



Phone: 1300 754 748

ROLLOVER YOUR RAIZ INVEST SUPER TO ANOTHER FUND

Instructions: Please complete in Section 1 on your device and print this form.
Once you have signed Section 2 please email a scanned copy of the form to support@raizinvest.com.au

Member number

1. PERSONAL DETAILS

Title First name* Middle name

Last name* Date of birth (DD/MM/YYYY)* Gender* M F

Street Address/PO Box*

Suburb/Town* State* Postcode* Home phone number

Personal email address Mobile phone number*

Tax File Number

Amount to transfer Entire Balance Partial Amount \$

2. OTHER SUPER FUND DETAILS

Fund Name Member Number Unique Superannuation Identifier

Important information

Instructions – Fully complete all sections and return this form to the above address

- Please ensure all sections are fully completed.
- If you are transferring your entire balance:
 - and you have insurance cover as part of your RAIZ Invest Super fund this will cease once you transfer to another fund.
 - and your employer has previously paid contributions to RAIZ Invest Super please ensure you update them with details of your new fund.
 - and you intend to claim a tax deduction for contributions made this will need to occur prior to us making payment to your other fund.

3. MEMBER AUTHORISATION

Member to sign here

Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

Please return the form to support@raizinvest.com.au

Diversa Trustees Limited

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