



Level 4 Defens Haus
Corner Champion Parade
and Hunter Street
Port Moresby

Toll-free: 180 5100
Email: info@pacsuper.com.pg

REPORTING CENTRE TRANSFER

pacsuper.com.pg

EMPLOYER NUMBER						PAYROLL NUMBER	MEMBERSHIP NUMBER					

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: ____/____/____ SEX: MALE FEMALE

Transfer* from old employer to new employer by the member:

Old Reporting Centre: _____ Last Date of Employment: ____/____/____

New Reporting Centre: _____ Start Date of Employment: ____/____/____

Member's signature: _____

Date: ____/____/____

PacSuper use only:

Sighted and confirmed by: _____ Signature: _____

Date: ____/____/____

*** This form is only for internal transfers within the PacSuper Fund from the old employer to new employer by the member.**

If you have any questions on your PacSuper Statement, please write to the Trustee's, PO Box 578, Waterfront, Konedobu, Port Moresby, NCD, on behalf of "a registered Superannuation fund under the Superannuation (General Provisions) Act 2000". Alternatively, please call Toll Free number 1805100 or email info@pacsuper.com.pg