

ClearView LifeSolutions

Enduring partial transfer request and authority form

This form should only be used where you wish for the premiums in your ClearView LifeSolutions Super policy to be funded with ongoing tax paid partial rollovers from another complying superannuation fund and you are applying for an accumulation interest in ClearView LifeSolutions Super Rollover. If you wish to fund your ClearView LifeSolutions Super premiums with a rollover of a single lump sum amount, please contact us at 132 977.

This form may be sent to either the FROM or TO fund. The Trustee does not require the original signed copy of this form and certified identification, however the FROM fund may request this.

Personal details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other Gender ☐ Male ☐ Female Date of birth

Given name(s)

Surname

Residential address or mailing address

Street number and name

Suburb

State

Postcode

Contact details

Home number () Work number ()

Mobile

Email address

Tax file number (TFN)

Declining to quote your TFN is not an offence. However, if you do not provide your TFN, ClearView will not accept your application. Please refer to the ClearView LifeSolutions Super Rollover PDS for details.

TFN - -

Rollover Authorisation

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

- I apply to become a member of ClearView LifeSolutions Super Rollover and agree to be bound by the terms of the trust deed for the ClearView Retirement Plan (CRP), as amended from time to time.
- I acknowledge that I have had the opportunity to read the CRP trust deed, available by calling **132 977** or online at **clearview.com.au**.
- I have received and read the PDS and Additional Information brochure for ClearView LifeSolutions Super Rollover.
- I declare that I have read and agree to the collection, use and disclosure of my personal information as set out in the 'Privacy and your personal information' section of the ClearView LifeSolutions Super Rollover Additional Information Brochure and the Information Handling Policy, available at **clearview.com.au**
- When I provide personal information to the Trustee about another person, I confirm that I am authorised to provide information and will inform the person (unless doing so would pose a serious threat to life or health of any individual) of the content of this form, who the Trustee is, how the Trustee will use and disclose information, that they can gain access to that information and all other matters set out in the 'Privacy and your personal information' section of the ClearView LifeSolutions Super Rollover Additional Information Brochure, and confirm that they have read the Information Handling Policy.
- I am aware I may ask my superannuation provider for any information I reasonably require for the purpose of understanding my benefit entitlements, including information about any fees and charges that may apply or any other information about the effect this transfer may have on my benefits, and that I do not require any further information.
- If I am providing my TFN, I have read and understand the 'Tax File Number (TFN)' section in the ClearView LifeSolutions Super Rollover Additional Information Brochure setting out information with respect to the collection of tax file numbers.
- I am aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from any other superannuation account, and I have considered where my future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).
- If the FROM fund is a self managed superannuation fund (SMSF), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- I authorise my financial adviser and representatives of the Trustee of the ClearView Retirement Plan to make inquiries and be provided with information about this transfer on my behalf.
- I request and consent to the transfer of superannuation from my nominated superannuation account on an annual basis for the full amount of my annual insurance premium (less any rollover tax benefit applicable) and authorise the superannuation provider of each fund to give effect to this transfer.
- This authority continues until the earliest of the following:
 - it is revoked by me in writing
 - the TO fund receives a replacement authority signed by me
 - my cover in ClearView LifeSolutions Super ceases, or
 - I die.

Name

Signature of account holder

Date _____

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Notice of complying superannuation fund

1. The ClearView LifeSolutions Superannuation Fund ('the Fund') is a regulated fund as defined under the Superannuation Industry (Supervision) Act 1993 ('SIS Act'), and is administered as a complying fund.
2. The Fund is not subject to a direction from the Australian Prudential Regulation Authority to not accept any employer contributions under section 63 of the SIS Act.
3. Under the provisions of the Trust Deed governing the Fund, benefits may be rolled over or transferred to other complying funds, or rolled over or transferred from other regulated funds.
4. The Fund is a public offer fund and is able to accept contributions for eligible persons. Contributions paid into the Fund will be maintained and paid only in accordance with the SIS Act.