# Combine your Catholic Super accounts



### **About this form**

You can use this form to roll one existing Catholic Super account into another. If you are combining multiple Catholic Super accounts, you will need to use one form for each account you wish to transfer. There are no exit fees associated with combining your accounts.

1 – Your personal details	Please complete in pen using CAPITAL letters					
Member number (if known)						
Title Mr Mrs Ms Miss Other	Sex Date of birth (ddmmyyyy)  Male Female					
First name	rst name Last name					
Residential address (must be provided)						
Suburb	State Postcode					
Postal address						
Suburb	State Postcode					
Business hours phone After hours phone	Mobile					
Email						
2 - Account details and consolidation instruct	ions					
Close this Catholic Super account (A): and transfer the balance						
into this Catholic Super account (B):						
Investment instructions for transferring account						
If you do not make a selection, the transferring balance will be invested	d according to the first option below:					
Invest the transferring account balance according to the future of	ontributions investment strategy of my continuing account (B).					
OR	3, ,					
Invest the transferring balance according to its existing asset all	ocation in the closing account (A).					

#### Other important information:

- Catholic Super will review your request and may attempt to contact you to confirm your instructions prior to processing.
- The personal information and beneficiary nominations held in the account you choose to keep will be retained. We recommend that you
  review that information and ensure the details are up to date. Any third party authority on the closing account will not carry across to the
  continuing account.

# Need help?





## 3 – Options for your insurance cover on the account to be closed (A)

If you do not have insurance on the account you have nominated to close in Step 2, this section does not apply.

If you have insurance cover and do not select an option below, any insurance cover on the account to be closed will cease.

You may be able to elect to combine any death and total and permanent disablement (TPD) insurance cover on your closing account with the death and TPD insurance cover in the account you are transferring to. If you choose to and are eligible to combine your cover, the total cover on the account you are transferring to will become **fixed cover**.

Please note it is not possible to consolidate income protection cover if you hold it on both accounts. Catholic Super will review your request and may attempt to contact you to confirm your instructions prior to processing.

Please consolidate my death and TPD insurance cover.

Please cancel the insurance on the account to be closed. I am satisfied with the insurance attached to the account that will remain open.

# **Privacy**

The personal information you provide on this form will be used in accordance with Together Trustee's Privacy Statement, which you can view online at csf.com.au/privacy or you can obtain a copy by contacting us on 1300 655 002.

Together Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.com.au/privacy

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

## 4 - Sign the form

#### By signing this form I:

- understand that I am applying to close account A as specified in Step 2 of this form
- · declare that I have fully read and understood this form and the information I have provided is true and correct
- understand that if I transfer account A, I must advise Catholic Super at Step 3 if I want to consolidate my insurance cover
- understand that I may be asked to provide further information if the accounts I have requested to be consolidated cannot readily be identified as belonging to me
- · understand that there may be a delay if Catholic Super need to confirm my instruction to combine accounts

Signature	Date (	Date (ddmmyyyy)			
X					

Please return your completed form to Catholic Super, GPO Box 4303, Melbourne VIC 3001.

Need help?







