

Fire and Emergency Services Superannuation Board

CASH PART OF ALLOCATED PENSION

TRANSFER

DATE:

OR *(please tick)*

NAME:

CHEQUE

MEMBER No:

I wish to withdraw \$ _____ from my Allocated Pension account.

(Amount in words) _____

Please process this payment on _____ (date) as per the following instructions.

Account No:

BSB No:

Bank:

Account Name:

Member Signature:

Member's Address:

OFFICE USE

Authorised:

Verified Signature: