

# Bendigo SmartOptions Request to Transfer Form

This form can be used for the following products:

- Bendigo SmartOptions Super®
- Bendigo SmartOptions Pension®

Use this form to transfer some or all of your super balance from another superannuation fund to Bendigo SmartOptions Super or Bendigo SmartOptions 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"/>
Given name(s)*	<input type="text"/>	Surname*	<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, Sandhurst, is authorised to collect your Tax File Number (TFN), which will only be used for legal purposes and in accordance with Sandhurst's privacy policy. It is not an offence to not quote your TFN. However, if you do not quote your TFN, tax penalties may apply.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\*

Town/Suburb\*  State\*  Postcode\*

### Previous address

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

Residential address

Town/Suburb  State  Postcode

# 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 account numbers with this fund, 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 choose to leave your FROM fund, you may also lose any insurance entitlements (such as death and disability benefits) you have.

### a) FROM

Fund name*	<input type="text"/>																														
Fund administrator	<input type="text"/>																														
* Fund address	<input type="text"/>																														
	<input type="text"/>																														
Town/Suburb*	<input type="text"/>															State*	<input type="text"/>		Postcode*	<input type="text"/>											
Fund phone number	<input type="text"/>						Member/account number *	<input type="text"/>																							
Fund Australian Business Number (ABN)*	<input type="text"/>																														
Unique Superannuation Identifier*	<input type="text"/>																														

### b) TO

Fund name **Bendigo SmartOptions**  
**(Bendigo SmartOptions Super and Bendigo SmartOptions 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\* **STL0003AU**

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 \$  ,  ,  .

If you are transferring a balance from a self-managed super fund (SMSF), please make cheque payable to **“Bendigo SmartOptions Super – <full member name and/or account number>”** or **“Bendigo SmartOptions Pension - <full member name and/or account number>”**

### Step 3 Member declaration

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 Sandhurst 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 SmartOptions Super or Bendigo SmartOptions Pension.
- I understand and acknowledge the implications of transferring my benefit from my superannuation provider of my FROM fund into Bendigo SmartOptions Super or Bendigo SmartOptions Pension, including loss of any insurance cover held in my FROM fund.
- I authorise Sandhurst 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 SmartOptions Super or Bendigo SmartOptions 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 understand that certain transactions (including switches, partial withdrawals and other payments) may result in my Cash at Bank balance temporarily going into negative, and acknowledge that interest will be charged at the daily rate applicable to the Cash at Bank for the period that my Cash at Bank has a negative balance.
- I consent to my 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 SmartOptions Super or Bendigo SmartOptions Pension.
- 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.
- I authorise the trustee of the other superannuation fund to provide Sandhurst 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:

Sandhurst Trustees Limited  
Bendigo SmartOptions  
GPO Box 264  
Melbourne Victoria 3001  
Phone: 1800 033 426  
Fax: 03 6215 5800  
Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)  
Website: [www.sandhursttrustees.com.au/SmartOptions](http://www.sandhursttrustees.com.au/SmartOptions)