

IRIS Term Allocated Pension Transfer Authority Form

This form is required to be completed to transfer your existing Term Allocated Pension to IRIS.

Please note that you must transfer all of your existing complying Term Allocated Pension. Partial transfers are not allowed (except in limited circumstances).

Please complete in pen using block letters

Step 1. Your details

Title:	<input type="text"/>	Given Name(s):	<input type="text"/>		
Surname:	<input type="text"/>				
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Tax file no.:	<input type="text"/>	Please read the Product Disclosure Statement (PDS) under the heading 'Collection of Tax File Numbers' for more information.			

Step 2. IRIS details

Fund Name: IRIS Term Allocated Pension
Superannuation Product Identification Number (SPIN): SMI0100AU
Australian Business Number (ABN): 88 556 625 125
Super Fund Number (SFN): 5092 140 12
Trustee: Super Member Investments Ltd
Trustee ABN: 61 095 974 100
Fund Telephone Number: 1300 367 485
Fund Address: Locked Bag 200, Carlton South VIC 3053

Section 3. Your membership details in your previous fund

Name of Previous Fund:	<input type="text"/>				
Membership Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>

My details when I belonged to the previous Fund were:

Surname:	<input type="text"/>				
Given Name(s):	<input type="text"/>				
Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>

Please turn over to complete form

Section 4. Signature and declarations

I hereby instruct you to transfer my account to the IRIS Term Allocated Pension and give you authority to provide IRIS with all relevant information and forward the cheque for the transfer, made payable to **'IRIS Term Allocated Pension'**;

IRIS Administration
Locked Bag 200
Carlton South VIC 3053

I advise that IRIS Term Allocated Pension is acting on my behalf on this matter

Signature:

Date:

 / /

Step 5. Identification requirements

IMPORTANT – Please ensure you have attached the original certified copy of your identification to this form. Please refer to the Transferring Fund's PDS for full details.

I have attached an original certified copy of my driver's licence/passport

OR

Other Documents (as per the PDS)

Please note: original certified copies are required for each rollover fund in addition to an original certified copy for IRIS.