



# Withdrawal Form

## 3 Conditions of release

You may access your member benefit if you meet one of the criteria detailed below. **\*Mandatory - dates MUST be completed.**

- I am aged 55 to 59, have permanently retired from the work force on  /  /  and I do not intend to work more than 10 hours per week again
- I am aged 60 to 64 and have permanently ceased/changed employment on  /  /
- I am aged 65 or over
- My benefit is unrestricted non-preserved
- I have been classified as 'lost' from the Australian Tax Office and my account balance is less than \$200.00
- Compassionate grounds as approved by the Department of Human Services (DHS) and I have attached the original DHS approval or certified copy
- I am permanently incapacitated (Conditions apply. Please contact Customer Service for further information.)

## 4 Withdrawal instructions

### Full withdrawal

- Transfer my total benefit to the rollover fund in section 5 of this form
- Pay my total benefit to me in cash (subject to the above conditions of release)
- Withdraw my non-preserved benefit only
- Withdraw my non-preserved benefit and transfer my preserved benefit to my nominated rollover fund in section 5 of this form

### Partial payment type

- Cash
- Rollover (please complete section 5)
- Amount \$  net   
gross  (Unless indicated the amount shown will be net of tax)

## 5 Rollover fund details

**\*Indicates mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.**

\*Rollover fund name

ABN of complying fund

SPIN

RSE registration number

\*Member/Account number

# Withdrawal Form

## 5 Rollover fund details continued

Fund address

Unit No

Street No

Street Name

Suburb

State

Postcode

\*Telephone



## 6 Bank account details

Name of financial institution

Account name

Branch (BSB) number

Account number

Note:

- If bank details are not advised or unclear, a cheque will be made payable to the member and forwarded to the payee's recorded address.
- Payment made via cheque or direct credit cannot be made to a third party. If a third party is requested, a cheque in the name of the member will be forwarded to the member's postal address.

## 7 Additional withdrawal payment instructions




### Specific investment withdrawal instructions

Investment name


Amount

	.
	.
	.
	.
	.
	.

%

	.
	.
	.
	.
	.
	.

## 8 Proof of identity

You will need to provide documentation with your withdrawal request to prove you are the person to whom the superannuation entitlements belong.

You need to provide a certified copy of a document(s) that clearly shows:

- your full name
- your signature
- date of birth
- residential address

## 8 Proof of identity continued

To meet these requirements you must provide either a certified copy of A or B as below:

**A ONE of the following documents only:**

- current driver's licence issued under state or territory law
- passport

OR

**B BOTH i) Select ONE of the following acceptable secondary identification documents:**

- birth certificate or birth extract
- citizenship certificate issued by the Commonwealth
- pension card issued by Centrelink that entitles the person to financial benefits

**AND ii) in addition to the above select ONE of the following acceptable supporting identification documents:**

- letter from Centrelink regarding a government assistance payment
- notice issued by Commonwealth, state or territory government or local council within the past 12 months that contains your name and residential address (eg Tax Office Notice of Assessment or rates notice from local council).

## 9 Member declaration

\* Indicates a mandatory section. If you do not complete this section, there may be a delay in processing your request.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my super provider for information about any fees or charges that may apply or any other information about the effect this transfer may have on my benefits, and do not require any further information
- If the fund I am transferring my benefit to is a Self Managed Superannuation Fund (SMSF), I confirm that I am a trustee or director of a corporate trustee of the SMSF.
- I discharge the super provider of my **FROM** fund of all further liability with respect to the benefits paid and transferred to my **TO** fund.
- I consent that where I have chosen an investment with a long withdrawal period (illiquid investments) or there are delays receiving proceeds from selling my investments, any withdrawal or transfer request may be delayed.

I request and consent to the transfer of super, as described above, and I authorise the super provider of each fund to give effect to this transfer.

\*Member signature

\*Date (dd/mm/yyyy)

 /  / 

## 10 Withdrawal instructions

Before completing the Withdrawal Form, please read the information below and check that the fund you are transferring your benefits TO can accept this transfer.

### IMPORTANT INFORMATION

This transfer may close your account (you will need to check this with the **FROM** fund).

#### The Withdrawal Form CANNOT be used to:

- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- change the fund to which your employer pays contributions on your behalf
- open a super account
- transfer benefits under certain conditions or circumstances (for example, if there is a super agreement under the *Family Law Act 1975* in place).

