

Section 2
Your former spouse

Member number (if known)

Account number (if known)

Date of birth (DD MM YYYY)

Last name

First name

Middle name/s

Section 3
Payment instructions

How would you like your benefit paid?

Option 1: Keep with Spirit Super

If you're already a member of Spirit Super, please provide your account details below.

Member number

Account number

If you don't already have a Spirit Super account, we'll set one up for you. For more information about Spirit Super see our *Member guide* available at spiritsuper.com.au/pds.

Option 2: Transfer to another super fund

Provide details of your other fund in section 4.

Section 4
Transfer to another super fund

We'll transfer the full payment amount to the fund specified below.

If you haven't provided your tax file number in section 1, you'll need to provide proof of your identity. Please see our *Guide to providing proof of ID* fact sheet available at spiritsuper.com.au/forms/factsheets for more information.

New super fund details:

Fund name

Phone

Member number

USI

ABN

I'm transferring to a self-managed super fund

Self-managed super fund name

ABN

Electronic service address (ESA)

Self-managed super fund bank account name

BSB number

Account number

Section 5
Declaration

By signing this form I'm making the following statements:

- I've fully read this form and the information is true and correct.
- I discharge the Spirit Super trustee from any further liability in respect of my benefits paid and transferred from Spirit Super.
- I consent to the use of my personal information as outlined in Spirit Super's *Privacy policy* available at spiritsuper.com.au/privacy-policy or by calling us on 1800 005 166.
- I request and consent to the payment of my benefits as described in this form, and authorise Spirit Super to determine the tax treatment of my benefit.

Your signature

Date (DD MM YYYY)

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Return the completed, signed and dated form to info@spiritsuper.com.au or Spirit Super, GPO Box 1547, Hobart TAS 7001.

