PROGRESSIVE SUPERANNUATION

ABN 21 871 924 959 SFN 110 630 941 R 1056976

TRANSFER AUTHORITY

Complete this Transfer Authority if you want to authorise the transfer / rollover of money to Progressive Superannuation Fund from another superannuation fund (*FROM* Fund) and return the form to Progressive Superannuation, Level 4, 131 Clarence Street, Sydney 2000.

Progressive Superannuation will contact the *FROM* Fund to arrange your authorised Rollover / Transfer and copy the correspondence to you.

If you need help to complete this Transfer Authority, please telephone Progressive Superannuation - (02) 9299 5843.

YOUR PERSONAL AND PROGRESSIVE SUPERANNUATION MEMBERSHIP DETAILS

Title _____ First name(s) _____ Surname _____ Date of birth _____

Address _____

Tax File No. _____ Phone _____ Progressive Superannuation Membership No. _____
(Not obliged to disclose)

Previous Address _____
(If held by *FROM* Fund)

DETAILS OF *FROM* FUND AND ACCOUNT FROM WHICH TRANSFER IS AUTHORISED

Fund Name _____ Membership/Policy/Account No. _____

ABN _____ SPIN _____ Contact No. _____

If you have multiple account numbers with this fund, you must complete a separate form for each you wish to transfer

PROOF OF IDENTITY

☐ I have attached a certified copy of my driver's licence OR passport.
OR
☐ I have attached certified copies of BOTH my Birth/Citizenship Certificate OR Centrelink Pension Card AND a Centrelink payment letter OR Government OR local council notice (<1 year old) with my name and address.

AUTHORISATION

By signing this Transfer Authority form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I request the superannuation provider of my *FROM* fund to transfer benefits from my *FROM fund* account identified above to Progressive Pty Limited (ABN 53 075 411 371) as trustee of the receiving fund Progressive Superannuation Fund (PSF) – Please make cheques payable to Progressive Pty Limited and send to: Progressive Superannuation Fund, Level 4, 131 Clarence Street Sydney NSW 2000;
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I discharge the superannuation provider of my *FROM* fund of all further liability in respect of the benefits paid and transferred to Progressive Superannuation Fund.
- I authorise the transfer of any contribution still to be made by my employer which may be received after benefits have been transferred to my Progressive Superannuation Fund account.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

NAME (Print in BLOCK LETTERS) _____

Signature _____ Date _____