



Consolidate your super

- Don't lose track of your super
- Don't pay more fees
- One day, your super will be your spending money

Send this completed form to:

HIP Administration
PO Box K1038, Haymarket, Sydney NSW 1236
Phone 1300 654 099

www.hipsuper.com.au

HIP: a super place to be

- History of strong returns
- Low administration fee
- Low-cost, flexible Death and Income Protection insurance cover
- Access to additional cost-effective services and products
- Investment choice
- Portability – change jobs, and take your HIP super account with you

Rollover application



Complete this form if you want to transfer money from another super fund into Health Industry Plan (HIP).

Complete one form for each account you want to transfer to HIP. For extra forms, phone 1300 654 099, download from hipsuper.com.au or simply photocopy this form.

Please complete this form using block letters. Mark appropriate boxes with a cross (x).

STEP 1 – Your HIP membership details

Your HIP membership number

Mr Mrs Miss Ms Other

Surname

Given name(s)

Date of birth

Gender

Male Female

Address

Suburb

Postcode

Daytime phone number

Mobile number

Email address

My Tax File Number is:

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your Tax File Number, but there may be tax consequences.

STEP 2 – Details of your old super fund

Name of old fund

Your membership number in the old fund

Address of old fund

Suburb

Postcode

Phone number

The approximate value of your benefit with old fund

\$

Requirements for old fund:

HIP SPIN: HIP0100AU; SFN: 2683/449/46

Cheques should be made payable to *Health Industry Plan*.

STEP 3 – Proof of Identity

Please provide a certified copy of your current 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 1 year old) with my name and address.

NB: A certified copy is one that has been signed by a Justice of the Peace (JP), Police Officer or Pharmacist.

STEP 4 – Authorisation and signature

In signing this form, I authorise HIP to organise the transfer of money I have in another superannuation fund in HIP.

I understand that:

- The trustee of my old fund has no further liability for any of my superannuation after the benefits have been transferred into HIP and the old fund has sent me a final statement under Commonwealth Government legislation.
- Both superannuation funds are complying superannuation funds.
- In some cases, HIP may be required under law to deduct tax from the benefit.
- My old fund may deduct transfer or exit fees when I leave that fund.
- I have read the information on this form and believe the information I have provided to be true and correct.

Signature

Date

Please return completed form to:

Mail HIP Administration
PO Box K1038
Haymarket, Sydney NSW 1236