

## Transfer of Superannuation Benefit Request

Aracon Superannuation Pty Ltd as Trustee for the Cashel Super & Pension Plan AFSL 507184 ABN 13 133 547 396

### I. Cashel Super & Pension Plan Member Details (if known)

Member Number:		USI:	40586548205005	
Tax file number:				
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:				

### 2. Details of Previous Fund (Please attach a copy of your previous fund statement)

Name of Previous Fund: *		Member Number: *		
Unique Superannuation Identifier: *				
Postal address of fund:				
Suburb/Town/City:		State:		Postcode:
Phone Number:		Fax:		
Approx \$ of benefits: *	\$			
If partial rollover, specify amount: *	\$			

**Proof of Identity \***

Please attach a certified copy of your driver's licence or passport; **OR**  
Certified copies of Birth/Citizenship certificate or Centrelink pension card **AND**  
Centrelink payment letter or government or local council notice (> 1 year old) with name and address

\* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

**3. 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 Cashel Super & Pension 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 Cashel Super & Pension 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 Cashel Super & Pension 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.

Signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>