

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.

### Tax File Number

The Fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The Trustee of the Fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the Trustee of the Fund in writing that your TFN not be disclosed to any other superannuation provider.

My Australian Tax File Number is:

### Benefit Payment Details

I wish to transfer my entire account balance  OR an amount of \$  to

Name of Fund

ABN  SPIN  Membership Number

Address

Suburb  State  Postcode

Phone

## Declaration

- 1) I understand that if I have requested to transfer my entire account balance:
  - my membership with Super Safeguard will be terminated
  - the Trustee will be released from any further liability and obligation to me or my legal personal representative or any other person claiming in respect to my participation in Super Safeguard.
- 2) I understand that if I choose **not** to quote my Tax File Number and it has not been provided to the Fund previously, the Trustee is required to deduct tax at the top marginal rate plus Medicare levy.
- 3) I agree that my TFN can be provided to the Trustee of the superannuation fund I am transferring to.
- 4) I have read the notes in this form and declare that the information supplied by me is correct.
- 5) I understand that by signing below, I am authorising the Trustee to transfer my benefit as indicated on the form.

Signature

Date

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Super Safeguard  
GPO Box 3426  
MELBOURNE VIC 3001

**For further information:**

Phone: 1300 135 181  
Fax: 1300 135 191  
Email: [supersafeguard@primary.com.au](mailto:supersafeguard@primary.com.au)  
Website: [www.supersafeguard.com.au](http://www.supersafeguard.com.au)