Benefit Payment Request



In addition to Sections 1, 2 & 5, please ensure that you complete Section 3 or 4.

| Section 1:Yo | our details | | | | | | | |
|--|--|---------|--------------------------------|-------------|------------|--|--|--|
| Surname: | | | | Salutatio | on: | | | |
| Given name(s): | | | | Date of bir | th: | | | |
| Postal address: | | | | | | | | |
| Suburb: | | | State: | | Postcode: | | | |
| Telephone (BH): | (AF | ł): | | Mobile: | | | | |
| Email: | | | | Membersh | ip number: | | | |
| If an employer contributed to this account, advise the date you ceased employment with that employer: | | | | | | | | |
| Section 2: Withdrawal request | | | | | | | | |
| If you have made personal contributions in the current and/or previous financial years, do you intend to claim or vary your contributions as a tax deduction? | | | | | | | | |
| No | No Yes (complete the ATO's Notice of intent to claim or cary a deduction for personal super contributions form available from ato.gov.au and return with this form) | | | | | | | |
| I would like to withdraw my entire benefit (complete Section 3 or 4) | | | | | | | | |
| I would like to withdraw a partial amount of my benefit (complete Section 3 or 4) Specified amount: \$ | | | | | | | | |
| Section 3: Transfer to another superannuation fund | | | | | | | | |
| Rollover Fund Details | | | | | | | | |
| Fund name: | | | | | | | | |
| Fund address: | | | | | | | | |
| ABN: | | Policy, | /member number: | | | | | |
| Unique superannue | ation identifier: | | | | | | | |
| If the Rollover Fund is a Self-Managed Super Fund (SMSF) please also provide the following information of your SMSF: FROM (Transferring fund) TO (Receiving fund) | | | | | | | | |
| Account name: | | | Account name: | | | | | |
| BSB: | | | BSB: | | | | | |
| Account number: | | | Account number: | | | | | |
| Electronic service address: | | | Electronic service address: | | | | | |

🕕 The trustee of your FROM fund may request further information/evidence about the SMSF bank account to confirm the payment destination. Note: Transfers to a SMSF will not be processed without a valid ABN, TFN and Electronic Service Address.

Section 4: Cash withdrawal

I have reached my preservation age and am permanently retired

I am aged 65 or over

I have an unrestricted non-preserved benefit amount

I have ended an employment arrangement on or after age 60

I am permanently disabled

I have ended an employment arrangement

and have less than \$200 in my account

Please provide your banking details if you would like your cash payment deposited directly into your account, otherwise we will post a cheque to you.

Please note that the account must be held in your name or jointly in your name.

If this is the first payment we are making to this bank account please also submit with your form a bank document that displays the name of the account holder, BSB and account number. This document must be on bank letterhead or a statement.

BSB number:

Account number:

Account name:

Bank/branch:

Section 5: Identity verification

To make payments to you from your account we must verify your identity; you can supply us with an original certified copy of your photographic identification document via post, or you can submit with this form a scanned non-certified colour copy of your photographic identification. The Australian government's document verification service (DVS) has made the 'card number' a mandatory field to verify Australian drivers' licences. The card number is a unique number attributed to a driver's licence in Australia. If you are supplying a driver's licence as your form of identification, **please provide both the front and back of your licence** to ensure we can verify your identity.

If you supply us with a scanned copy of your identification we also need to electronically verify your identity. If you do not want us to identify you electronically please supply us with original certified copies of your identification via post. If you have any questions around this process please contact us on 1300 264 264.

When you opt for electronic verification, the details of the documents you provide to us will be submitted to the DVS. The DVS is a national online system that allows organisations to compare an individual's identifying information with a government record. Information about their privacy policy is available from their website: http://www.dvs.gov.au.

If you would like to proceed with electronic verification please tick each of the consent boxes below:

You consent to us electronically verifying your identity; AND

You are authorised to provide the identification documents to us; AND

You understand that the details of the identification documents will be checked against the Australian government's document verification service.

Please note that we are unable to make any payment until your identity has been verified either by this method, or by receiving a certified original copy of your identification by post.

