ROLL YOUR SUPER INTO BUSSQ

BUSSQ
building super

Complete this form or call 1800 MYBUSSQ and do it over the phone.
Please complete and sign this form and return to: BUSSQ GPO Box 2775, Brisbane Qld 4001

BUSSQ membership number

1 PERSONAL DETAILS

Mr/Mrs/Ms/Miss   Given names   Surname

Street address   Suburb / Town   State   Postcode

Gender   Date of birth (dd/mm/yyyy)   Tax File Number (TFN) if known

M [ ]   F [ ]

SUPER SEARCH - I authorise BUSSQ to use my TFN to keep searching for other super I may have and contact me with details.   [ ] YES   [ ] NO

Daytime contact number   Mobile

Email address

Super fund name	Fund ABN/Unique Super Identifier (USI)	Member number

2 SIGN THIS AUTHORISATION

By signing this form I am making the following statements:

- I declare I have fully read this form and that the information completed is true and correct.
- I am aware that I may ask my superannuation provider/s for information about the effect this transfer may have on my benefits and do not require any further information.
- I understand that any insurance benefits I had in my previous fund/s may cease on transfer.
- I understand that BUSSQ is required by law to deduct tax from any untaxed portion of the rollover payment. No fees will be charged by BUSSQ to process this rollover.
- I request and consent to the transfer of the full balance of my superannuation account/s as described above and authorise the superannuation provider to close my account/s and give effect to this transfer. I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to BUSSQ.
- I request that any future contributions received by my previous fund be transferred to my BUSSQ account also.
- I understand that BUSSQ collects and uses my personal information in accordance with the privacy policy available from **bussq.com.au.**
- I understand that I am not obliged to disclose my tax file number, but there may be tax consequences if I do not provide it.

STOP **PLEASE SIGN AND DATE.**
Forms without both a signature and date are unable to be processed.

SIGN HERE

Signature of applicant

Dated (dd/mm/yyyy)