



Australian Government

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 detailsTitle: Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other ☐*Family name **PAPPIN***Given names **DAMIEN ZANE PAPPIN**

Other/previous names

*Date of birth **28 / 07 / 1971**Tax file number **172 728 560**

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See 'What happens if I do not quote my tax file number?'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 **0401 588220****Residential address***Address **NO 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 **METAL APPAREL SUPERANNUATION FUND**Fund phone number **1300 764 153**Membership or account number **917554245**Australian business number (ABN) ☐Superannuation product identification number (SPIN) ☐

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 **DZ4GJ PAPPIN SUPER FUND***Fund phone number **0401588220**

*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)

DAMIEN ZANE PAPPIN

*Signature

*Date **02 / 02 / 2012**

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



I, KAIS MARTIN, CONFIRM

THIS IS A TRUE & CORRECT COPY.

13. 12. 2011

AKSL 253782 Since May 2008.