



# Retirement Benefits Fund Board

GPO Box 446, Hobart TAS 7001

Telephone: 1800 622 631 or 03 6233 3672

Facsimile: 03 6233 3357

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## PENSIONER DETAILS – MEDICAL FUND DEDUCTION

### Member's Details:

Full Name: .....

Phone Number: .....

Member Number: ..... Date of Birth : .....

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### Medical Fund Details:

Please deduct medical fund fees payable to the medical fund nominated above from my fortnightly superannuation pension and adjust the amount of that deduction when requested to do so by the nominated medical fund.

Medical Fund: .....

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Medical Fund Membership Number: .....

Fortnightly Deduction: \$ .....

Member's Signature: ..... Date: .....