



Australian Government

FILE COPY

# Request to transfer whole balance of superannuation benefits between funds under the Superannuation Industry (Supervision) Act 1993

## COMPLETING THIS FORM

Read the important information pages  
Refer to instructions where indicated with a ➔  
This form is only for whole (not part) balance transfers.

## AFTER COMPLETING THIS FORM

Sign the authorisation  
Send form and certified proof of identity documents to either  
your FROM or TO fund.

## Personal details

Title: Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other ☐

\*Family name PAPPIN

\*Given names GRETTA JANINE

Other/previous names SMITH

\*Date of birth Day 25 / Month 06 / Year 1971

Tax file number 171 489 208

Under the Superannuation Industry (Supervision) Act 1993, you are not obliged to disclose your tax file number, but there may be tax consequences.

➔ See 'What happens if I do not quote my tax file number?'

\*Gender Male ☐ Female ☒

\*Contact phone number 040 305 4677

## Residential address

\*Address 3 BELAH COURT

\*Suburb ALBANY CREEK

\*State/territory Qld \*Postcode 4035

## Previous address

➔ If you know that the address held by your FROM fund is different to your current residential address, give details below.

Address

Suburb

State/territory Postcode

## Fund details

### FROM

\*Fund name MLC Masterkey Superannuation Five Star

Fund phone number 132 652

Membership or account number 17079192 003565481

Australian business number (ABN) 93 002 814 959

Superannuation product identification number (SPIN) 281440944 (?)

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

### TO

\*Fund name DZ & GTJ PAPPIN SUPERFUND

\*Fund phone number 07 3205 7211

\*Membership or account number

Australian business number (ABN) 49 679 911 411

Superannuation product identification number (SPIN)

❗ You must check with your TO fund to ensure they can accept this transfer.

## \*Proof of identity ➔ See 'Completing proof of identity'

☒ I have attached a certified copy of my driver's licence or passport

OR

I have attached certified copies of both:

☐ Birth/Citizenship certificate or Centrelink pension card

AND

☐ Centrelink payment letter or government or local council notice (<1 year old) with name and address

## Authorisation

By signing this request form I am making the following statements:

I declare I have fully read this form and the information completed is true and correct.

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.

If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.

I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.

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)

GRETTA PAPPIN

\*Signature

\*Date Day 02 / Month 02 / Year 2012

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



I, KAS MARTIN, CONFIRM THIS IS A TRUE  
~ CORRECT COPY.

*K. A.*

AKSL SINCE MAY 2008 # 253 782.  
0407 149 989