

Enduring Rollover Authority

Information sheet

Use this form to request an ongoing annual rollover from your nominated super fund to pay the premium for the following insurance only superannuation policies:

- Life Insurance Superannuation Plan
- TPD Insurance Superannuation Plan
- Income Elevate Insurance Essentials Superannuation Plan
- Income Insurance Superannuation Plan

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

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 National Mutual Retirement Fund (NMRF).

Each amount requested from the transferring fund will be 85% of the annual premium payable on the Resolution Life Elevate policy.

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 superannuation 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 rollover request.

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What happens if I do not quote my Tax file number (TFN)?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

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

Any insurance cover for this product is issued by Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life). This product is issued by Resolution Life or by Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (Trustee) as trustee of either the National Mutual Retirement Fund ABN 76 746 741 299, RSE 1056310 or the Super Retirement Fund ABN 40 328 908 469, RSE 1067361 (each a 'Fund'). If Resolution Life is the issuer of the insurance policies to the Trustee for this product, the Trustee will receive the benefit from Resolution Life and provide the benefit to eligible Fund members.

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Resolution Life can be contacted at resolutionlife.com.au/contact-us or by calling 133 731.

3. Insured person/member's authorisation and declaration (continued)

- I declare I have 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 may have on my benefits.
- I discharge the trustee of the transferring fund of all further liability in respect of any amount transferred.

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
- I subsequently provide ETSL with an authority to 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 rollover does not proceed (unless an alternative payment has been arranged) and that my insurance cover may lapse.

Signature of insured person/member

X

Date signed

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Where to send this form

Mail or email this completed form to:

Resolution Life
GPO Box 5441
Sydney NSW 2001

Any questions?
133 731

insurance@resolutionlife.com.au

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