## | Shadforth Portfolio Service | Super



3 February 2025

# Request to Transfer

Use this form when you wish to transfer monies from another superannuation fund or income stream into Shadforth Portfolio Service – Super.

In this form, a reference to a 'transfer of a benefit' includes a 'rollover of a benefit' and a reference to 'your FROM fund' means the super fund or income stream that you wish to transfer monies from.

A separate form is required for each transfer from another super fund or income stream. Please photocopy this form or download it from our website (**portfolio.sfg.com.au**) if required. An original signature is required on each form.

#### Important information:

- We recommend that you ask what (if any) charges and penalties
  may apply prior to making a decision to transfer your benefit. You
  should ensure that you have adequate insurance arrangements
  in place before losing the benefit of any insurance cover you
  may have in your FROM fund. We recommend that you consult
  a financial adviser. You should do this so you fully understand the
  effects of transferring your benefit.
- You should ensure that you agree with your financial adviser on the amount of any fee that may be incurred.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

This form, including the certificate of compliance, should be forwarded to us by post.

## Step 1: Your personal details

Title (Dr/Mr/Mrs/Ms/Miss)						Su	ırnar	ne									
Given name(s)																	
Mailing address																	
Suburb															State	Postcode	
Date of birth			/			/											
Please provide the Shadforth Portfolio Service – Super account number that will receive the transfer of super benefit below:																	
Unique Superannuation Identifier (USI)	S	М	F	0	1	2	6	Α	U								
Account number (if known)																	
ABN	7	0	-	8	1	5	_	3	6	9	_	8	1	8			

## Step 2: Details required for transfer

## Section A: Details of your FROM fund or SMSF

I request that the benefit held in m pension product specified in Step	y super fund or income stream, as detailed below, be transferred to my account in the nominated super or 1.
Fund Name	
ABN#	
Unique Superannuation Identifier (USI)#	
Account/member number#	
Electronic Service Address (ESA) (if transferring from a SMSF)	
You can obtain this information from a USI or an account/member number	m the Fund's product disclosure statement, your latest Member Statement or by contacting the Fund. You do not need to provid per if transferring from a SMSF.
Section B: Benefit to be	transferred
Amount to be transferred	
Entire balance (account in the	FROM fund will be closed) Approximate value \$
Partial balance of \$	
	l Gains Tax (CGT) liability may arise and be deducted from your benefit prior to the transfer. Ition advice prior to authorising a transfer.
Step 3: Member/app	olicant declaration and signature
	ects the information in this form in order to process your investment instructions. Any personal information ed in accordance with the Trustee's privacy policy, available at sfg.com.au/portfolio/privacy.
By signing this request form, I am r	
•	his form and declare that the details supplied are true and correct.
	ROM fund for all the information that I need to understand my benefit entitlements in that fund hat may apply and any other information about the effect this transfer may have on my benefit).
_	e the implications (including any potential impacts to my existing insurance) of transferring my benefit from t in the nominated Shadforth Portfolio Service account.
• I discharge the Trustee of my FI to my nominated Shadforth Po	ROM fund from all further liability in respect of the benefits paid and transferred from my FROM fund ortfolio Service account.
elected to transfer the entire ba	e arrangements to have my benefit (including any contributions still to be made to my FROM fund where I have alance) transferred from my FROM fund to my nominated Shadforth Portfolio Service account and I authorise : Limited (IIML) to act on my behalf in arranging and receiving information on this transfer.
	e deduction of any fees or charges by my FROM fund and any tax payable from the benefit transferred d Shadforth Portfolio Service – Super product (subject to legislative restrictions).
• If I have provided my tax file nu	mber, I consent to the Trustee disclosing this to the FROM fund to help facilitate the requested rollover.
• I have considered the relevant	t remaining minimum balance requirements of my FROM Fund when making a partial transfer.
Member/applicant sign	ature
	Date / / / / / / / / / / / / / / / / / / /

## | Shadforth Portfolio Service



Please note: This letter can be provided to the fund you are transferring from to confirm that IOOF Portfolio Service Superannuation Fund is a complying superannuation fund.

To whom it may concern

# Certificate of compliance

Shadforth Portfolio Service – Super and Shadforth Portfolio Service – Pension (Unique Superannuation Identifier (USI) SMF0126AU) form part of IOOF Portfolio Service Superannuation Fund (SFN 3002/079/41), ABN 70 815 369 818.

### We certify that:

- 1 IOOF Portfolio Service Superannuation Fund (Fund) is a complying superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (the Act)
- 2 the Trustee is IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFSL 230524
- 3 the Trustee of the Fund has not been directed by the Australian Prudential Regulation Authority to cease accepting contributions under Section 63 of the Act
- 4 the Trust Deed allows contributions and rollovers to be accepted by the Fund.

### Nicole Mahan

General Manager Operations, Adviser and Client Services

### Trustee

IOOF Investment Management Limited ABN 53 006 695 021 AFSL 230524

### **Registered Address**

Level 1,800 Bourke Street, Docklands VIC 3008

### **Shadforth ClientFirst**

**Postal Address** GPO Box 264, Melbourne VIC 3001

**Telephone** 1800 931 792

**Email** portfolioservice@sfg.com.au