

The Trustee  
Incolink  
1 Pelham Street  
CARLTON VIC 3053

Dear Sir/Madam,

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

I, \_\_\_\_\_

of \_\_\_\_\_

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 \_\_\_\_\_

which is a reciprocating Fund located at \_\_\_\_\_

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

Drivers' Licence Card Number

Passport Number  Country of Issue

Medicare Number  Reference

Medicare Expiry  /