



Transfer Authorisation

This form is used when you want us to arrange for your other superannuation accounts to be transferred into your Taxi Super account.

Your Full Name:

Your Address:

Your Date Of Birth:

Your Member Number:

1. Details of the Account to be Transferred into the Taxi Industry Superannuation Fund

Fund Name:

Fund Address:

Fund Telephone Number:

Your Member/Policy number for the account to be transferred

If an Employer contributed to this account, advise the approximate date that you left that employer:

2. Your Authorisation

By signing this form, you:

1. authorise the Trustee of Taxi Super to make arrangements with your previous super plan to have the benefits transferred into your account in this plan, and understand that this notice is irrevocable.
2. request that any contributions received after payment of your benefit be redirected to your account.
3. understand that the Trustee of your previous fund is discharged from any further liability in respect of any amount once benefits have been transferred.
4. understand that both superannuation funds are complying funds under Commonwealth Government legislation.
5. understand that in certain cases the Trustee may be required by law to deduct tax from the untaxed portion, if any, of the Eligible Termination Payment [ETP].
6. approve the deduction of transfer fees [if any] from the benefits transferred [subject to legislative restriction].
7. understand that transfers between funds are done on at least a quarterly basis.
8. authorise the Trustee and Fund Administrator of the previous fund to release information regarding your account in the previous fund to Taxi Super.

3. Your Signature

Member's Signature:

Date:

In order to comply with Federal Government Anti Money Laundering Legislation, please provide a certified copy of your drivers licence or passport with this form.

4. Information for the Trustee/Administrator of the Account to be Transferred

Trustee and Cheque Payee: TCSSL ATF Taxi Industry Superannuation Fund