

Internal transfer within the fund

Use this form to request a transfer within smartMonday superannuation products. Transferring can have an impact on your insurance, tax, fees and investments. We recommend you seek financial advice before completing this form. For more information, see the relevant Product Disclosure Statement (PDS) and/or speak with your financial adviser.

Important information

If you have any questions, please call us on **1300 880 588** or email enquiries@contact.smartmonday.com.au

For more information go to our website smartMonday.com.au

- **Adviser authority**—if you wish to transfer or appoint a financial adviser to your new account please ensure your adviser completes *Your adviser details*.
- **Insurance cover**—if you held insurance in your current account with AIA Australia your death cover and total and permanent disablement (TPD) cover will be transferred to your new account. If you wish to continue your income protection insurance, or advise us of a change in your occupation risk rating, you will need to complete an *Insurance changes* form available at smartmonday.com.au.
- **Investment strategy**—the investment strategy you have selected for your current account will transfer to your new account. You can change your strategy at any time by completing the *Switching investment options* form (or by calling us on **1300 880 588**) or by logging into your account on-line.

Your details

Title	Given names		
Surname			
Date of birth (DD/MM/YYYY)			
Postal address			
Suburb		State	Postcode
Phone (mobile)		Email	

Send your completed form to: Reply Paid 93268 Melbourne VIC 3001

smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the Fund). The trustee of the Fund is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. This document has been prepared by smartMonday on behalf of the Trustee. smartMonday products are part of the Fund.
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Your current membership details

Please select the appropriate option below.

☐ smartMonday DIRECT member—you are an individual member

☐ smartMonday PRIME member—you are a member of an employer-sponsored plan

Employer name

Member number *(if known)*

Your internal transfer

Please transfer the whole of my account balance to: (Tick one box)

☐ smartMonday DIRECT

☐ smartMonday PRIME

If you are transferring from smartMonday PRIME to smartMonday DIRECT membership, please give the date you terminated employment with the employer named above.

(DD/MM/YYYY)

New employer details

Name of your new employer

Date commenced with new employer
(DD/MM/YYYY)

Postal address of your new employer

Suburb

State

Postcode

Occupation

Industry

Employment status

☐ Full time

☐ Permanent part time

☐ Casual

☐ None

Total hours worked per week

Daily duties (including % time on each duty, eg manual duties 100%)

Privacy

The fund is subject to the trustee's privacy statement, which is available at eqt.com.au/global/privacystatement

Declaration and agreement

By signing this form I declare that:

- > I understand that, as a member of the relevant smartMonday product, I will be bound by the trust deed and the rules governing the Fund
- > I received a copy of the relevant Product Disclosure Statement (PDS) when I joined the Fund and I acknowledge that some terms and conditions (as set out in that PDS) may have changed over time
- > I have read the current relevant PDS which is designed to help me understand the product and to enable me to make an investment choice that is suitable for me
- > I have fully read this form and the information I have provided on this form is true and correct
- > I am aware that I may ask the trustee of the Fund for all information I need to understand my benefit entitlements in the Fund, and the effect of transfer on these benefit entitlements, and I do not require any further information
- > I understand the insurance cover and investment strategy transfers as outlined in *Important information* on page 1 of this form
- > I have read the privacy statement and consent to my personal information being handled in accordance with these policies.

Member's signature

Date (DD/MM/YYYY)