

ROLLOVER FORM

Complete this form if you are a member of Lindfield Super and wish to rollover money from another super fund into your Lindfield Super account.

You can find detailed information about Lindfield Super in our Product Disclosure Statement (PDS), Additional Information Booklet, Insurance Guide, Financial Services Guide and Privacy Policy, all of which can be obtained from www.gpml.com.au or on request by phoning **(02) 8355 5149**.

This form must be posted to [Lindfield Super PO BOX 1282, Albury NSW 2640](#).

Section 1 Personal Details

Given Name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Member Number	<input type="text"/>					
Date of Birth	<input type="text"/>					
Mobile Phone Number	<input type="text"/>					
Email Address*	<input type="text"/>					
Residential Address	<input type="text"/>					
	<input type="text"/>					
	Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

* By providing your email address, you consent and authorise us to send you communications or information, including information required by law, via email or similar technologies. Your details will never be passed onto a third party other than in accordance with our Privacy Policy. You can elect to receive communications by post at any time by contacting Lindfield Super on **(02) 8355 5149** or via email at members@gpml.com.au or in writing at [120 Underwood Street, Paddington NSW 2021](#).

Section 2 Details of Your Previous Fund

Name of Fund

Fund ABN

Fund USI

Member Number

Are you transferring your entire balance from this fund? Yes No

If no, how much would you like to rollover?

\$

OPTIONAL: To assist in the processing of your rollover request, please attach a copy of a Member Statement from the fund you are transferring from.

Section 3 Declaration and Signature

By completing this form, I declare that:

- All the details I have provided in this rollover form are true and correct.
- I have made an informed decision because I have read and understood the PDS and all related documents to which this rollover applies.
- No representations have been made to me by or on behalf of Lindfield Super other than those contained in the PDS.
- I am choosing to transfer all or part of the balance held in another super fund account into my Lindfield Super account.
- I am authorising Lindfield Super and its Administrator to action this transfer request on my behalf.
- I have obtained the necessary information that this rollover request may have on my benefit. I understand that this transfer may close my account with the other super fund and may cancel any insurance I hold through this account.
- I discharge the Trustee of Lindfield Super from any liability in respect of the amount transferred to Lindfield Super or the effect the transfer will have on my account with the other super fund.
- I understand that completing this form will not change the super fund account into which my employer is currently paying SG Contributions.
- I have read and understood the Privacy Statement and understand how Lindfield Super will use my personal information.
- By providing my email address, I consent and authorise Lindfield Super to send communications or information, including information required by law, to me via email or similar technologies.

LINDFIELD SUPERANNUATION FUND

- If I have provided my TFN, I have read and understood the important information about my TFN in the PDS and consent to the use of my TFN for the legal purposes stated.
- I understand the nature of the risks attached to the investment I am applying for and acknowledge that neither Lindfield Super, nor the Trustee of the Fund, guarantee a return of capital or the performance of my investment.

.....
Signature

...../...../.....
Date

.....
Print Name

PRIVACY STATEMENT: By signing this form you consent to Lindfield Super collecting and using your personal information to manage your superannuation account and to comply with the relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation account. Your personal information may be disclosed to other parties, including the Trustee, the Fund Promoter, the Fund's Administrator, the Fund's Insurer and professional advisers, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit www.gpml.com.au or phone (02) 8355 5149.