

Enduring rollover authority

Information sheet

Use this form to request transfers or rollovers from another super fund (transferring fund) to the National Mutual Retirement Fund (NMRF) to pay the premiums on your Resolution Elevate insurance-only super policy, ie

- Life Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

Note: This form cannot be used for a one-off rollover or transfer.

Important information

This form should only be completed where the policy is to be owned by Equity Trustees Superannuation Limited (trustee), as trustee of the NMRF.

All sections should be completed by the life insured or life to be insured.

Each amount requested from the transferring fund will be 85% of the yearly premium payable on the Resolution Elevate policy. Where your Resolution Elevate insurance changes in a way which increases the yearly premium payable, we will submit an additional request to your nominated super fund for 85% of the additional premium amount payable.

The transferring fund must be a complying taxed fund and your account with this fund must have a sufficient balance (net of applicable fees or taxes) to support the rollover request. We do not accept rollovers from an untaxed fund and will return any funds if there are any amounts held in the untaxed element.

Before you submit this form, please:

- check that the Unique super identifier (USI) and other details provided for the transferring fund are accurate
- check that you meet the transferring fund's requirements such as minimum account balance, proof of identity documentation, rollover fees or restrictions, and
- contact the transferring fund if you require any information on the effect this rollover may have on your fund's entitlements in that fund, including information about the effect on remaining insurance benefits (if any).

If the amount received is not equal to the yearly premium requested, it will be returned to the transferring fund. If the rollover request is not successful for any reason, you'll be required to make an alternative payment or your policy may lapse.

We'll notify you each year of the total yearly premium and then action the request.

This form authorises ongoing annual rollover or transfer requests.

If you wish to cancel or change this payment method, simply call us on 133 731.

What happens if I do not quote my Tax file number (TFN)?

The purpose of requesting your TFN is to confirm your identity and to provide it to your transferring fund to facilitate the rollover request. If you do not provide us with your TFN, it is likely they will ask you to go through the time-consuming process of providing certified proof of identity when they receive our request to transfer your funds.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains example information about suitable linking documents:

| Purpose | Suitable linking document |
|--------------------------------|--|
| Change of name | <ul style="list-style-type: none"> – Marriage certificate – Deed poll – Change of name certificate from the Births, Deaths and Marriages Registration Office. |
| Signing on behalf of applicant | <ul style="list-style-type: none"> – Guardianship papers – Power of Attorney |

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Resolution Life Australasia Limited ABN 84 079 300 379

This document is issued by Equity Trustees Superannuation Limited (ETSL) ABN 50 055 641 757, AFSL No. 229757 as trustee of the National Mutual Retirement Fund (NMRF) ABN 76 746 741 299 and was prepared by Resolution Life Australasia Limited ABN 84 079 300 379 (Resolution Life), which is part of the Resolution Life Group.

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Please keep this information sheet for your records—
don't return it with your completed form(s).

3. Life insured's/member's authorisation and declaration (continued)

I authorise the trustee or its delegate (Resolution Life) to act on my behalf (as required) in arranging each transfer or rollover for the purposes of paying insurance premiums.

I authorise the trustee of the transferring fund to complete each transfer or rollover and provide all relevant information to Resolution Life.

I consent to my TFN being disclosed to the transferring fund for the purposes of completing transfers or rollovers.

I declare I have fully read this form and the information completed is true and correct.

I confirm that I am aware I may ask my super provider and have obtained or do not require information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits.

I discharge the trustee of the transferring fund of all further liability in respect of the benefits paid and transferred to the NMRF.

I declare that the authority granted by this form continues until the earliest of the following:

- I request in writing for the authority to be revoked, or
- I subsequently provide the trustee with an authority to transfer or rollover amounts from a different transferring fund (whether or not the subsequent authority is stated to replace this authority), or
- the policy ends in accordance with the terms and conditions set out in the policy.

I acknowledge that insurance premiums will remain unpaid if a transfer or rollover does not proceed (unless an alternative payment has been arranged) and that my insurance cover may lapse.

Signature of life insured/member

X

Date signed

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4. Checklist

- Have you supplied the correct USI and other details for the transferring fund?
- Have you checked that the transferring fund has a sufficient account balance to pay for your insurance premiums?
- Have you checked that your transferring fund's requirements have been met (eg maintained minimum account balance, proof of identity documentation received (if required), reviewed rollover fees or restrictions before the rollover authority can proceed)?
- Have you contacted your transferring fund to understand the effect of the transfer or rollover in relation to your funds entitlements including information about the effect on remaining insurance benefits (if any)?
- Have you signed and dated the form?

Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

Any questions?
133 731

askus@resolutionlife.com.au