**Disclaimer**

By submitting this request form I am making the following statements:

申請同時,我同意以下:

I declare I have fully read this form and the information completed is true and correct.

我確認以上提供資料皆正確且為真實個人狀況

I am aware I may ask my super provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.

我明白我仍需要向退休金公司聯繫以取得更多資訊,例如關閉帳戶等手續費. 或是整合退休金可能會間接(直接)影響退休金保障.

I discharge the super provider(s) of the funds I wish to rollover of all further liability in respect of the benefits paid and transferred to my receiving super accounts

我同意退休金公司在任何處理退休金保障以及過戶方面無須擔責

I have read the Tax File Number (TFN) information provided on this page and I authorise agents) to give my TFN to my other super fund and I consent to my tax file number being disclosed for the purposes of consolidating my super accounts

我已詳細了解稅號說明並且授權 - 提供TFN給另一方退休金公司.

I authorise agents to contact my other super fund(s) regarding this request to rollover my super.

我授權連繫退休金公司有關於任何整合相關事項

I request and consent to the transfer of super as described above and authorise the super provider of each fund to give effect to this transfer

我同意退休金之間的過戶以及整合相關事宜