

3 February 2025

## Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into Expand Essential Pension or Expand Extra Pension.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website ([myexpand.com.au](http://myexpand.com.au)) if required. An original signature is required on each form.

### Important information:

- We recommend that you ask what (if any) charges and penalties may apply prior to making a decision to transfer your benefit. You should ensure that you have adequate insurance arrangements in place before losing the benefit of any insurance cover you may have in your FROM fund. We recommend that you consult a financial adviser. You should do this so you fully understand the effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

This form, including the certificate of compliance, should be forwarded to us by post.

### Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of birth	<input type="text"/>	/	<input type="text"/>
		/	<input type="text"/>

Please nominate the Expand Essential Pension or Expand Extra Pension account number that will receive the transfer of super benefit if available:

Unique Superannuation Identifier (USI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

## Step 2: Details required for transfer

### Section A: Details of your FROM fund or SMSF

I request that the benefit held in my super fund or income stream, as detailed below, be transferred to my account in the nominated super or pension product specified in Step 1.

Fund Name	<input type="text"/>
ABN#	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Unique Superannuation Identifier (USI)#	<input type="text"/>
Account/member number#	<input type="text"/>
Electronic Service Address (ESA) (if transferring from a SMSF)	<input type="text"/>

# You can obtain this information from the FROM Fund's product disclosure statement, your latest Member Statement or by contacting the FROM Fund. You do not need to provide a USI or an account/member number if transferring from a SMSF.

### Section B: Benefit to be transferred

Amount to be transferred

<input type="checkbox"/> Entire balance (account in the FROM fund will be closed)	Approximate value \$	<input type="text"/>
<input type="checkbox"/> Partial balance of	\$	<input type="text"/>

You should be aware that a Capital Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. We recommend that you seek taxation advice prior to authorising a transfer.

## Step 3: Member/Applicant declaration and signature

**Important note:** The Trustee collects the information in this form in order to process your investment instructions. Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [myexpand.com.au/privacy](https://myexpand.com.au/privacy).

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

- I declare that I have fully read this form and that the information completed is true and correct.
- I am aware that I may ask my FROM fund for all the information that I need to understand my benefit entitlements in that fund (including any fees or charges that may apply and any other information about the effect this transfer may have on my benefit).
- I understand and acknowledge the implications (Including any potential impacts to my existing insurance) of transferring my benefit from my FROM fund into my account in the nominated Expand account.
- I discharge the trustee of my FROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund to my nominated Expand account.
- I authorise the Trustee to make arrangements to have my benefit (including any employer contributions still to be made to my FROM fund where I have elected to transfer the entire balance) transferred from my FROM fund to my nominated Expand account and I authorise the Trustee to act on my behalf in arranging and receiving information on this transfer.
- I am aware of and authorise the deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred to my account in the nominated Expand Essential Pension or Expand Extra Pension account (subject to legislative restrictions).
- If I have provided my tax file number, I consent to the Trustee disclosing this to the FROM fund to help facilitate the requested rollover.
- I have considered the remaining minimum balance requirements of my FROM Fund when making a partial transfer.

### Member/applicant signature

Signature

Date

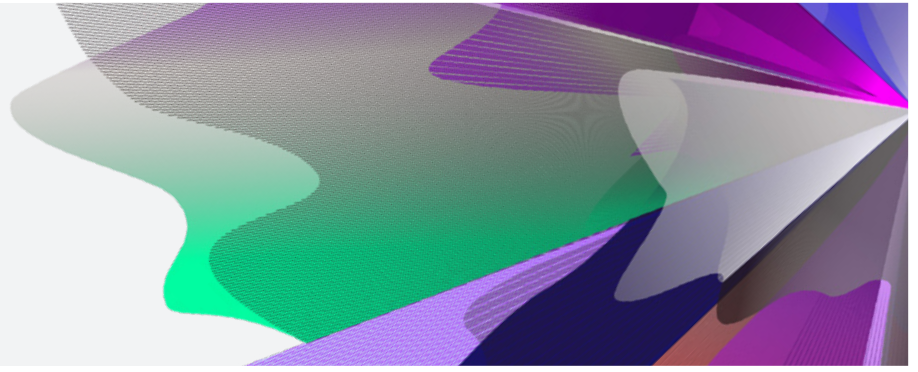
 /  / 

**Please note:** The following letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

Please forward all correspondence and enquiries to:

Post Expand  
Reply Paid 264, Melbourne VIC 8060

Email [clientfirst@myexpand.com.au](mailto:clientfirst@myexpand.com.au)  
Telephone 1800 517 124



3 February 2025

To whom it may concern

## Certificate of compliance

Expand Essential Super, Expand Essential Pension, Expand Extra Super and Expand Extra Pension (Unique Superannuation Identifier (USI) SMF0126AU) form part of IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818.

We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the *Superannuation Industry (Supervision) Act 1993* (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

### Nicole Mahan

General Manager Operations, Adviser and Client Services

### Trustee

IOOF Investment Management Limited  
ABN 53 006 695 021  
AFSL 230524

### Registered Address

Level 1, 800 Bourke Street, Docklands VIC 3008

### ClientFirst

Postal Address GPO Box 264, Melbourne VIC 3001  
Telephone 1800 517 124  
Email [clientfirst@myexpand.com.au](mailto:clientfirst@myexpand.com.au)