



MAP PENSION PLAN ROLL IN FORM

Please complete this form in BLOCK LETTERS. Questions? Call us on 1800 640 055 or email enquiries@mapfunds.com.au

-  **YOU ARE NOT REQUIRED TO COMPLETE THIS FORM IF YOU ARE TRANSFERRING TO THE MAP PENSION PLAN FROM THE MAP SUPERANNUATION PLAN.**
-  **PLEASE COMPLETE ONE (1) ROLL IN FORM FOR EACH ROLLOVER. ROLL IN FORM(S) MUST ACCOMPANY YOUR MAP PENSION PLAN APPLICATION FORM.**

Proof of identity required when forwarding this form

To complete your rollover MAP requires the following documents to be forwarded with this form:

- Certified proof of identity - either a certified photocopy of your current drivers licence or a certified photocopy of your passport. See overleaf for details of who can certify your ID. If you do not have these documents, please contact us on 1800 640 055.

Important information

This form can be used to transfer either the **WHOLE** or **PART** of the balance of your superannuation benefits.

Things you need to consider

Before you transfer any funds from other superannuation or pension accounts, you should consider:

- Possible exit fees;
- Any loss of benefits, particularly insurance;
- Additional costs;
- Investment performance;
- Tax;
- Estate planning; and
- Whether you should seek professional advice.

What happens if I do not quote my Tax File Number (TFN)?

You are not obliged to provide your TFN to your pension fund. However, if you don't provide your TFN you may have a higher rate of tax applied to your pension payments.

Under the Superannuation Industry (Supervision) Act 1993, the Trustee 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 superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee. Please read page 12 of MAP Pension Product Disclosure Statement.

1

Member details

MAP Account Number

Date of Birth

 / /

Tax File Number (You are not obliged to provide your TFN. See above for details of what happens if you do not quote your TFN.)

 - -

Title

Given Name(s)

Surname

Postal Address

State

Postcode

Residential Address (if same as Postal Address write "as above")

State

Postcode

Phone (home)

Phone (work)

Phone (mobile)

Email

I authorise MAP to update my address and contact details if the details provided above differ to the details currently held.

[Form continues overleaf >](#)

2

Fund details

FROM FUND (If you have multiple accounts with this fund or accounts with another fund, complete a separate form for each account)

| | | |
|----------------------------------|---|---|
| Fund Name | | Your member/account number |
| <input type="text"/> | | <input type="text"/> |
| Australian Business Number (ABN) | Superannuation Product ID Number (SPIN) | Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> - <input type="text"/> |

TO FUND

| | | |
|----------------------------------|---|---|
| Fund Name | | Member/account number (if known) |
| <input type="text"/> | | <input type="text"/> |
| Australian Business Number (ABN) | Superannuation Product ID Number (SPIN) | Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> - <input type="text"/> |

3

Transfer amount

I wish to transfer:

The WHOLE balance of my superannuation benefits
OR
 PART of the balance of my superannuation benefits as shown: \$, , .

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Declaration and signature

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

- I declare I have fully read this form and the information provided 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 the fund I am transferring from of all further liability in respect of the benefits paid and transferred to MAP Pension Plan; and
- 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 have attached my certified identification as requested
AND
 I have attached the certificate of compliance which appears at the back of this form

| | |
|----------------------|---|
| Signature | Date |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Privacy Policy - The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Taxation Office as well as your right to access your personal information which we hold. MAP has developed policies for complying with this legislation which you may view on request.

Please send the completed form to: MAP Funds Management, Reply Paid 1130, Brisbane Qld 4001

Contact Us

| | |
|---------------------------------|-------------------------|
| GPO Box 1130, Brisbane QLD 4001 | Telephone: 07 3838 1234 |
| enquiries@mapfunds.com.au | Toll Free: 1800 604 055 |
| www.mapfunds.com.au | Facsimile: 07 3838 1235 |

MAP Funds Management Ltd (ABN 85 011 061 831, AFSL No. 240753, APRA RSE Licence No L0000703) ('MAP') is the trustee of MAP Superannuation Plan (RSE No R1001587) and MAP Pooled Superannuation Trust (RSE No. R1001563) and responsible entity of the MAP Australian Equity Fund (ARSN 092 833 308). MAP Financial Planning Pty Ltd (ABN 91 090 411 537, AFSL No 239117) is a wholly owned subsidiary of MAP. This document may contain general advice which does not consider any particular person's objectives, financial situation or needs. These matters should be considered together with the relevant Product Disclosure Statement ('PDS') and professional financial advice before making an investment decision. The PDS is available at www.mapfunds.com.au or by calling 1800 640 055. Information in this document is believed to be reliable and accurate but may be subject to change and MAP (including its directors, employees, agents or subsidiaries) disclaims all liability, however caused, by any party which relies on its contents. Past performance is not a reliable indicator of future performance. Investments have risk and MAP does not guarantee the repayment of capital or the investment performance of any of its products. (REF - MAPFM 0311)

Certificate of compliance

MAP Pension Plan
SFN 2967 359 49

MAP FUNDS MANAGEMENT LTD

Level 5, 135 Wickham Tce, Brisbane
GPO Box 1130 Brisbane, Qld, 4001
Phone 07 3838 1234
Facsimile 07 3838 1235
Toll Free 1800 640 055
www.mapfunds.com.au
enquiries@mapfunds.com.au

MAP Pension Plan is a superannuation fund established in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS). The trustee of this fund is MAP Funds Management Ltd ACN 011 061 831.

We certify that:

- a) The trustee has lodged an irrevocable election for the fund to be a regulated superannuation fund within the meaning of Section 19 of SIS.
- b) The fund will be administered as a complying superannuation entity for the purposes of SIS. The trustee has not received a notice of non-compliance from the Australian Prudential Regulation Authority.
- c) The Australian Prudential Regulation Authority has not directed the fund not to accept contributions or rollovers under Section 63 of SIS.

Yours faithfully,



G.J. Hoyes
Company Secretary
MAP Funds Management Ltd

How to certify personal documents

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below).

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

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

- A permanent employee of Australia Post with five (5) or more years of continuous service;
- A finance company officer with five (5) or more years of continuous service;
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five (5) or more years continuous service with one (1) or more licensees;
- A notary public officer;
- A police officer;
- A registrar or deputy registrar of a court;
- A Justice of the Peace;
- A person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner;
- An Australian consular officer or an Australian diplomatic officer;
- A judge of a court;
- A magistrate; or
- A Chief Executive Officer of a Commonwealth court.