I'd like to keep my super with Prime Super form

SECTION 1 – PERSONAL DETAILS

Please complete this form if you do not want your super savings transferred to the Australian Taxation Office (ATO). Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable.





Member Number	Date of Birth (DDMMYYYY)								ile N	umbe	r						l			
0											T:41 -									
Surname											Title	Mr		Mrs		Miss		Ms	Dr	
Given Names						1]				1	Geno]0		
																Male			Female	
Residential Address						,							1	1						
Town/Suburb/City											State			; F			Post	Postcode		
Phone Number (BH)	Phone Number (AH)]	Mobile Number			y r						
LIIIdii																				
Employer													l		l					
Occupation																				
CECTION O FETCU MV CUDED																				
SECTION 2 – FETCH MY SUPER																				
The reality is, if you have ever changed jobs, you account, then at least you know where all your s		-		oney b	ehind.	This	is you	ır mo	ney!	Let u	s finc	l it f	or yo	u , pu	ıt it ir	ı your	r Prir	ne Su	per	
All you have to do is provide us with your consen you the paperwork to sign and send back to us. It			. We	II then	use the	ATO'	s Sup	er M	latch	facilit	y to f	ind a	ny su	ıper y	ou m	ay ha	ave t	hen s	end	
Please be aware that this process can take a nur If we don't have your email address on the systen					•				nunic	ate w	rith yo	ou re	gularl	ly via	emai	I to k	eep	you in	formed.	
Tick the box to consent 🗸																				
I hereby authorise Prime Super to use my p active super I may have with other funds or													-						1S.	
I understand that all of the information I pro on my behalf. If the information is incorrect 1800 675 839 or doing so directly via the s	Prime S	uper wi	II not	ify me	directly	and I	will b	e re	spons	sible f	or up	datir	ng the							
I understand that the process of finding my									-					ive th	e par	oerwo	ork ir	the r	nail.	





SECTION 3 – CONSENT & DECLARATION

a "lost member' choose to do thi	•				-					_	•	-		a "Io	ost m	embe	er" bu	it if I	
Full Name																			
Member Signature							Date	(DDN	ИΜΥΥ	YY)]						

• I do not want my account to be automatically transferred to the ATO without my consent and I wish to be permanently excluded from being considered

WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

 Mail
 Prime Super
 Freecall
 1800 675 839

 Locked Bag 5103
 Fax
 1800 023 662

Parramatta NSW 2124 Email administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on 1800 675 839 (8.00am to 8.00pm Monday-Friday Sydney time).