## 10 Withdrawal instructions *continued*

### Proof of identity information - ensuring your document is correctly certified

A correctly certified document is one that is certified as being a true copy of the original document, signed by a person who has seen the original and is authorised to certify a copy of the document.

### List of approved people who can certify your identity

The following people can certify copies of the originals as **true and correct** copies:

- pharmacist
- a police officer
- medical practitioner
- nurse
- optometrist
- dentist
- physiotherapist
- psychologist
- trade mark attorney
- veterinary surgeon
- a Justice of the Peace
- a notary public officer or a Commissioner of Declarations
- Commissioner for Affidavits
- bailiff
- clerk of a court
- a judge of a court
- a magistrate
- a chief executive officer of a Commonwealth court
- a registrar or deputy registrar of a court
- master of a Court
- a person enrolled on the roll of a state or territory supreme court or the High Court of Australia as a legal practitioner
- a permanent employee of Australia Post with two or more years of continuous service
- a finance company officer with two or more years of continuous service (with one or more finance companies)
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
- fellow of the National Tax Accountants' Association
- member of the Association of Taxation and Management Accountants
- member of Chartered Secretaries Australia
- member of Engineers Australia, other than at the grade of student
- marriage celebrant registered under subdivision C of division 1 of part IV of the Marriage Act 1961
- an Australian consular officer or an Australian diplomatic officer
- employee of the Australian Trade Commission who is:
  - (a) in a country or place outside Australia
  - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955
  - (c) exercising his or her function in that place
- employee of the Commonwealth who is:
  - a) in a country or place outside Australia
  - b) authorised under paragraph 3 (d) of the Consular Fees Act 1955
  - c) exercising his or her function in that place.

### How to certify a document

The person who is authorised to certify documents must:

- sight the original and the copy and make sure both documents are identical
- certify all pages as true copies by **writing or stamping**:
  - 'certified true copy'
  - signature
  - printed name
  - qualification (eg Justice of the Peace, Australia Post employee, etc)
  - date
  - place of employment or identifying no. (eg JP-XXXX)

### Example



- ✓ Member, John Sample has provided a photocopy of his identification that includes, **signature, full name, date of birth and residential address.**

- ✓ A person who is authorised to certify documents has sighted the original identification and confirmed that the copy is a true copy.

- ✓ Includes **signature, printed name, qualification, place of employment or identifying no. and date.**

## Important additional information

### Change of name or signing on behalf of applicant

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from a Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

### What happens to your future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions. Using this form may close the account from which you are transferring your benefits **FROM**.

If you wish to change the fund to which your contributions are being paid, you will need to speak to your employer about Choice of Fund. Visit [www.superchoice.gov.au](http://www.superchoice.gov.au) or call the Australian Taxation Office on **13 10 20** for the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made.

### What happens if you do not quote your tax file number?

You are not obligated to provide your tax file number (TFN) to your super fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct this additional tax from your account.

If your super fund does not have your TFN, you will not be able to make personal contributions to your super account. Choosing to quote your TFN will also make it easier to keep track of your super in the future.

Under the *Superannuation Industry (Supervision) Act 1993*, your super fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another super provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other trustee.

If you do not provide your TFN before exiting the fund any TFN contributions income tax that has been deducted from your account will not be claimed back on your behalf.

### Transfers to self managed superannuation funds

You may use this form to transfer your benefits to your own Self Managed Superannuation Fund (SMSF). You should be aware that SMSFs are subject to the same rules and restrictions as other funds when benefits are to be paid out. In particular, superannuation benefits in an SMSF are required to be 'preserved', meaning you cannot generally access them until you are over age 55 and retired.

If there are multiple transfer requests to your SMSF, the trustee of the **FROM** fund may be able to request further information from you about your status as a member, a trustee or a director of a corporate trustee of your SMSF. Penalties may apply for providing false or misleading information.

## Post all documents to the SMF Eligible Rollover Fund

Send your correctly certified documents to:

*SMF Eligible Rollover Fund, GPO Box 529, Hobart Tas 7001*

*SMF Customer Service 1800 677 306 Facsimile (03) 6215 5933 Website [www.smf.com.au](http://www.smf.com.au)*

### IMPORTANT

***Do not fax or email your certified documents.***

***All certified documents must be posted so we can view an original signature.***