

Transferring from another fund?

Simply fill in the details below and we will arrange the changeover with your previous fund for you.

Please note: This form must be signed by the member who has legal responsibility for membership of your previous fund.

I/we hereby resign from _____ Effective from _____

Member number _____

Member name/s _____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Address _____ Postcode _____

Signed _____ Dated _____

Please cancel my policy as well as any direct debit authority that may exist and refund any contribution paid beyond this date.

☐ Please do not contact me further regarding this request.

Please forward my clearance certificate & details of my policy to:

enquiries@phoenixhealthfund.com.au or fax (02) 4968 2229

Phoenix Health Fund Ltd

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Monday – Friday: 8:00am – 5:00 pm (AEST) 1800 02 8817, (02) 4935 5741, (02) 4935 5738

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