

Transfer of United Kingdom (UK) Pension Benefit



Please send this completed form to:
Mercy Super
PO Box 8334, WOOLLOONGABBA QLD 4102

Phone: 1300 368 891 or (07) 3163 8867
Fax: (07) 3163 2421
Email: information@mercysuper.com.au

Before signing this form to transfer your superannuation benefits from your UK Pension Scheme to Mercy Super, you may like to seek financial and/or taxation advice from a qualified advisor, in order to understand the effects of transferring these benefits.

*** Indicates mandatory field. If you do not complete all the mandatory fields, there may be a delay in processing your request.**

Please complete in a black or blue pen and BLOCK letters. This form is invalid if the Declaration is not signed.

1. Your personal details

Surname*	(Mr Mrs Ms Miss Dr)		
<input type="text"/>	<input type="text"/>		
Given names*	Date of birth*		
<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"/>		
Other/previous names	Gender (✓ tick one only)		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential Address	<input type="text"/>		
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Mobile	Tax File Number (see note overleaf)	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email address	<input type="text"/>		

2. UK Pension Scheme

Name of UK Pension Scheme*	<input type="text"/>		
Address of UK Pension Scheme*	<input type="text"/>		
	<input type="text"/>		
Phone number of UK Pension Scheme (if known)	<input type="text"/>		
Previous UK employer name	Approximate date I left UK employment		
<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"/>		
Date I became an Australian Resident	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

3. Mercy Super details

QROPS Ref: QROPS 500964

Member Number

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4. Authorisation

By signing this request I am making the following statements:

- I declare 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 provider of my previous fund of all further liability in respect of the benefits paid and transferred to Mercy Super.
- I request and consent to the transfer of superannuation as described above and authorise the previous superannuation provider to give effect to this transfer.

I declare that:

- The details provided above are true and correct in every detail and I authorise Mercy Super to update its records accordingly.
- I have received and had the opportunity of reading the Fund's Member Booklets, including any Supplementary Product Disclosure Statements. I understand that the Fund's Financial Services Guide is available upon request and that it can also be read on the Fund's website.
- I have had the opportunity of reading the Fund's Privacy Policy and understand and approve how my personal information may be used.

Your name

Member's signature

Date

 / /

Important Information

We will contact your UK Pension Scheme

Completing this form authorises the Trustee of Mercy Super to contact your UK Pension Scheme.

Privacy information

Information on this form will be handled by the Fund to process your transfer request. It may be disclosed to your employer, government agencies and other parties as required, including the trustee of any other fund you may transfer to. By signing this form you consent to this handling of your personal information.

If you do not provide the information we may not be able to arrange the transfer as requested. You may access your personal information by contacting the Fund's Privacy Officer.

Tax File Number (TFN)

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on employer and salary sacrifice contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account, including transfers from your UK Pension Scheme. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund 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.

FUND USE ONLY

Processed by:

/ /

Checked by:

/ /