

# Withdrawal form

# Information sheet

#### When to use this form

Use this form to request a full or partial cash withdrawal from your Resolution Life Growth Bond investment account.

# **Identification requirements**

We are required to comply with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. This means we may need to obtain additional identification details when you commence a new account or undertake transactions in relation to your account.

Your identification may need to be verified before we can approve your request. We may decide to delay or refuse any request or transaction, including suspending a withdrawal application if we are concerned that there may be a breach of our legal obligations.

# Completing proof of identity

You will need to provide **certified** documentation with each withdrawal request to prove you are the person to whom the investment account belongs.

To prove your identity, you must provide the following document(s):

| ( )                                                                                      |
|------------------------------------------------------------------------------------------|
| <ul><li>ONE primary photographic document</li><li>OR</li></ul>                           |
| <ul><li>TWO primary photographic documents—other</li><li>OR</li></ul>                    |
| <ul> <li>ONE primary non-photographic document AND<br/>ONE secondary document</li> </ul> |
|                                                                                          |

**Note:** Please only send copies of any primary identification documents—do not send originals.

All documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

Please see the list of acceptable documents below:

## **Acceptable documents**

| Primary photographic documents                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a current Australian State/Territory drivers licence, containing a photograph of the person                                                                       |
| <ul> <li>a passport (a passport issued by the<br/>Commonwealth that has expired within the<br/>preceding 2 years is acceptable)</li> </ul>                        |
| <ul> <li>an Australian State/Territory identity card (issued<br/>for the purpose of proving a person's age),<br/>containing a photograph of the person</li> </ul> |
| <ul> <li>a foreign passport (or similar international travel<br/>document) containing a photograph and signature<br/>of the person.</li> </ul>                    |
| <b>Note:</b> All documents must contain the individual's name and residential address.                                                                            |
| OR                                                                                                                                                                |
| Primary photographic documents—other                                                                                                                              |
| <ul> <li>National Identity Card issued by a foreign government<br/>containing a photograph and signature of the<br/>individual, AND</li> </ul>                    |
| a foreign drivers licence that contains a photograph of<br>the individual.                                                                                        |
| <b>Note:</b> Both documents are required and both must contain the individual's name.                                                                             |
| OR                                                                                                                                                                |
| Primary non-photographic documents                                                                                                                                |
| Australian birth certificate                                                                                                                                      |
| Australian citizenship certificate                                                                                                                                |
| <ul> <li>Pension card issued by Centrelink (that entitles the<br/>person to financial benefits)</li> </ul>                                                        |
| AND                                                                                                                                                               |

Issue date: 02 June 2022

# Secondary identification documents

 a notice issued by the Commonwealth, State or Territory within the preceding 12 months that records the provision of financial benefits to the customer

- original notice from the Australian Tax Office within the preceding 12 months that records a debt payable by the Commonwealth or by the customer (eg Tax Office Notice of Assessment)
- original notice issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to the customer (eg water rates notice, electricity/gas bill, telephone bill)
- if the customer is under 18, a notice that was issued by a school principal within the preceding 3 months and which records the period of time that the customer attended that school.

**Note:** All documents must contain the individual's name and residential address.

# Have you changed your name or are you signing on behalf of another person?

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 example information about suitable linking documents:

| Purpose                        | Suitable linking document                                                                                                                                          |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change of name                 | <ul> <li>Marriage certificate</li> <li>Deed poll</li> <li>Change of name certificate<br/>from the Births, Deaths and<br/>Marriages Registration Office.</li> </ul> |
| Signing on behalf of applicant | <ul> <li>Power of Attorney</li> </ul>                                                                                                                              |

# **Certification of personal documents**

All copied pages of **original** proof of identification documents (including any linking documents) need to be **certified** as true copies by any individual approved to do so (see list of approved individuals below).

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 or stamping 'certified true copy' followed by their signature, printed name, qualification (eg Justice of the Peace, Australia Post employee, etc.) and date.

Example of acceptable certification:

I certify that this is a true and correct copy of the original.

