

# Bendigo SmartStart Request to Transfer Form

# Bendigo Superannuation

This form can be used for the following products:

- Bendigo SmartStart Super®
- Bendigo SmartStart Pension®

Use this form to transfer some or all of your super balance from another superannuation fund to Bendigo SmartStart Super or Bendigo SmartStart Pension. This form will NOT change the fund to which your employer pays your contributions. If you would like your employer to make contributions into this account, you must complete the Standard Choice Form which is available on our website.

Please complete this form in **black** or **blue** ink using **CAPITAL LETTERS** and where provided, mark answer boxes with an X.

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

## Step 1 Member personal details

Member number (if known)	<input type="text"/>	Title	<input type="text"/>
Surname*	<input type="text"/>	Given name(s)*	<input type="text"/>
Other/previous names#	<input type="text"/>		
Home Phone*	<input type="text"/>	Work Phone	<input type="text"/>
Mobile*	<input type="text"/>		
Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:*	Male <input type="checkbox"/> Female <input type="checkbox"/>

Under the Superannuation Industry (Supervision) Act 1993, Bendigo Super is authorised to collect your tax file number (TFN), which will only be used for legal purposes and in accordance with the law. You should read Bendigo Super's privacy policy, available at [bendigosuperannuation.com.au](http://bendigosuperannuation.com.au), which contains information about how we deal with personal information including the TFN. You are not obliged to provide your TFN and it is not an offence to not quote your TFN. However, if you do not provide your TFN, tax penalties may apply. Your FROM fund may also require your TFN to process the transfer.

TFN

### Current residential address (PO Box is not acceptable)

Residential address*	<input type="text"/>												
Town/Suburb*	<input type="text"/>						State*	<input type="text"/>		Postcode*	<input type="text"/>		

### Previous address

If you know that the address held by your **FROM** fund is different to your current residential address, please give details below.

Residential address	<input type="text"/>												
Town/Suburb	<input type="text"/>						State	<input type="text"/>		Postcode	<input type="text"/>		

# If you have recently changed your name, please provide a certified copy of a Marriage Certificate, Deed Poll or Change of Name certificate from the Births, Deaths and Marriage Registration Office.

## Step 2 Fund details

If you have multiple superannuation accounts, you must complete a separate form for each account you wish to transfer.

**Important note:** Please ensure you contact your FROM fund to obtain information about any fees (including exit or withdrawal fees) that may apply. If you chose to leave your FROM fund, you may also lose any insurance entitlements (such as death and disability benefits) you have.

### a) FROM

Fund name\*

Fund administrator

Fund address\*

Town/Suburb\*  State\*  Postcode\*

Fund phone number  Member/account number \*

Fund Australian Business Number (ABN)\*

**\*Please also complete ONE of the following:**

Unique Super Identifier (USI)

Electronic Service Address (ESA)  
for Self Managed Super Funds only

### b) TO

Fund name **Bendigo SmartStart (Bendigo SmartStart Super and Bendigo SmartStart Pension both form part of The Bendigo Superannuation Plan)**

Fund phone number **1800 033 426**

Member number (if known)

Australian Business Number (ABN) **57 526 653 420** Unique Superannuation Identifier **STL0050AU**

**c) Amount to be transferred** (If you do not make a selection your request will be treated as a whole balance transfer)

Whole balance (account in the FROM fund will be closed)

**OR**

Partial balance \$  ,  ,  .

### Step 3 Member declaration

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By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I authorise Bendigo Super to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund) transferred from my FROM fund to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I understand and acknowledge the implications of transferring my benefit from my superannuation provider of my FROM fund into Bendigo SmartStart Super or Bendigo SmartStart Pension, including loss of any insurance cover held in my FROM fund.
- I authorise Bendigo Super to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in Bendigo SmartStart Super or Bendigo SmartStart Pension (subject to legislative restrictions).
- I understand that a Capital Gains Tax ('CGT') liability may arise and be deducted from my benefit prior to the transfer.
- I consent to my Tax File Number (TFN) being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to Bendigo SmartStart Super or Bendigo SmartStart Pension.
- I am aware I may ask the superannuation provider of my FROM fund for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.
- I authorise the superannuation provider of my FROM fund to provide Bendigo Super with all relevant details of my membership, a copy of my rollover benefit statement and any other information required by law to affect this transfer.

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

\* Name (Print in CAPITAL LETTERS)

Signature#

Date

 /  / 

If you are under 18 we require a parent/guardian to sign this form here:

Parent/  
guardian  
signature#

Date

 /  / 

Parent/guardian  
full name:

**#If you are signing on behalf of the applicant, please provide a certified copy of Guardianship papers or Power of Attorney.**

#### Contact details:

Bendigo Superannuation Pty Ltd

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Fax: 03 6215 5800

Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

Website: [bendigobank.com.au/super](http://bendigobank.com.au/super)