

# SuperTrace Eligible Rollover Fund – Trustee Nomination Form

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 (ETSL), is the Trustee of SuperTrace Eligible Rollover Fund ABN 73 703 878 235 which is administered by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA).

## Important information:

- The effective date for processing transfers and rollovers into SuperTrace is the date the funds and all necessary completed documentation are deemed to be accepted by us.
- If you have less than 10 transferring members per month, information may be provided by hardcopy if preferred.
- For initial transfers, we cannot accept your transfer unless we have received a completed Trustee Nomination Form.

Please write in BLOCK letters and use a ballpoint pen to complete this form.

## Fund Details

Superannuation fund name

ABN  USI

Trustee name

Full name of contact person

Trustee address

State  Postcode

Telephone number (  ) Facsimile number (  )

Email address

By providing your email address, you agree to receiving information on legislative changes and information on products or services that may be of benefit or interest to you by email.

Administrator's name

Full name of contact person

Administrator's address

State  Postcode

Telephone number (  ) Facsimile number (  )

Email address

## Trustee Declaration

I/We hereby nominate the SuperTrace Eligible Rollover Fund as the approved eligible rollover fund for the members of the above named fund/account.

I/We hereby declare that we are a complying Superannuation Fund under the Superannuation Industry (Supervision) Act 1993.

Authorised trustee signatory(ies)

Date

Date

Please return this form to:

The Administrator  
SuperTrace  
Locked Bag 5429,  
Parramatta NSW 2124

# Schedule 1 – Member Data Requirements

## Data requirements:

- If any of the below information is not available please include blanks.
- No commas to be included in file.
- All text to be in upper case.
- If using this schedule, information must be passed to CMLA via email using the specified Excel format.

| Description   | Comments      | Field width | Format     | Note |
|---|---------------|-------------|------------|------|
| Your Member number  | Non-Mandatory | 10          |            |      |
| Surname   | Mandatory     | 60          |            |      |
| Given name  | Mandatory     | 30          |            |      |
| Title Mr/Mrs  | Mandatory     | 4           |            |      |
| Address 1 (House No & Street)   | Mandatory     | 40          |            | 1    |
| Address 2   | Non-mandatory | 40          |            | 1    |
| Suburb/Town (for Australian suburbs e.g. Pyrmont, Toorak etc, for overseas the country name e.g. 'New Zealand') | Mandatory     | 19          |            | 1    |
| State (for Australia states e.g. QLD, NSW etc; for overseas 'OTH')  | Mandatory     | 3           |            | 1    |
| Postcode (for Australia postcodes e.g. 2001, 4121 etc. If state = 'OTH' postcode must = '9999')                 | Mandatory     | 4           |            | 1    |
| Sex   | M or F        | 1           |            |      |
| DOB   | Mandatory     | 10          | dd/mm/yyyy |      |
| Tax File Number   | Non Mandatory | 9           | nnnnnnnn   | 2    |
| Date started/Eligible Service Date  | Mandatory     | 10          | dd/mm/yyyy |      |
| Tax Free  | Mandatory     | 15          | nnnnnn.nn  |      |
| Element Taxed   | Mandatory     | 15          | nnnnnn.nn  |      |
| Element Untaxed   | Mandatory     | 15          | nnnnnn.nn  |      |
| Preserved amount  | Mandatory     | 15          | nnnnnn.nn  |      |
| Restricted non-preserved  | Mandatory     | 15          | nnnnnn.nn  |      |
| Unrestricted non-preserved  | Mandatory     | 15          | nnnnnn.nn  |      |
| 'Lost' Member per SIS   | Mandatory     | 1           |            |      |
| SFN/USI number  | Mandatory     | 14          |            |      |
| Financial year ending   | Non Mandatory | 10          | dd/mm/yyyy |      |
| Employer Contributed amount   | Non Mandatory | 15          | nnnnnn.nn  |      |
| Personal Contributed amount   | Non Mandatory | 15          | nnnnnn.nn  |      |
| CGT Small business  | Non Mandatory | 15          | nnnnnn.nn  |      |
| CGT Small business 15 year  | Non Mandatory | 15          | nnnnnn.nn  |      |
| Personal Injury election  | Non Mandatory | 15          | nnnnnn.nn  |      |
| Spouse contributions  | Non Mandatory | 15          | nnnnnn.nn  |      |
| Other family contributions  | Non Mandatory | 15          | nnnnnn.nn  |      |
| Direct termination payments   | Non Mandatory | 15          | nnnnnn.nn  |      |
| Reserves assessable amount  | Non Mandatory | 15          | nnnnnn.nn  |      |
| Reserves non assessable amount  | Non Mandatory | 15          | nnnnnn.nn  |      |
| Total contributions   | Non Mandatory | 15          | nnnnnn.nn  |      |
| Paying institution name   | Non Mandatory | 60          |            |      |
| Tax free ceiling  | Mandatory     | 15          | nnnnnn.nn  |      |

## Notes:

1. Overseas addresses – State='OTH', Postcode = '9999'
2. If you have the member's TFN, please provide