

This form is required to be completed for each superannuation fund you wish to transfer to IRIS.

Please note: a separate Transfer Authority Form must be completed for each of your nominated rollovers.

Please photocopy this form or contact our Customer Service Centre for additional copies. This form is to be used for all partial and full transfers of superannuation.

Please complete in pen using block letters

IRIS Super Income Stream Transfer Authority Form

Step 1 Your Details

Surname Title: Mr Ms Mrs Miss Dr

Given Name Date of Birth / /

Unit/Level/Number PO Box/Street

Suburb/City State Postcode

Gender Male Female

Tax File Number Please read page 47 of the PDS under the heading 'Collection of Tax File Numbers' for more information.

Step 2 Your IRIS Details

Fund Name: IRIS Super Income Stream

Superannuation Product Identification Number (SPIN): SMI0100AU

Australian Business Number (ABN): 88 556 625 125

Super Fund Number (SFN): 5092 140 12

Fund Telephone Number: 1300 367 485

Fund Address: Locked Bag 200, CARLTON SOUTH VIC 3053

Step 3 Your Membership Details in Your Previous Fund

Name of Previous Fund

Membership Number

Address of previous fund

Suburb/City State Postcode

My details when I belonged to the previous Fund were:

Surname Given Name

Unit/Level/Number PO Box/Street

Suburb/City State Postcode

Step 4 Rollover Details

I hereby instruct you to roll over/transfer the value, shown below, of my account to the IRIS Super Income Stream

Amount (\$ or %)

OR

Full Rollover

Please note: when choosing an amount, your current super fund may require you to leave a minimum balance to keep your account active. Please contact your fund to determine if they have a minimum balance requirement.

Step 5 Signature and Declarations

I hereby give you authority to provide IRIS Super Income Stream all relevant information and forward the cheque for the transfer, made payable to '**IRIS Super Income Stream**';

IRIS Administration
Locked Bag 200
CARLTON SOUTH VIC 3053.

I advise that IRIS Super Income Stream is acting on my behalf on this matter.

Signature Date / /

Step 6 Identification Requirements

IMPORTANT – Please ensure you have attached the original certified copy of your identification to this form. Please refer to page 52 for full details.

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

OR

Other Documents (as per page 52)

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