Preserved Benefits Reclassification



Complete this form to have your superannuation benefits reclassified as unrestricted non-preserved benefits.

Your details									
Title Mr	Mrs	Miss	Ms	Other					
Surname						Member	number		
Given name(s)						Date of birth			
Residential add	ress (PO Box not acc	eptable)							
Suburb						State		Postcode	
Mobile	Mobile Home phone no.					Business phone no.			
Email address									
Email address									
Email address Signature and of	declaration								
Signature and o		n benefits rec	classified as	unrestricted	non-preserved benefits o	n the following gr	ounds (please	tick ONE option):	
Signature and of I wish to have m		age and pern	nanently reti						
Signature and of I wish to have m	ny superannuation ned preservation	age and pern	nanently reti						
Signature and of I wish to have meach gainfully em	ny superannuation ned preservation nployed for 10 ho	age and pern ours or more p	nanently reti oer week.	red from the		, ar	nd state that I		
Signature and of I wish to have meach gainfully em	ny superannuation ned preservation nployed for 10 ho	age and pern ours or more p	nanently reti oer week.	red from the	workforce on	, ar	nd state that I		
Signature and of I wish to have me I have reach gainfully em OR I have reach	ny superannuation ned preservation aployed for 10 ho ned age 60 but a	age and pern ours or more p	nanently reti oer week.	red from the	workforce on	, ar	nd state that I		
Signature and of I wish to have meach gainfully em OR I have reach OR	ny superannuation ned preservation aployed for 10 ho ned age 60 but a	age and pern ours or more p	nanently reti oer week.	red from the	workforce on	, ar	nd state that I	tick ONE option): never again intend to becor	

Please return completed form to: Telstra Super Pty Ltd, PO Box 14309, MELBOURNE VIC 8001

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