John Citizen

John Citizen, Justice of Peace 10 Other Street Suburb NSW 2000

02 9999 9999 30 May 2020

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

- a Justice of the Peace
- a pharmacist, medical practitioner, nurse, dentist, optometrist, chiropractor, physiotherapist, psychologist or veterinary surgeon who is currently licensed or registered to practice under a law in force in a State or Territory of Australia
- a teacher employed on a full time basis at a school or tertiary education institution
- a notary public
- a police officer
- a permanent employee of Australia Post with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- a finance company officer with 2 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 2 or more years continuous service with one or more licensees
- a permanent employee of the Commonwealth or a Commonwealth authority, a State/Territory or State/ Territory authority or a local government authority, with 2 or more years of continuous service
- a Member of Parliament of the Commonwealth, the Parliament of a State/Territory or local government authority of a State/Territory
- an Australian consular officer or an Australian diplomatic officer within the meaning of the Consular Fees Act 1955
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or National Institute of Accountants
- registrar or deputy registrar of a court
- a person enrolled as a legal practitioner on the roll of a State/Territory Supreme Court or the High Court of Australia
- a judge or magistrate of a court
- a Chief Executive Officer of a Commonwealth court.

## Privacy and your personal information

We're committed to making sure that the personal information you provide to us remains secure, is only used for the purposes for which it's collected and that you're aware of what information is held and your rights.

We collect your personal, and in some circumstances, your sensitive information (eg your identity, contact details, age, gender and financial information), from you directly or from those authorised by you (eg family members, financial advisers, your employer, other insurers), as well as others we consider necessary including our partners, associates, government entities or service providers.

The information we collect is used to enable us to provide our products and services including to process and settle claims and complaints, verify your identity, make offers of products and services provided by us, and conduct market or customer research to determine those products or services that may suit you.

The types of information we collect will depend on your relationship with us and we'll only collect your personal information where we are required to or as authorised under various laws including privacy and data collection, financial services, superannuation, taxation and anti-money laundering and counter-terrorism financing laws.

We may disclose your personal and sensitive information to others with whom we have business arrangements for the purposes listed above and may include our trustee, insurers, reinsurers, service providers we engage to provide us with services, advisers, or where the disclosure is required to government, law enforcement, dispute resolution, statutory or regulatory bodies. Some of these third parties may be located outside the country of collection such as India, Taiwan, United Kingdom, and the United States of America.

When you provide personal information about other individuals, we rely on you to have made them aware that you are providing the information to us, how they can access it and all other matters described in this privacy notice. We rely on you to have obtained their consent on these matters.

You can seek access to and correct your personal information by contacting us. You can't access or correct personal information of others unless you've been authorised by them or are authorised under law or they're your dependants.

If you don't agree with the above or provide us with your personal and sensitive information as required, we may not be able to provide you with our products or services.

For more information about our handling of personal and sensitive information, including further details about access, correction, and complaints please read our **privacy policy** by visiting **resolutionlife.com.au/privacy** or by contacting us on 133 731.

This page has been left blank intentionally.

Please keep this information sheet for your records—don't return it with your completed form(s).



# Withdrawal form

Use this form to make a full or partial withdrawal from your Resolution Life Growth Bond investment account.

Please print in CAPITAL LETTERS and place a cross X in any applicable boxes.

| 1. Investment account d                                                      | letails        |             | 1. Investment accoun                                                | nt d     | etails (con    | tinued)         |
|------------------------------------------------------------------------------|----------------|-------------|---------------------------------------------------------------------|----------|----------------|-----------------|
| Investment number                                                            |                |             | Owner 2 (if applicable                                              | e)       |                |                 |
|                                                                              |                |             | Title                                                               |          | Date of b      | pirth           |
| Product                                                                      |                |             |                                                                     |          |                | M Y Y Y         |
| Resolution Life Growth Bond                                                  |                |             | Surname                                                             |          |                |                 |
| Owner 1                                                                      |                |             | Given name(s)                                                       |          |                |                 |
| Title                                                                        | Date of        | birth       | - ( )                                                               |          |                |                 |
|                                                                              | D D            | M M Y Y Y Y | Residential address                                                 |          |                |                 |
| Surname                                                                      |                |             |                                                                     |          |                |                 |
| Given name(s)                                                                |                |             | Suburb                                                              |          | State          | Postcode        |
|                                                                              |                |             |                                                                     |          |                |                 |
| Residential address                                                          |                |             | Contact phone number                                                |          | Mobile numb    | er              |
|                                                                              |                |             | Email                                                               |          |                |                 |
| Suburb                                                                       | State          | Postcode    |                                                                     |          |                |                 |
| Cubuib                                                                       | Otate          | lostcode    | By providing your email addres communications, including info       | rmatio   | n about produc | ts and services |
| Contact phone number                                                         | Mobile num     | ber         | offered by Resolution Life, to the                                  |          |                | SS.*            |
|                                                                              |                |             | Address for communi                                                 | icatio   | ons            |                 |
| Email                                                                        |                |             | ☐ Please cross ✗ if same                                            | as re    | sidential add  | ress.           |
|                                                                              |                |             | Address                                                             |          |                |                 |
| By providing your email address, your communications, including informations |                | -           |                                                                     |          |                |                 |
| offered by Resolution Life, to the a                                         |                |             | Suburb                                                              |          | State          | Postcode        |
| Address for communicat                                                       | tions          |             |                                                                     |          |                |                 |
| Please cross if same as r                                                    |                | Iress       | 2. Withdrawal option                                                | ns       |                |                 |
| Address                                                                      | coldential add |             | <b>O</b> ** ** ** **                                                |          |                |                 |
| / Ida ooo                                                                    |                |             | If you are withdrawin commencing your in                            |          |                |                 |
| Suburb                                                                       | State          | Postcode    | discuss the potential                                               | l tax iı | mplications w  | -               |
|                                                                              |                |             | Please select your withd                                            | rawal    | l ontion:      |                 |
|                                                                              |                |             | Partial withdrawal – Go                                             |          | -              |                 |
|                                                                              |                |             | Please nominate the inv                                             | vestm    | ent options(s  | ) you wish to   |
|                                                                              |                |             | withdraw from, and the a in the <b>Investment optio</b>             |          | . , .          |                 |
|                                                                              |                |             | Full withdrawal – Go to                                             | o sect   | ion <b>4</b> . |                 |
| Issue date: 02 June 2022                                                     |                |             | You do not need to com table in section <b>3</b> if you investment. |          |                | -               |

