

Please return completed form to:

Super Safeguard

GPO Box 3426

MELBOURNE VIC 3001



super safeguard

Client Number Date of Birth

Surname Given Names

Postal Address

Suburb State Postcode

Residential Address

Suburb State Postcode

Contact Details

Home Phone Work Phone Mobile

Email

Proof of Identity Requirements

To ensure the security of your benefit we require a copy of certified proof of your identity. Your application may be delayed if you do not supply appropriate requirements with your application.

I have attached a copy of certified identification.

Other Fund Details

I wish to transfer my entire account balance **TO** the Super Safeguard Fund **FROM**:

Name of Fund

ABN SPIN Membership Number

Address

Suburb State Postcode

Phone

Declaration

- I authorise the transfer of my benefits held in the above mentioned fund to the Super Safeguard Eligible Rollover Fund, which I understand is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I understand that the trustee of the above mentioned fund is discharged from any further liability in respect of any amount once benefits have been transferred.
- I approve of the deduction of transfer fees in the above mentioned fund and Government taxes (if any) from the benefits transferred (subject to legislative restrictions).
- I have understood all the questions in this form and confirm that all the answers and statements I have made are true and complete.

Signature

Date

Please return this form to:

Super Safeguard
GPO Box 3426
MELBOURNE VIC 3001

For further Information:

Phone: 1300 135 181
Fax: 1300 135 191
Email: enquiries@supersafeguard.com.au
Website: www.supersafeguard.com.au