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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Member Number | |  | USI | 46 074 281 314 003 | |  | | Tax file number | |  | Fund Reg No | R1070743 | SPIN | TCS0008AU | | Mr/Mrs/Ms | Given name/s |  | Surname |  | DOB |  | | Residential address | |  | |  | |  | | Suburb/Town/City | |  | State |  | Postcode |  | | Postal address  (if different to residential) | |  | |  | |  | | Suburb/Town/City | |  | State |  | Postcode |  | | Mobile | |  | Alt. number |  | Fax |  | | Email address | |  | |  | |  |   **Details of Previous Fund** (Please attach a copy of your previous fund statement)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of Previous Fund\* |  | Member Number |  | | | | Unique Superannuation Identifier |  | Australian business number (ABN) |  | | | | Postal address of fund |  |  |  | | | | Suburb/Town/City |  | State |  | Postcode |  | | Phone Number |  | Fax |  | | | | Approximate amount of benefit | $ |  |  | | | | If partial rollover, specify amount | $ |  |  | | | |

**Declarations and Signature**

I request and authorise the transfer of superannuation as described above and authorise the trustee of my previous superannuation fund nominated above to give effect to the transfer of my benefit to the DIY Master Plan.

I hereby authorise the Trustee of my previous fund to provide information regarding my superannuation account to the Administrator of the DIY Master Plan I discharge the trustee of my previous fund from any further liability in respect of any amount once the benefit has been transferred to DIY Master Plan.

I approve the deduction of any transfer fees by my previous superannuation fund (if any) from the benefit transferred (subject to legislative restrictions).

I am aware I may ask my previous superannuation fund for information about any fees or charges that may apply, or any information about the effect this transfer may have on my benefits, and do not require any further information.

I acknowledge and understand that the Trustee cannot provide me with advice about the transfer of my benefit to the DIY Master Plan and that if I require such advice I should consult an appropriately qualified financial adviser.

I understand that in certain cases the Trustee may be required to deduct tax from the untaxed portion (if any) of the transferred amount.

I request that any contributions received by my previous fund after payment of my benefit be transferred to my Account with DIY Master Plan.

I declare that all of the details given in this form are true and complete

|  |  |
| --- | --- |
| Authorised Signatory |  |
| *«TableStart:AuthorisedSignatoryList»   «SignatoryName»* | *«DocumentSignerTag»«TableEnd:AuthorisedSignatoryList»* |