REI Super Transfer of Membership Between Participating Employers

- This form is to be completed by the Participating Employer that the member is/has transferred to
- Post the completed form to REI Super, GPO Box 4303, Melbourne VIC 3001

Employer Details

Please print in black or blue pen, in uppercase, one character per box. A ✓

Employer Code

Don't have an employer code? In addition to completing all sections of this form, you will need to complete an Employer Application Form and attach it to this form.

Trading Name

E-mail

Member Details

Member number

The employee doesn't have a member number? If the employee is not an existing member of REI Super, do not complete this form. Instead, have the employee complete a Membership Application Form.

Surname

Given names

Postal Address

Suburb

State

Postcode

E-mail

Date of birth / /

Date Employment Started / /

The employee's employment status may affect their insurance cover with REI Super. It is important that you provide **complete and accurate** employment status details for the employee.

Employment status ***(tick only one box ✓)***

☐ Permanent Full Time

☐ Permanent Part Time working _____ hours per week

☐ Casual

☐ other (provide details):

Employer's Confirmation

Employer Representative Name

Employer Representative Signature

✗

Date / /

Issued by Rei Superannuation Fund Pty Ltd ABN 68056044770, AFS Licence No. 240569 RSE Licence No. L0000314 as Trustee for Rei Super ABN 76641658449, Registration No. R1000412.

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