



Find My Super Pty Ltd ABN 69 093 681004
Suite 4.13, Level 4, 32 Delhi Rd, North Ryde NSW 2113
PO Box 115 North Ryde BC NSW 1670

**FMS clients please fax this form to 02 9870 7556 or scan/email to
info@findmysuper.com.au**

Our Ref:

"Find My Super" Search and appointment/authorisation form.

I _____ give authority to Findmysuper P/L & staff to be listed as authorised contact/s on my Tax File Number and to represent me under freedom of information for the purposes of locating and reporting on all superannuation matters that the Australian Taxation Office (ATO) have on file. This includes all active, unclaimed and superannuation guarantee accounts that match my tax file number until further notice.

Section A: Client details

Name of taxpayer in full:

Address of taxpayer:

Tax file number:

Date of birth of taxpayer:

Please provide this information to Findmysuper P/L by phone or mail direct to Find My Super when they make such a request on my behalf.

Taxpayers signature: _____

Date of Signing : ____/____/____

This is an important document, which cannot be copied, transmitted or reproduced without the written permission of Findmysuper P/L.

Section B: Superannuation Fund Nomination Form.

PLEASE CONSOLIDATE MY SUPER INTO THE FOLLOWING ACCOUNT:

YOUR PERSONAL DETAILS

Title: _____ Given Names: _____ Surname: _____

Street Address: _____ Suburb: _____ State: _____

Postcode: _____ Email: _____

Date of Birth: _____ Best Contact Number: _____

Please consolidate all my active and lost superannuation accounts into:

Plan name: _____ account/member number _____

AUTHORISATION AND DECLARATION:

I authorise Find My Super Pty Ltd to be appointed as my authorised representative of my superannuation account/s nominated above and to search all databases on my behalf for unclaimed superannuation or lost money until this authority is revoked by me. Unless approved by me, no other parties other than Find My Super Pty Ltd may retain the details I have provided. In signing this form and appointing Find My Super Pty Ltd as my authorised representative I understand that this will replace any existing representative on my account and I am aware that Find My Super will receive all payments including entry fees or trail commissions which are applicable to my account(s). I take full responsibility for my withdrawal/transfer out request of my other superannuation funds into the superannuation fund nominated on this form. If I am requesting a transfer, I understand and acknowledge the implications and effects of transferring my benefits from my existing superannuation plan/s to the fund or plan specified on this form including any withdrawal fees that may apply to plans or insurance benefits.

I have not sought any financial advice and I discharge Find My Super Pty Ltd and its license holder, Self-Managed Super Institute Pty Limited, from all responsibility.

I have read and understand the product disclosure statement from the fund that I have nominated. I understand Find My Super Pty Ltd may be entitled to receive an ongoing trail fee on my superannuation account if such a fee is paid at no additional cost. Please also appoint Find My Super AFSL 292925 as representative to my accounts until further notice. I have read and agree with the terms and conditions of the Find My Super Pty Ltd website and its privacy statement on the website.

Privacy statement: **Information You Give Us**

We receive and store any information you enter on our Web site or give us in any other way. This includes such things as your name, address, and suggestions about the superannuation funds with which you think you may have "lost" superannuation. This information is used to ensure that the information sources with which we consult, such as the Australian Taxation Office and the superannuation funds with which you have funds.

Signature of Superannuation member _____

Appointment accepted by Find My Super adviser _____

Section C: Payment Details

If you have already made a payment online please tick otherwise refer to payment options below.

Please deduct my consolidation fee of \$98 from my credit card.

Credit Card: MasterCard or Visa

Amount: \$98.00

Card Number:.....

Expiry Date:..... Last three number on reverse of card

Card Holder Name:.....

Signature:.....

Name of applicant registered with Find My Super:

.....

For EFT payment via Internet banking: please transfer \$98.00 to the following account

BSB 082-330

Account # 49-064-7906

Account Name: Find My Super

**PLEASE CONFIRM PAYMENT BY EMAILING YOUR PAYMENT RECIEPT TO
info@findmysuper.com.au**

IMPORTANT - Please note, we are unable to proceed with your consolidation if you do not email your payment confirmation.

Please complete this form in full and fax all pages to:

02 9870 7556

Or scan and email to: info@findmysuper.com.au

Or post to: Find My Super Pty Ltd, PO Box 115, North Ryde BC NSW 1670