| Shadforth Portfolio Service | Super



2 April 2024

Transfer to Super

Use this form when you wish to transfer your existing superannuation or pension account, or part of your account, within the Fund into your existing Shadforth Portfolio Service Super account.

Important information:

- Before sending us your completed form, we recommend you consider the Product Disclosure Statement (PDS). The PDS will help you understand the product and decide if it is appropriate for your needs. A copy of the PDS is available at **portfolio.sfg.com.au**.
- You'll need to complete all the questions on this form and sign the declaration on the last page.

Please complete these instructions in BLACK INK using CAPITAL LETTERS and \checkmark boxes where provided.

| Step 1: Member details | |
|---|--|
| Existing account number (this is the account you're transferring from): | |
| | |
| Title (Dr/Mr/Mrs/Ms/Miss) Surname | |
| Given name(s) | |
| Step 2: Details required for transfer | |
| Account number you're transferring to: | |
| Amount to be transferred: | |
| Entire balance | |
| OR Partial transfer of \$ | |

The minimum amount to leave in your existing account is \$10,000 plus any liabilities.

Investment instructions

Full Transfers

Your investment options will be transferred to your existing Shadforth Portfolio Service Super account where possible. Investment options not available in your existing Shadforth Portfolio Service Super account will be redeemed and invested in the Cash Account until you provide us with investment instructions. If transferring from a pension account the minimum pension payment must be met before we can complete the full transfer.

Partial Transfers

Important note: Please ensure you have met the relevant remaining minimum balance requirements of the existing account.

 $Please\ list\ below\ the\ investments\ and\ amount\ you\ wish\ to\ transfer.\ Partial\ transfers\ of\ SMA\ Model\ Portfolios\ are\ not\ available.$

| APIR code/ASX Code | Name of investment option | Units |
|--|---|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Step 3: Beneficiary nominations of the step 3: Beneficiar | not carry across to your existing account as specified in Step 2. Would you like to estabunt? | |
| Step 4: Insurance transfe | er | |
| Would you like to transfer any existing insueven if my balance is less than \$6,000 and, Yes No | rance cover to the target account specified in step 2? I acknowledge I'm electing to I for I'm under age 25. | retain my insurance |

Please note: We may contact you for further information, including to confirm your smoker status or occupation.

Step 5: Member/applicant declaration and signature

Important note: The Trustee collects the information in this form in order to process your transfer.

Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at sfg.com.au/portfolio/privacy. If you do not provide all of the requested information, we may not be able to action your request.

By signing this form, I confirm:

- I consent to the transfer of superannuation as described above and authorise the Trustee to give effect to the transfer.
- I have received and considered the current PDS for my superannuation account.
- I understand that where I have chosen an investment with a long withdrawal period (illiquid investments) or there are delays receiving proceeds from selling my investments, any withdrawal or transfer request may be delayed for more than 30 days.
- I acknowledge that my account will not be re-weighted as a result of this transfer.
- I have received and considered the relevant PDS and Target Market Determination (where relevant) for each of the investment options selected.
- I understand and acknowledge the implications (including any potential impacts to my existing insurance) of transferring my superannuation to my nominated Shadforth Portfolio Service account.
- The amount of any Member Advice Fee(s) that are paid to my financial adviser, as agreed by me, will be an additional cost to me and charged against my super account. A Member Advice Fee will not be charged unless I tell the Trustee to do so.

| Member signature | |
|---|--------------|
| | |
| | Date / / / / |
| | |
| Please forward all correspondence and enquiries to: | |

Post: Shadforth Portfolio Service

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