



## Perpetual Private Wrap

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSEL L0001458  
Perpetual Super Wrap ABN 22 897 174 641 RSE R1074406

# PERPETUAL PRIVATE SUPER WRAP ROLLOVER AUTHORITY

Use this form to roll your superannuation benefits via SuperStream into your Perpetual Private Super Wrap account.

- \* Do not cancel any existing insurance cover until your application for insurance has been assessed and accepted by the insurer. If you do not want your current insurance cover cancelled, do not complete this rollover authority, if you are redeeming your full balance.
- \* Ensure that your existing investment is clearly detailed below for the institution from which you are transferring.
- \* Rolling over your super benefit to Perpetual may limit your ability to lodge or vary deduction notice for personal contributions made to the fund from which you are transferring.
- \* Please complete, sign and return this request to Perpetual Private Wrap.

PLEASE USE BLACK INK.

## 1. Rollover details

Please contact your existing superannuation provider to confirm if they have any additional requirements before they can action this rollover authority. Please complete all details and ensure that you provide us with a valid Australian Business Number (ABN) and Unique Superannuation Identifier (USI). Any missing information may delay processing of your rollover.

To (paying institution)

Address (paying institution)

Street number and name or PO Box

Suburb State Postcode

Phone number (paying institution)

Account/membership/policy name Account/membership/policy number

ABN USI

Is the source of this rollover a complying income stream? (Pension Wrap only) Yes No

Does this rollover contain a UK transfer amount? Yes No

Amount to be transferred Entire balance (your account will be closed)

Estimated balance \$

Partial amount of \$

Amount to be transferred Perpetual Private Super Wrap (USI – 22897174641174)

Perpetual Private Pension Wrap (USI – 22897174641175)

## 2. Personal details

Account number (if known)

Title Mr Mrs Miss Ms Other Gender Male Female

Given name(s) Date of birth / /

Last/Surname

Postal Address

Street number and name or PO Box

## 2. Personal details (continued)

Suburb State Postcode

Residential address (leave blank if the same as your mailing address)

Street number and name or PO Box

Suburb State Postcode

If your personal details have changed, you may need to contact your existing superannuation provider and update their records before they action this authority.

## 3. Proof of identity (optional)

Your existing superannuation provider may require documentation with this transfer request to prove you are the person to whom the superannuation entitlements belong. We encourage you to contact your existing superannuation provider to determine what documentation is required.

I have attached a certified copy of my driver's licence or passport (optional)

### Certification of personal document requirements

All copied pages of ORIGINAL proof of identification documents (including any linking documents) need to be certified as true copies by any individual approved to do so (see below). The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc) and date.

The following can certify copies of the originals as true and correct copies:

- a permanent employee of Australia Post with five or more years of continuous service
- a finance company officer with five or more years of continuous service (with one or more finance companies)

- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public officer
- a police officer
- a registrar or deputy registrar of a court
- a Justice of the Peace
- a person enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia, as a legal practitioner
- an Australian consular officer or an Australian diplomatic officer
- a judge of a court  
a magistrate, or a Chief Executive Officer of a Commonwealth court.

## 4. Declaration and signature

I hereby request that the rollover institution named above complete the transfer of benefits from my account/policy to Equity Trustees Superannuation Limited (ETSL) ABN 50 055 641 757 as trustee of Perpetual Super Wrap ABN 22 897 174 641, a superannuation fund established to comply with the requirements of the Superannuation Industry (Supervision) Act. By giving this authorisation to transfer my benefits:

- I hereby give the rollover institution named above authority to provide any and all relevant information to ETSL.
- I discharge the trustee of my previous fund from any further liability in respect of my superannuation benefit once the transfer to ETSL has been completed.
- I am aware that I may ask the trustee of my previous fund for information to understand any benefit entitlements that I may have, including information about any fees or charges that may apply to the rollover, or information about the effect of the rollover on any benefit entitlements I may have, and I do not require any further information.

- I authorise the deduction of any withdrawal and/or termination fees that may be applicable as a result of the transfer.

### Signature (in black ink)

Name

Date

/ /

Perpetual Private Super Wrap	SPIN PER0667AU	USI 22897174641174	ABN 22 897 174 641
Perpetual Private Pension Wrap	PER0665AU	22897174641175	

In reference the above superannuation fund, I confirm that:

1. The trustee of the Fund is an approved trustee by the Australian Prudential Regulation Authority under the Superannuation Industry (Supervision) Act 1993 (SIS).
2. The Fund is a regulated superannuation plan for the purposes of SIS.
3. It is the intention of the trustee that the Fund will be administered so that it will be taxed as a complying superannuation fund.
4. The trust deed of the Fund allows benefits to be transferred to the Fund and the Fund can accept and hold preserved benefits in the manner prescribed under SIS.
5. The trust deed of Fund allows the Fund to accept contributions, including employer contributions.

Yours faithfully

Directors

Equity Trustees Superannuation Limited

1. Please ensure your client signs the form.
2. Retain a copy for your records
3. Send this form to:

**Perpetual Private Wrap**  
GPO Box 5230  
Sydney NSW 2001



If you have any questions about completing this form – Clients please contact your financial adviser, Advisers please contact us on **1800 099 652**.