

CFS Edge Super/Pension Rollover transfer in request

SAVE FORM

PRINT FORM

This form can be used to transfer superannuation benefits from your current fund to your CFS Edge Super or Pension account.

Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words. All fields marked with an asterisk (*) are mandatory and are required for us to complete your request.

Note: This form will NOT change the fund your employer pays your super contributions to. If you would like this to be updated, please complete the *CFS Edge Super Choice – fund nomination form* and send this to your employer.

Please upload the completed form to the Document Library via our online portal.
Telephone (for assistance) 1300 769 619

SECTION 1 ACCOUNT DETAILS

*Account number

*Account name

SECTION 2 DETAILS OF YOUR 'TO' FUND

Fund/product name

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

SECTION 3 DETAILS OF YOUR 'FROM' FUNDS

3.1 SUPER FUND TRANSFER DETAILS

You can use this form to transfer up to two super funds to your CFS Edge Super or Pension account. If you have more than two accounts you wish to transfer, please complete a separate form.

*Your other super fund/product name

*Membership or account number

Australian Business Number (ABN)

*Unique Superannuation Identifier (USI)

*Please transfer

Total balance

OR

Partial amount

\$

*Your other super fund/product name

*Membership or account number

Australian Business Number (ABN)

*Unique Superannuation Identifier (USI)

*Please transfer

Total balance

OR

Partial amount

\$

3.2 SMSF TRANSFERS DETAILS

We can only receive SMSF rollovers via SuperStream due to regulatory changes. This means your SMSF will need an Australian Business Number (ABN) and an Electronic Service Address (ESA) alias. Please contact your ESA provider to facilitate your rollover and ensure the SMSF details held by the ATO are up-to-date including bank account information.

*Your SMSF name

*Membership or account number

*Australian Business Number (ABN)

*Electronic Service Address (ESA) alias

*Please transfer

Total balance

OR

Partial amount

\$

SECTION 4 DECLARATION AND SIGNATURE

I declare that:

- I have fully read this form and the information completed is true and correct;
- 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 discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to CFS Edge Super and Pension;
- 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;
- I hereby give authorisation to Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) as the issuer of CFS Edge Super and Pension, or any related entity or third party appointed to perform functions on behalf of AIL, to obtain any information in relation to this rollover from my FROM fund;
- where my other fund is an SMSF, I confirm that I am a member; and
- I consent to my information being used in accordance with the CFS privacy policy which you can access online at cfs.com.au/cfsedge.

*Member signature

*Name

*Date