Section 6: Declaration

- I declare that I am an Australian citizen, a New Zealand citizen or a permanent resident of Australia or I hold a Subclass 405 (Investor Retirement) or Subclass 410 (Retirement) visa. If you do not meet these residency requirements, please contact us on 1300 264 264
- I declare that all the information I have provided on this form is true and correct.
- I have attached certified proof of my identity, which shows my correct date of birth and name change(s) if required.
- I am withdrawing my super from the Fund and understand that:
- Any insurance cover that may apply will cease once my account is closed
- I have the right to ask the Fund for information on how withdrawing my super will affect my entitlements and have done so or have chosen not to exercise this right

Member signature:

Date:

Section 7: Important notes regarding proof of identity

Where you are requesting a rollover or cash withdrawal, in accordance with Anti Money Laundering and Counter Terrorism Financing Act 2006 and for the security of your account, you must supply Proof of Identity documents before any payment can be made. The only acceptable Proof of Identity documents are one of the below options:

| Option 1 A scanned colour copy or ph | Option 2 | ertified* copy of a current | Option 3 An original or certified* copy of a current non |
|--|----------------------|--|--|
| of a current primary photogra identification document such passport or driver's licence; | aphic primary photog | raphic identification as a passport or driver's | photographic identification document such as birth certificate, citizenship certificate or Centrelink pension or health card. |
| AND | license. | | AND |
| your consent in Section 5 for t proceed with an electronic ve your identity. | | | An original or certified* copy of a secondary identification document such as an assessment issued by the ATO to the person within the preceding 12 months that contains the name of the person and his or her residential address or a rates notice issued to the person within the preceding three months that contains the name of the person and his or her residential address or a Centrelink letter addressed to the person within the preceding 12 months regarding a government assistance payment. |

The person who is authorised to certify documents must sight the original and the copy and make sure both documents are identical, then make sure all pages have been certified^{*} as true copies by writing in English "certified true copy" (a stamp may be used instead) followed by their signature, printed name, qualification (e.g. Justice of the Peace, Australia Post employee etc) and date. Contact details must be supplied where the certification is not provided by a Justice of the Peace.

Where the document being provided is a certified* copy, the copy <u>must</u> have <u>original</u> certification on it – it cannot be a photocopy of a document that was previously certified*. Faxed or emailed copies of certified* documents do not comply with our identification requirements and are not acceptable.

Please note that we do not have any discretion over these requirements – proof of Identification is required under Federal Government legislation and cannot be waived or amended in any way.

Important information

1. ROLLING OVER

If you want to rollover some or all of your account to another superannuation fund, please complete the Rollover Fund Details section of the *Benefit Payment* form - Rolling over or transferring to another fund.

When we receive your completed form, we will process your benefit and send a cheque to your new fund. We will also send you confirmation that the payment has been made.

2. CASHING IN YOUR SUPER

Generally, unless you have reached your preservation age and have retired, you can only cash in your super if your account balance is under \$200.

However, any amounts classed as unrestricted non-preserved can be cashed in regardless of the size of your account. Your Pre Payment Statement will tell you if any money is unrestricted nonpreserved.

Cash payments may be subject to tax. If you are eligible to cash in some or all of your super, it is important that you provide your Tax File Number. Without your Tax File Number we may have to deduct tax at the highest marginal rate.

Different rules apply to non-residents.

3. WHY WE WANT TO KNOW YOUR TAX FILE NUMBER

Any cash benefit will only be taxed at the concessional rates noted above if you provide your Tax File Number to your superannuation fund.

It is not compulsory to quote your Tax File Number but if you choose not to, your benefit, as well as the contributions received by this Fund, may be subject to additional tax.

If you provide your Tax File Number to your Fund, you are also authorising your Fund to provide your Tax File Number to the Australian Taxation Office and to any institution you have instructed us to roll over your account to. Your Fund is required to keep your Tax File Number private and secure and may not disclose your Tax File Number to unauthorised persons.

4. TAXATION

Benefits paid to you from your superannuation fund may be subject to taxation.

The tax treatment will depend upon whether or not you have provided your Tax File Number, and it will also depend on the composition of your payment.

The laws relating to the taxation of benefits are complex. We recommend that you seek professional advice about your options well before you actually receive your benefit.

5. YOUR INSURANCE COVER

Your insurance cover, if any, will cease when you leave the Fund.

Please return this completed form to Acclaim Wealth PO Box 3528, Tingalpa DC Qld 4173 or email to info@acclaimwealth.com.au. Phone: 1300 264 264 Fax: (07) 3899 7299 Website: www.acclaimwealth.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Acclaim Wealth's Privacy Statement, please let us know. We have published our Privacy Statement on our website at <u>www.acclaimwealth.com.au</u>. The Trustee's privacy policy can be found at <u>www.eqt.com.au/global/privacystatement</u>.