

## 1. Personal Details Of Member

Fund Name

Account or Policy Number

Name (Title)  (First Name)  (Middle Name)  (Surname)

Postal Address (PO Box OR Street No. and Name)  (Suburb)  (State)  (Postcode)

Telephone Home  ( ) Business  ( ) Date of Birth  /  /

## 2. Details of Fund I Wish To Rollover From

Fund Name

Fund's Postal Address (PO Box OR Street No. and Name)  (Suburb)  (State)  (Postcode)

Fund Telephone Contact  ( ) Current Fund Account or Policy Number  ( )

## 3. Member Details At Previous Fund (if different from details in Question 1.)

Name (Title)  (First Name)  (Middle Name)  (Surname)

Postal Address (PO Box OR Street No. and Name)  (Suburb)  (State)  (Postcode)

## 4. Declaration

I request that you transfer benefits from my other Fund to TOWER Superannuation Pty Ltd (the Trustee) as Trustee of the receiving Fund. I authorise TOWER to act on my behalf in arranging the transfer;

I authorise the transfer of any contribution still to be made by my previous employer which may be received after benefits have been transferred to my new fund;

I understand that the Trustee of my previous fund is discharged from any further liability in respect of any amount once benefits have been transferred;

I understand that in certain circumstances, TOWER may be required to deduct tax from the untaxed portion (if any) of the amount transferred;

*Please note that your current fund or roll-over institution might not accept our Transfer Authority. If this happens they may write to us directly. We encourage you to contact us or your adviser if this happens so we can assist you with their paperwork.*

To be returned to: TOWER Employee Benefits  
TOWER Australia Limited  
PO Box 142  
Milsons Point NSW 1565  
Tel: (02) 9448 9000 Freecall: 1800 812 992

All cheques must be payable to:

TOWER Australia Limited  
PO Box 142  
Milsons Point NSW 1565

- I approve the deduction of transfer fees (if any) from the benefits transferred (subject to legislative restrictions);

Signature of Applicant

Date

(If this form is photocopied, each copy must be signed otherwise the other manager may not accept this authority)