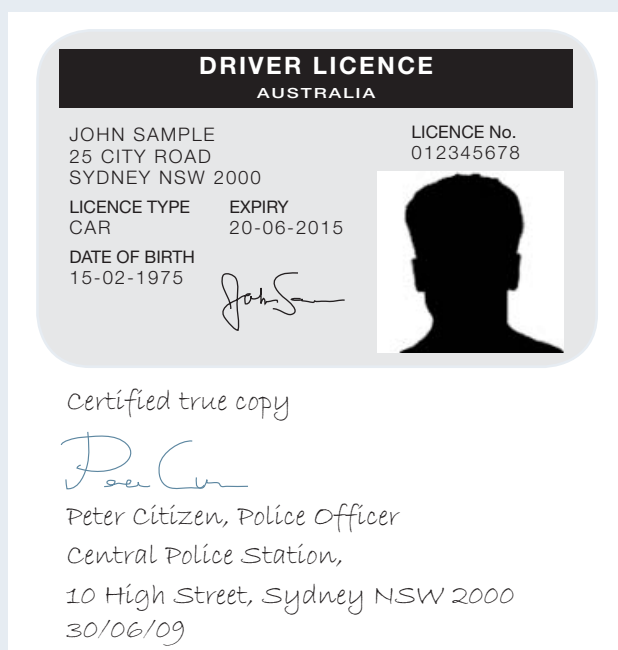
List of approved people who can certify your identity continued

- Member of the Australian Defence Force who is:
 - a) an officer
 - b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with two or more years of continuous service
 - c) a warrant officer within the meant of that Act
- Member of:
 - a) the Parliament of the Commonwealth
 - b) the Parliament of a State
 - c) a Territory legislature
 - d) a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Permanent employee of:
 - a) the Commonwealth or a Commonwealth authority
 - b) a State or Territory or a State or Territory authority
 - c) a local government authority with two or more years of continuous employment
- Senior Executive Service employee of:
 - a) the Commonwealth or a Commonwealth authority
 - b) a State or Territory or a State or Territory authority.

The person who is authorised to certify documents must:

- sight the original and the copy and make sure both documents are identical
- certify all pages as true copies by **writing or stamping**:
 - ‘certified true copy’
 - signature
 - printed name
 - qualification (eg Justice of the Peace, Australia Post employee, etc)
 - date
 - place of employment or identifying no. (eg JP-XXXX)

Example from member, John Sample:



✓ Member, John Sample has provided a photocopy of his identification that includes, **signature, full name, date of birth and residential address.**

✓ A person who is authorised to certify documents has sighted the original identification and confirmed that the copy is a true copy.

✓ Includes **signature, printed name, qualification, place of employment or identifying no. and date.**

ADDITIONAL INFORMATION

Change of name or signing on behalf of applicant

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from a Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

What happens to your future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions. Using this form may close the account from which you are transferring your benefits from.

If you wish to change the fund to which your contributions are being paid, you will need to speak to your employer about Choice of Fund. Visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20 for the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made.

What happens if you do not quote your tax file number?

You are not obligated to provide your tax file number (TFN) to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other trustee.

Lost track of your other super?

Not sure if you have other super? Many people forget to roll their accounts over when they change jobs. The Australian Tax Office's free Superseeker service can help you uncover lost accounts (you'll need to supply your name, date of birth and tax file number).

- **Online:** visit the Superseeker homepage at www.ato.gov.au/super (click on "Find your lost super").
- **By phone:** call 13 28 65.
- **By paper:** download the 'Searching for Lost Super' form from the Superseeker homepage.



Freecall 1800 009 921

GPO Box 529
Hobart TAS 7001

Administration Centre
169 Liverpool Street
Hobart TAS 7000

Telephone 1800 009 921
Facsimile 03 6215 5933

www.mapsuper.com.au

1 January 2010

CERTIFICATE OF COMPLIANCE

Medical & Associated Professions Superannuation Fund (the Fund), a sub-plan of Spectrum Super SPIN SMF0126AU, a division of IOOF Portfolio Service Superannuation Fund SFN 3002 079 41 ABN 70 815 369 818

IOOF Investment Management Limited ABN 53 006 695 021 as Trustee for the IOOF Portfolio Service Superannuation Fund confirms that:

- (i) The IOOF Portfolio Service Superannuation Fund is a regulated fund and the Trust Deed governing the Fund and any amendments to it satisfy the requirements of the Superannuation Industry (Supervision) Act 1993 and Regulations (SIS).
- (ii) The Trust Deed allows benefits to be transferred to the Fund.
- (iii) Members may only cash preserved benefits from the Fund in circumstances permitted under SIS.
- (iv) The Fund is able to accept monies in respect of the Superannuation Guarantee Legislation.
- (v) The Trustee of the Fund has not been directed by the Regulator to cease accepting contributions under section 63 of SIS.
- (vi) Members cannot borrow monies from the Fund.

The Fund accepts employer, spouse and personal contributions by BPAY® or cheque.

To make a contribution via BPAY®, you will require a biller code and unique Customer Reference Number. Individuals can obtain this information by logging on to their personal account details on our website www.mapsuper.com.au or by calling MAP Customer Service.

Contributions remitted by cheque should be made payable to:

“Cogent Nominees Pty Ltd ACF MAP Super”

and accompanied by a Contribution Remittance Advice.

Please mail to:

Medical and Associated Professions Superannuation Fund
GPO Box 529
Hobart Tas 7001

Should you have any queries, please do not hesitate to contact us on 1800 009 921.

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