

BERT Transfer Out Request Form



Please return this completed form to:

Email: enquiries@bert.com.au | SMS: 0428 483 324 | Post: BERT, PO Box 805, SPRING HILL QLD 4004

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

PERSONAL DETAILS

Surname	<input type="text"/>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms										
Given name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Street address	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Postal address (Write 'AS ABOVE' if same as Street address)	<input type="text"/>														
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Telephone	Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>														
BERT Member No. (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRANSFER DETAILS

Name of Fund transferring to	<input type="text"/>								
Membership No. (if known)	<input type="text"/>								
Postal address of Transfer Fund	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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



If you require assistance please call BERT on **1300 261 114**.



Or email us at **enquiries@bert.com.au**

Office use only

Entered By

Date

Authorised By

Date

Date Effective: July 2022