Super Assured RSA Transfer Authority.



This form is to be completed when you wish to roll funds from another superannuation fund into your Defence Bank Super Assured RSA.

Download, save and send this form to investments@defencebank.com.au

Applicant to comp	lete this section.	
Member details.		
RSA holder number.		Phone.
Member name.		Email.
Tax File Number.		
Rollover request.		
I request you transfer Defence Bank Limited		Defence Bank Retirement Savings Account (RSA) with
I authorise you to prov	ride all relevant information and to forward the fu	nds (and any relevant documentation) for transfer to Defence Bank.
My current fund / account name.		
My current fund / account number.		
My current fund USI (Unique Superannuation Indentifier).		
My current fund A.B.N	٦.	
How much of your ben	nefit do you wish to rollover?	
Full rollover.		
Partial rollover.		
If partial rollover please specify amount.	. \$	
	ow you would like your deposit to be allocat	ed.
The amount you wish	to invest is:	Select the term:
Variable rate.	\$	6 months.
The amount you wish	to invest is:	12 months.
Term deposit (minimum \$10,000).	\$	24 months.
	y be subject to tax, government charges and fees w te from the options above, the funds will automatic	which are payable prior to the investment in your RSA term deposit option. cally default to your variable account.
Declaration and a	cknowledgement.	
• I authorise Defence I	Bank to act on my behalf in this matter and consen	t to accepting the transfer.
• I declare I have fully	read this form and the information completed is to	rue and correct.
•	x my superannuation provider for information abo ay have on my benefits such as insurance cover, an	out any fees or charges that may apply, or any other information about the ad I do not require any further information.
superannuation as de	~ ~	colidating my account. I also request and consent to the transfer of provider of each fund to give effect to this transfer. Note: under the RSA Act plications if you do not.
Signature.		Date.