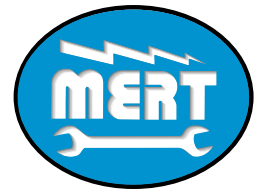# MERT Benefit Transfer Request

*Please complete all sections in **black** ink using BLOCK letters and send to:*
MERT Administration, Locked Bag 20, Parramatta NSW 2124** or email **mertadmin@aas.com.au

Section A: Personal details

Mr/Mrs/Ms/Miss   Given Names

Surname

Street Address / PO Box

Suburb / Town / City   State   Postcode

Date of Birth (dd/mm/yyyy)   Phone Number

MERT Membership Number

Section B: Transfer details

Name of other fund I am transferring to

My other fund member number if known

Fund Street Number / PO Box   Street Name

Suburb / Town / City   State   Postcode

I acknowledge that:
- The transfer of funds resulting from this application takes the place of any payment to which I would otherwise be entitled from the MERT Trust.
- I will cease to be a 'member' for the purposes of the MERT Trust on the transfer of all funds as a result of this application.
- Upon the transfer of all amounts credited to my MERT account, the Trustee 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 and I release the Trustee from all claims, demands and liabilities in relation to such loss or detriment.

Privacy

MERT will collect your personal information for the "primary purpose" of establishing and maintaining your Redundancy Account. We may at times collect your personal information directly from your employer. MERT will not misuse or change your information without your knowledge.

Signature of applicant

Date (dd/mm/yyyy)