AUTHORITY TO DEDUCT SUBSCRIPTIONS TO THE RETIRED AND FORMER POLICE ASSOCIATION of NSW Inc. FROM POLICE SUPERANNUATION:

Note to Applicant - When completed please forward this form to
The Secretary,
PO Box 212 Tea Gardens, NSW 2324

OR

Scan and email to secretary@retiredpolice.com.au

Surname: - _____

Given Names: - _____

Address: - _____

_____ **Postcode** _____

AUTHORITY STATEMENT:

I hereby authorise _____to deduct from my pension, **One Dollar ($1.00) per fortnight** representing my subscriptions to the Retired and Former Police Association of NSW Inc. for membership, and to forward all deductions to the Retired and Former Police Association, effective from this date.

I acknowledge that this rate may be varied without reference to me in the event that notice of change is received by _____ from the Retired and Former Police Association of NSW Inc.

NOTE: Deductions will not be made unless this authority is completed and signed. Any directions or authority now given shall continue in force until such time as varied or revoked by me on written notice to the Board.

Name of Superannuation Fund :_____

Contact details for the Fund : _____

_____

_____ _____ _____
Applicant's Signature. Phone No. Date.

10 July 2025