

# TRANSFERRING FROM ANOTHER FUND

Transferring from another fund?

Fill in the details below and we will arrange your changeover for you.



A.B.N. 93 000 124 863

## APPLICATION FOR CLEARANCE LETTER

To: ..... Health Fund

Address: .....

Fax No: .....

.....  
*(Name and contact details of present fund)*

I/we hereby resign from ..... Health Fund

From the following date: .....

*Please cancel any direct debit authority that may exist and refund any contributions paid beyond this date.*

Member Number:.....

Name/s:..... DOB: .....

..... DOB: .....

..... DOB: .....

..... DOB: .....

Address: .....

.....

.....

Signed:..... Date: .....

Please forward my clearance certificate and details of my policy to: Phoenix Health Fund Ltd  
PO Box 156 NEWCASTLE NSW 2300

Or fax to 0249 682229