

WATERFRONT INDUSTRY SUPERANNUATION FUND

THIRD PARTY AUTHORITY FORM

I,hereby authorise the Trustees of the Waterfront Industry Superannuation Fund to pay \$..... (words) of my deferred benefit entitlement to by direct credit:

Bank Account:

Signature: _____

Address: _____

Witness Signature: _____

Name: _____

Address: _____

Date: _____