

**Existing Fund Name:**  
**Address:**

**Fax Number:**

## Membership Cancellation and Clearance Certificate Request

I hereby terminate my membership with your organisation and wish to obtain a Clearance Certificate and any refund of premiums paid in advance of the cancellation date sent to me at my current address listed below.

I understand that you are bound by Government legislation to provide this information and any refund in a prompt manner.

<b>PART A</b> <b>My Personal Details (as per my Current Fund Membership)</b>
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<b>Surname</b>	<b>Given Name/s</b>
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<b>Address</b>	<b>Date of Birth</b>
<b>Postcode</b>	/ /

<b>PART B</b> <b>Existing Fund Details</b>
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<b>Fund Name</b>	<b>Membership Number</b>
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<b>Cancellation Date</b>
/ /

**Signed:** \_\_\_\_\_ **Date:** ...../...../.....

NB: If your premiums for your existing health fund are being deducted from your wages you should notify your paymaster to stop those deductions.