

SUPERMATCH CONSOLIDATION INSTRUCTION

CURRENT MEMBERSHIP DETAILS

Adviser Details

Adviser Name:

Adviser Number:

Member Details

Given Name/s:

Surname:

Member Number:

I hereby instruct Mason Stevens Super to transfer and consolidate my Client's accounts as shown below.

FROM FUND DETAILS 1:

Fund Name:

Fund ABN:

Fund USI:

Member Number:

Transfer Full Balance

OR

Transfer Part Balance:

\$

FROM FUND DETAILS 2:

Fund Name:

Fund ABN:

Fund USI:

Member Number:

Transfer Full Balance

OR

Transfer Part Balance:

\$

Mason Stevens Super ABN: 34 422 545 198 USI: 34 422 545 198 001 RSE Registration No.: R1004168

Freecall: 1300 491 766 Email: admin@mssuper.com.au Visit: www.masonstevens.com.au/super

PO Box R1237 Royal Exchange NSW 1225

Trustee: Diversa Trustees Limited ABN: 49006 421 638 RSE Licence No.: L0000635 AFSL No.: 235153

FROM FUND DETAILS 3:

Fund Name:

Fund ABN:

Fund USI:

Member Number:

Transfer Full Balance

OR

Transfer Part Balance:

\$

FROM FUND DETAILS 4:

Fund Name:

Fund ABN:

Fund USI:

Member Number:

Transfer Full Balance

OR

Transfer Part Balance:

\$

I have been authorised by my Client to proceed with this instruction. I am aware of my obligations to provide replacement product advice.

Adviser Signature:

Date

 / /

This SuperMatch Consolidation Instruction cannot be actioned until your client has accepted the Terms and Conditions on the Masons Stevens Online Portal.

Scan & Email completed form to: admin@mssuper.com.au

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