

# ENDURING ROLLOVER AUTHORITY REQUEST



**Diversa Trustees Limited (Trustee)**  
ABN 49 006 421 638, AFSL 235153, RSE L0000635

**Protect Super Plan, a division of OneSuper**  
ABN 43 905 581 638, RSE R1001341

**NEOS Life (NEOS), a registered business name of Australian Life Development Pty Ltd**  
ABN 96 617 129 914, AFSL 502759

## How to complete and return this form

This form is writable, so you can save a copy to your computer, type in your responses and email the completed form to [customer@futuraproject.com.au](mailto:customer@futuraproject.com.au).

By completing this form, you consent to the rollover or transfer of part of the super benefits from your nominated super account, to the Protect Super Plan for Futura Protection, each year for the insurance premiums due on your Futura Protection plan.

Please ensure your nominated super fund has a sufficient account balance to pay for your insurance premiums and to continue to meet any minimum balance requirements of that fund.

## Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on **1300 407 349** or email us at [customer@futuraproject.com.au](mailto:customer@futuraproject.com.au)

## Plan details

Futura Protection plan number

## Member/insured person details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Name	<input type="text"/> First name	<input type="text"/> Middle name	<input type="text"/> Last name			
Previous last name*	<input type="text"/>			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

*Under the Superannuation Industry (Supervision) Act 1993, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. Your TFN will be used for identification purposes and will be disclosed to your other super provider, unless you request in writing that it's not disclosed. If we're unable to identify you, we may request additional information.*

## Current address

<input type="text"/> Unit number	<input type="text"/> Street number	<input type="text"/> Street name	
<input type="text"/> Suburb	<input type="text"/> State	<input type="text"/> Postcode	<input type="text"/> Country

*\*If you've changed your last name since you established your nominated superannuation fund, please include your previous last name.*

## Fund details

Please provide the details of your nominated superannuation fund from which partial rollovers or transfers will be made to the Protect Super Plan on an ongoing basis.

Refer to your last benefit statement from your nominated fund to help you complete these details.

Fund name	<input type="text"/>
Fund ABN	<input type="text"/>
Fund USI*	<input type="text"/>
Member number	<input type="text"/>

\*USI stands for Unique Superannuation Identifier.

## Authority and declaration

By submitting this Enduring Rollover Authority Request form, I am making the following statements:

- › I request and consent to the transfer, from time to time, of part of my account balance from another super fund to the Protect Super Plan (and any successor fund), for the payment of my insurance premiums.
- › I have read the important information in the Protect Super Plan for Futura Protection Product Disclosure Statement (Super PDS) about my tax file number (TFN) and consent to providing my TFN for legal purposes, including finding my super benefits, providing information to the ATO, and providing information to another super fund in order to transfer benefits.
- › I understand that the Trustee is unable to accept contributions, or rollovers that:
  - Have an untaxed element
  - Contain United Kingdom (UK) transfer or New Zealand KiwiSaver transfer amounts; or
  - Aren't equal to the specific amount due.
- › I authorise Diversa Trustees Limited ABN 49 006 421 638 (as Trustee for OneSuper) or the trustee of any successor fund, to act on my behalf in arranging the transfer.
- › This authority continues until the earliest of the following:
  - I request in writing for this transfer authority to cease
  - I request in writing for this transfer authority to be replaced; and
  - the Futura Protection plan otherwise ends in accordance with the terms and conditions of the Futura Protection Product Disclosure Statement and Policy Document.
- › I authorise the administrator of the Protect Super Plan, NEOS, or its delegate, to contact my nominated super fund to obtain details relevant to transferring part of my account balance where required.
- › I understand that I need to ensure my nominated super fund has a sufficient account balance for an amount to be transferred to pay the insurance premiums required and to continue to meet any minimum balance requirements of that nominated super fund.
- › I understand that the trustee of my nominated super fund is discharged from any further liability in respect of any account balance transferred to the Protect Super Plan.
- › I understand that transfer fees (if any) and/or exit fees or penalties from my nominated super fund may be deducted from my remaining account balance (subject to legislative restrictions).
- › I acknowledge that my insurance premiums will remain unpaid if the transfer does not proceed and that my insurance cover will lapse. I understand that I must contact NEOS immediately if I'm notified that the transfer has been unsuccessful.
- › I agree that if OneSuper or the Trustee change at any time, then this enduring rollover authority applies to authorise the trustee, and administrator of the successor fund, to arrange the transfer of part of my account balance from my nominated super fund, into the successor fund, for the payment of my insurance premiums.



**futuraprotect.com.au**

GPO Box 239, Sydney NSW 2001

e: [customer@futuraprotect.com.au](mailto:customer@futuraprotect.com.au) t: 1300 407 349