

BRING YOUR
SUPER TOGETHER
WITH ONEPATH

Benefits of consolidating your superannuation

If you've had more than one job, chances are you have more than one super account. By consolidating your super accounts you:

- ✓ pay just one set of fees, which could **save you money** and help grow your super
- ✓ manage just one set of paperwork, making it **easier to track** your super
- ✓ easily ensure all of your super is invested in **your chosen investment strategy**.

It's easy to consolidate your super accounts, simply:

1. Complete a Rollover Form for each account you want to rollover.
2. Provide certified proof of identity for each Rollover Form.
3. Send the form and proof of identity to OnePath Custodians, Reply Paid 5113, Sydney NSW 2001.

Remember next time you change jobs to take your OnePath account with you to avoid multiple super accounts and remember to discuss any potential superannuation strategies with your financial adviser.

Integra Super is offered by the Retirement Portfolio Service (ABN 61 808 189 263, RSE R1000986) (Fund). When an employer joins Integra Super, their employees become members of the Fund. OnePath Custodians Pty Limited (ABN 12 008 508 496, AFSL 238 346, RSE L0000673) is the trustee and issuer of the Fund. This information is current as at 13 April 2019 but is subject to change. Updated information will be available free of charge from onepath.com.au or by calling Customer Services on 133 665.

The information provided is of a general nature and does not take into account your personal needs, financial circumstances or objectives. Before acting on this information, you should consider the appropriateness of the information, having regard to your needs, financial circumstances and objectives. You should read the relevant PDS available at onepath.com.au and consider whether a particular product is right for you before making a decision to acquire or continue to hold the product.

Step 2. Your OnePath superannuation details

Integra Super (USI MMF0146AU)

Plan name			
Policy/Member number			
Surname		Given name(s)	
Address			
	State	Postcode	Country
Country			
Date of birth	(dd/mm/yyyy)	/ /	Email
Phone (Business or mobile)			
Internal use only	OP AO 2012		

Step 3. Proof of identity

You need to supply a certified copy for each form you send in.

☐

I have attached a **certified copy** of my driver's licence or passport.

or

☐

I have attached **certified copies of both**:

- Birth/Citizenship Certificate or Centrelink Pension Card **and**
- Centrelink payment letter or Government or local council notice (less than one year old) with name and address.

A certified copy is a photocopy which has been compared with the original and endorsed as a true copy by an individual approved to do so, for example a Justice of the Peace, legal practitioner, Australia Post employee, finance company officer with five or more years of continuous service, etc.

Step 4. Authorisation and Disclosure

- I declare that I have read the Product Disclosure Statement (PDS) when I joined, subsequent product updates and this form, and the information completed on this form is true and correct.
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the OnePath Custodians' Privacy Policy which is available at onpath.com.au/superandinvestments/privacy-policy If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Custodians requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onpath.com.au/superandinvestments/privacy-policy
- I authorise the transfer of all my benefits as outlined above.
- I discharge the superannuation provider of my other fund from any further liability of any amount transferred.
- I declare that I am aware I may ask my superannuation provider for information about 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 approve the deduction of fees and taxes (if any) from the benefits transferred (subject to legislative provisions).

Signature of Member

X

Date (dd/mm/yyyy)

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