



ABN 46 074 281 314
Fund Registration Number R1070743

Transfer of Superannuation Benefit Request

Mail to:

P O Box 7540
GCMC QLD 9726
Phone 07 5555 5656
Fax 07 5574 0400

Diversa Trustees Limited AFSL 235153 ABN 49 006 421 638

DIY Master Plan Member Details (if known)

Member Number		USI	46 074 281 314 001		
Tax file number		FRN	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			
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



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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.

Signature

Date

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