



## ROLLOVER FORM

This is the form you should fill out to rollover money from a previous super fund into your Verve Super account. You should read the Product Disclosure Statement (PDS) for Verve Super before completing this form.

*The PDS is deemed to include the Additional Information Booklet and Insurance Guide which can be obtained from [www.vervesuper.com.au](http://www.vervesuper.com.au) or on request by phoning 1300 799 482.*

This form may be posted to Verve Super PO Box 909, Byron Bay NSW 2481 or emailed to [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au)

### Section 1 Personal details

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Given Name(s)	<input type="text"/>				
Surname	<input type="text"/>				
Member number	<input type="text"/>				
Date of Birth	<input type="text"/>				
Gender	<input type="text"/>				
Phone number	<input type="text"/>				
Email address*	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

\*By providing your email address, you consent and authorise us to send communications or information in electronic format, including information required by law, to you via email or similar technologies.

Issued by Diversa Trustees Limited [ABN 49 006 421 638, AFSL 235153, RSE Licence L0000635] ("Trustee") as trustee of the Future Super Fund (the "Fund") ABN [45960194277] [R1072914]. Verve Super is a sub-plan of the Future Super Fund.

You can elect to receive communications by post at any time by contacting Verve Super on 1300 799 482 or email [hello@vervesuper.com.au](mailto:hello@vervesuper.com.au) or in writing at PO Box 909, Byron Bay NSW 2481

## Section 2 Details of your previous super fund

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Name of Fund

Fund USI

Member Number

Are you transferring your entire balance from this fund?      • Yes      • No

If no, how much would you like to rollover?

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To assist in the processing of your transfer request, please attach a copy of a statement from the fund you are transferring from.

## Section 3 Declaration and Signature

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By completing this form I declare that:

- I am choosing to transfer all or part of the balance held in another super fund into Verve Super. This transfer may close my account with that super fund and may cancel any insurances I hold.
- I have received all the information I require in order to exercise the choices I have made. I have made an informed decision because I have read the PDS and all related documents to which this rollover applies. All the details I have provided for this application are true and correct
- I acknowledge that no representation has been made to me by or on behalf of Verve Super other than those contained in the PDS
- If I have provided my TFN, I declare that I have read the important information about my tax file number and consent to providing my TFN for the legal purposes stated, including finding and amalgamating my superannuation benefits, providing information to the ATO, and providing information to another superannuation fund if I transfer my benefits
- I understand the nature of risk attached to the investments I am applying for and acknowledge that neither Verve Super, nor the Trustee of the Fund guarantee a return of capital or the performance of my investment

**X**

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Signature

...../...../.....  
Date

