



Rollover Fund

Additional Contributions

Please complete in capital letters and in BLACK INK only

If you wish to rollover monies into your existing superannuation fund, please complete a "Transfer-In Authority" form (available from Member Services or the Chifley website – see "Where to send this form/enquires" for details).

1. Your details

Member no.	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Title	<input type="text"/> (e.g. Mr/Mrs/Ms/Miss/Dr)						
Family name	<input type="text"/>						
Given name(s)	<input type="text"/>						
Street/PO Box no.	<input type="text"/>						
Suburb/Town/City	<input type="text"/>						
State/Territory	<input type="text"/>	Postcode	<input type="text"/>	Country (if outside Australia)	<input type="text"/>		
Phone: Home no. (inc. STD/ISD)	<input type="text"/>			Business no. (inc. STD/ISD)	<input type="text"/>		
Mobile no.	<input type="text"/>			Fax no. (inc. STD/ISD)	<input type="text"/>		
E-mail address	<input type="text"/>						

2. Investment Details

My additional investment is sourced from the following

Personal contributions	\$	<input type="text"/>
Spouse Contributions (legal or defacto contributing on my behalf)	\$	<input type="text"/>
Superannuation Rollovers	\$	<input type="text"/>
Employer ETP Rollovers	\$	<input type="text"/>
Total Investment	\$	<input type="text"/>

Cheques should be made payable to the "APS Rollover Fund"

3. Applicant declaration

My financial planner's name is

The information provided on this application is correct to the best of my knowledge.

Signed Date (dd/mm/yyyy) / /



IMPORTANT NOTES FOR MEMBERS

CONTRIBUTIONS

SINGLE (LUMP SUM) PAYMENT

You can also make lump sum contributions towards your retirement, simply by this form and sending to the Fund, together with your cheque.

TRANSFERS FROM OTHER SUPERANNUATION FUNDS

The Rollover Plan can accept transfers of superannuation benefits from other funds. Such transfers can be arranged by completing a 'Transfer-in Authority' form¹.

¹Forms are available from Member Services or the Chifley website – see "Where to send this form/enquiries" below for details.

PROTECTING YOUR PRIVACY

The personal information you are requested to provide is required in order to establish and maintain your membership in the Australian Public Superannuation Rollover Fund.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or on the Funds website at www.chifley.com.

What to do next

Please ensure:

- You have signed and dated Section 3 "Applicant Declaration"

Where to send this form/enquiries

APS Rollover Fund
PO Box N180
Grosvenor Place NSW 1220
website: www.chifley.com

Phone: 1800 800 002 (toll free)
(8.30 am – 5.00 pm Mon – Fri)
Fax (02) 9279 4130

