

EMPLOYEE TRANSITION AUTHORITY

I confirm that I wish to transfer my salary packaging arrangements:

- » from my current provider:
- » to my new provider, Paradigm, with effect from 1 April 2012.

MEMBER DETAILS

Title:	
Firstname:	
Surname:	
Employer:	
Payroll Number:	
Date of Birth:	
Phone Number:	
Email Address:	

AUTHORITY TO PROCEED

I authorise my current salary packaging provider to provide all my personal and salary packaging details held on their records to Paradigm.

Signature: _____ Date: _____

Please sign and date this form then return to Paradigm. Paradigm will liaise with your current provider to transfer your packaging to Paradigm as requested.

Fax: 1300 737 285 | Email: memberservices@paradigmtsm.com.au