



## Section A - Existing Account Provider

If you have received this form as the existing account provider you need to complete the details below and send the money and completed form back to the new account provider in Section D. You will also need to close the First Home Saver Account and report the closure in your FHSA activity report.

Existing First Home Saver Account provider's name

Australian Business Number (ABN)

Account Holder's Reference Number

Date FHSA opened

Amount transferred to new provider

Date amount transferred to new provider

FHSA holder's current financial year personal contributions made to prior to transfer

FHSA holder's number of financial years with personal contributions of \$1000 or more

FHSA holder personal account balance cap

Contact Person's Name

Contact Person's Phone Number (with area code) / Mobile Number

Contact Person's Fax Number

## Section B - Changing Account Providers (Account holder to complete)

Only complete this section if you have a First Home Saver Account with another provider and intend to transfer the balance of that account to this new account.

*Transfer Authority*

Account Holder Name

Account Provider's Name

BSB Number

Account Provider's ABN

Account Number

**Authority to Transfer**

I authorise my account provider to arrange for the balance of my existing account to be transferred to the new account, and for my previous account provider to close my account once the transfer is completed.

Surname

Given Names

Signature

Date

## Section C - Authority to Transfer (Family Law Obligations)

I authorise the account provider to arrange for the payment amount, as per the family law obligation orders to be transferred to the account below:

Account Holder Name

BSB Number

Account Number

Surname

Given Names

Signature

Date

## Office Use Only: Section D - Transfer to new Account Provider

If the account holder has an existing First Home Saver Account with another provider and has requested the balance of that account be transferred to this new account, you need to complete section D and send the form to the existing account provider.

New First Home Saver Account Provider's Name

Australian Business Number (ABN)

Account Identifier (e.g. BSB / Account Number)

Street No.

Street

Suburb/Town

State

Postcode

Country (if outside Australia)

Contact Person's Name

Contact Person's Phone Number (with area code / mobile no.)

Contact Person's Fax Number