





#### 4. Signature

Please close my Account and pay my entire superannuation benefit to me. I understand that

- payment will be made in Australian dollars
- a cheque, payable to me, will be sent to the overseas contact address specified by me.

I declare that the information given in this form is complete and correct.

I acknowledge that there is no insurance continuation option and when my Account is closed any attached insurance cover will cease.

Signature

Date

**Disclaimer:** Please note we have the right to reject any application for a Departing Australia Superannuation Benefit Payment request based on the need for further information or additional forms.