

Super Essentials Benefit Transfer form

This form is used when you wish to transfer benefits from another superannuation fund to The Portfolio Service Retirement Fund – Super Essentials ('the Plan'). A separate form must be completed for each benefit you wish to transfer. Please provide the form to the payee institution. Please note your other superannuation fund may charge an exit fee when you transfer. You should make sure you understand all the effects of transferring your benefits (including insured benefits) before you do so.

Please complete all 3 pages.

1. Personal details

Are you an existing investor? Yes No

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

Suburb/Town	State	Postcode	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone (home)	Telephone (business)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Male	Female	ABN	TFN	Date of birth (dd/mm/yy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

2. Previous fund details

Name of previous fund or company

Fund/company address

Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan/Member number	Date left service	Approximate benefit payable
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$

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3. Financial Planner details

Name

AFSL holder

Authorised Representative number

Names of staff authorised to receive information from previous fund

4. Signature and declarations

- I authorise the persons named above to act on my behalf and confirm that the trustee of the previous fund is authorised to release information.
- I understand that I may ask the Trustee of my previous fund for all the information I reasonably need to understand my benefit entitlements, including information about fees and charges that may apply to the transfer and information about the effect of the proposed transfer on my entitlement to benefits. I do not require any such information.
- I authorise the transfer of my benefits from my previous fund to the Plan.
- I authorise the transfer of any contribution that my employer or previous employer makes to my previous fund after benefits have been transferred to the Plan.
- I understand that in certain circumstances the Plan may have to deduct tax from the untaxed portion, if any, of my superannuation benefits.
- I authorise the deduction of exit fees (if any) from the benefits transferred from my previous fund (subject to legislative restrictions).

Signature of applicant

Date

Instructions

Please make cheques payable to: **Questor Financial Services Limited at TPS Retirement Fund**
Send to: **Questor Financial Services Limited, Locked Bag 4004, Queen Victoria Building NSW 1230**

1 October 2010

Letter of Compliance

This letter can be provided to the superannuation fund or retirement savings account provider you are transferring your benefits from in order to confirm that The Portfolio Service Retirement Fund is a complying superannuation fund.

To whom it may concern

The Portfolio Service Retirement Fund – Super Essentials

- Superannuation Product Identification Number ACU0017AU
- Australian Business Number (ABN) 92 861 884 632

The Portfolio Service Retirement Fund is a resident regulated superannuation fund constituted under a trust deed dated 10 December 1992. The trustee of the Fund is Questor Financial Services Limited ('Questor').

Questor has not received, nor does it expect to receive, a Section 63 Notice under the Superannuation Industry (Supervision) Act 1993.

Yours faithfully,



Christopher Kelaher
Managing Director