

The Trustee
Incolink
1 Pelham Street
CARLTON VIC 3053

Dear Sir/Madam,

REQUEST TO TRANSFER WORKER'S ACCOUNT BALANCE TO A RECIPROCATING FUND

being a worker as defined by the Fund's Trust Deed hereby request that the entire balance standing to the credit of my

Worker account (Member No)

in the fund worth to be transferred to ACIRT

which is a reciprocating Fund located at **ACIRT Administration**

Locked Bag 5040, Parramatta NSW 2124

Signature _____

Name in full _____

Date / /

VERIFY IDENTITY

Incolink has partnered with VixVerify*, a safe and easy way to help verify identity. Please provide **one** of the following forms of identification to verify your identity.

- Australian Driver Licence and Card Number
- Australian/New Zealand Passport
(Please contact Incolink for information on how to claim with an alternate passport)
- Medicare Number

Full Name (as it appears on your ID e.g. John B Smith)

Drivers' Licence Number _____ State of Issue _____

[illegible]

Drivers' Licence Card Number

[illegible]

Passport Number

[illegible]

Country of Issue

□ □ □

Medicare Number

Reference

[illegible]

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Medicare Expiry			/				
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