

WATERFRONT INDUSTRY SUPERANNUATION FUND

**REQUEST BALANCE OF ACCOUNT**

The Trustees  
Waterfront Industry Superannuation Fund  
Fax No. (04) 385 0121

Please advise by fax:

1. Care of the local MUNZ branch office

**Or**

2. My Employer

My latest members account balance

The amount which would be paid to me if I resigned

**PLEASE TICK THE APPROPRIATE BOX OR BOXES**

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_