

Transfer election

Please complete this form and forward it to your Airservices Australia payroll officer if you wish to transfer your entire AvSuper Corporate entitlement from the defined benefit division to the accumulation division. Please complete a **nominate or switch investment options** to make an investment choice for your new account.

Personal details

Surname		Mr/Mrs/Ms/Miss
<input type="text"/>		
Given names		
<input type="text"/>		
Telephone (daytime)	Mobile	AvSuper member number (this is your payroll number)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Date of birth	
<input type="text"/>	<input type="text"/>	

Please let us know of any new address details via **AOL** or a **Change of details** form.

Nomination of contribution amount

On transfer to the accumulation division I would like to contribute an amount of:

\$ per fortnight from my before-tax salary **OR** after-tax salary.

Note: The amount you enter must be in multiples of a dollar and not a percentage amount.

Insurance

Your existing death and disablement insurance cover will continue as Corporate Cover with applicable fees.

☐ I elect to have insurance cover even if my account becomes inactive (ie does not receive any contributions for 16 months).

You may apply for additional voluntary cover - please read a **Guide to AvSuper for Corporate Members** and the **AvSuper member insurance guide** for details before applying online or completing the **Voluntary insurance** application.

Transfer authority

- I acknowledge I have received sufficient explanatory information about transferring including reading the **AvSuper guide for Defined Benefit members**.
- I request and authorise the transfer of my AvSuper entitlement from the defined benefit section to the accumulation section and confirm that I have received and read a copy of the [Corporate Product Disclosure Statement \(PDS\)](#), available from **www.avsuper.com.au**
- I acknowledge that my entire entitlement will be transferred and my decision cannot be reversed.
- I consent to my TFN being used to search the ATO database for other super accounts I may have. ☐ Yes ☐ No
- I have accessed the AvSuper privacy notice (available from **www.avsuper.com.au** or by phoning 1300 128 751).
- I understand that I have a current and ongoing duty to take reasonable care to not misrepresent anything that may influence the insurer's decision about my cover. I have read the full **duty to take reasonable care** on AvSuper's website.

Signature *(If submitting this form via email, please type your name below.)*

Date

An election to transfer to AvSuper's accumulation division can only be considered to have been made if this election form is received by your payroll area. If electing to contribute in pre-tax dollars please contact your Airservices Australia payroll officer about establishing/maintaining a salary sacrifice arrangement.

For Payroll use only

Payroll ID	Actioned on payday	Copy of form to AvSuper
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last day of Defined Benefit membership		
<input type="text"/>		