

bcu Retirement Savings Account (RSA) Transfer Authority

bcu, a division of Police & Nurses Limited ABN 69 087 651 876

Use this form if you are transferring your Superannuation from another fund (current) to your bcu RSA. You should not complete this form unless you have received, read & understood the current bcu RSA Product Disclosure Statement (PDS).

Please return your completed form with a certified copy of your current drivers licence or passport to your nearest bcu store or by post to the bcu RSA Officer, PO Box 6328, Park Beach Plaza, Coffs Harbour, NSW, 2450. bcu will advise when the transfer has been completed. If you do not have a current drivers licence or passport, contact bcu for alternative acceptable forms of identification on 1300 228 228.

THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your super, your entitlements under that fund may cease - you need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you. Some of the points you may consider are:

Fees - your FROM fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees and exit or withdrawal fees. bcu does not charge any entry or deposit fees on transfer. Differences in fees that funds charge can have significant effect on the super you will have to retire on - for example, a 1% increase in fees may significantly reduce your final benefit.

Death and Disability benefits - your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. bcu does not offer insurance for death or disability.

CURRENT SUPERANNUATION FUND

Name of Fund

ABN (if known)

Address

Suburb / Town

State

Postcode

Member/account number

Superannuation fund USI (if applicable)

Telephone

Email

DECLARATION

Dear Sir/Madam, I of

Phone Number email

Previous Address

Date of Birth

- Request that you transfer to my bcu RSA:
 - the full value of my current fund (or account policy) or,
 - part balance of my current fund \$
- Authorise you to provide all relevant information and forward a cheque payable to bcu Retirement Savings Account to bcu RSA Officer, PO Box 6328, Park Beach Plaza, Coffs Harbour, NSW, 2450 and include a copy of this transfer authority for the transfer to bcu.

COMPLIANCE STATEMENT

1. bcu is an RSA Institution in terms of the Retirement Savings Accounts Act 1997 and as such has the right to provide Retirement Savings Accounts under the Act;
2. bcu RSA offered by bcu is a Retirement Savings Account, as defined in the Retirement Savings Accounts Act 1997;
3. bcu RSA can accept contributions as provided for in the Retirement Savings Account Act 1997;
4. bcu RSA can accept rollovers and transfers as provided in the Retirement Savings Accounts Act 1997 and the Superannuation Industry (Supervision) Act 1993 and the Regulations made under those Acts;
5. The requirements of the bcu RSA for the preservation of benefits satisfy the preservation standards set out in the Retirement Savings Accounts Regulations.

AUTHORITY

I declare I have fully read this form and the information completed is true and correct:

1. I am aware that I may ask my current fund 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;
2. bcu RSA is not a self-managed superannuation fund (SMSF);
3. I discharge my current fund of all further liability in respect of the benefits paid and transferred to my new fund;
4. I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer;
5. I authorise my new fund to contact my current fund to ensure that the transfer is made in accordance with this authority.

bcu RSA DETAILS

First name

Middle name

Surname

RSA Number

I authorise Police & Nurses Limited to act on my behalf in this matter and consent to it accepting the transfer.

Member's signature

Date