BERT Transfer Out Request Form

Please return this completed form to:

Email: enquiries@bert.com.au | **Fax:** 07 3832 3799 | **Post:** BERT, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

SUPPORTING THE INDUSTRY

PERSONAL DETAILS

Surname ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Given name Date of birth D D M M Y Y Y Y

Street address

Suburb State Postcode

Postal address (Write 'AS ABOVE' if same as Street address)

Suburb State Postcode

Telephone Home Mobile

Email address

BERT Member No. (if known)

TRANSFER DETAILS

Name of Fund transferring to

Membership No. (if known)

Postal address of Transfer Fund

Suburb State Postcode

DECLARATION

I acknowledge that:

1. The Trustee may in its discretion accept or reject this application.
2. The Trustee will only consider transfer requests to another approved worker entitlement fund.
3. The transfer of funds resulting from this application takes the place of any payment to which I would otherwise be entitled to from the Fund.
4. Upon the transfer of all amounts, the Trustee of the old Fund bears no responsibility for any loss or detriment I may suffer or incur as a result of or in respect of the transfer of such Funds resulting from this application.

I declare that to the best of my knowledge all information given on this form is true and correct.

Member to sign here

Date D D M M Y Y Y Y

If you require assistance please call BERT on **1300 261 114**. Or email us at **enquiries@bert.com.au**

Office use only

Entered By (Initial) Date D D M M Y Y Y Y Authorised by (initial) Date D D M M Y Y Y Y