Resolution Life Australasia Limited ABN 84 079 300 379

<sup>\*</sup> We may use or disclose your personal information to contact you for purposes relating to the administration, operation and management of your policies with us. We may also send you information about products and services offered by Resolution Life. You may opt out of receiving direct electronic marketing communications from us at any time. 1 of 3

#### 3. Withdrawal instructions (partial withdrawals only)

The following limits apply for partial withdrawals:

- The minimum withdrawal amount is \$1,000.
- The minimum amount to remain in your investment account is \$2,500.

| Investment options                  | Withdrawal amount \$ |
|-------------------------------------|----------------------|
| Single-sector investment opti       | ons                  |
| Australian Bond                     |                      |
| Cash Plus                           |                      |
| Specialist Australian Share         |                      |
| Specialist Property and Infrastruct | ure                  |
| Diversified investment option       | ns                   |
| All Growth                          |                      |
| Balanced Growth                     |                      |
| Moderate Growth                     |                      |
| Future Directions Balanced          |                      |
| Total withdrawal amount             | : \$                 |

#### 4. Bank account details



Domplete this section to receive your full or partial withdrawal amount into a nominated bank (or other) account (payable only to owner/owners).

Note: The bank account must be in the name of at least one of the Resolution life Growth Bond account owners.

### Please enter the details of your financial institution (eg bank, credit union):

| Name of financial ins  | titution       |  |
|------------------------|----------------|--|
|                        |                |  |
| Address of financial i | nstitution     |  |
|                        |                |  |
|                        |                |  |
| Name of account hol    | der(s)         |  |
|                        |                |  |
|                        |                |  |
| BSB number             | Account number |  |
|                        |                |  |

#### 5. Agreement and declaration

- I/We as the owner(s), I/we are applying for either a full or partial withdrawal from this investment. I/We understand the risk and effects of my/our investment choices.
- I/We acknowledge that Resolution Life will determine the amount payable, when Resolution Life receives all its requirements.
- I/We have enclosed the required acceptable proof of identification as described in the enclosed Information sheet.
- I/We acknowledge that if the investment is a unit linked investment, the amount payable on withdrawal is the number of relevant units in each investment option, multiplied by the relevant unit or price(s).
- I/We understand that Resolution Life will use the unit price next calculated where all relevant information is received at an Resolution Life processing centre by 3pm Sydney time. If all relevant information is received after 3pm Sydney time, the request will be treated as if it was received the next Sydney business day.
- I/We have read and understood the privacy and your personal information section in the attached information sheet.
- I/We declare that all details on this form are true and correct.

#### If you are signing as a trustee:

- You warrant that, at the time of signing, you are authorised under the relevant trust deed to apply and to do all things necessary as a result of becoming an investment owner.

#### If you are signing under a power of attorney:

- You verify that, at the time of signing, you had not received notice of revocation of that power of attorney. In the event that a certified copy of the power of attorney has not been previously provided, you must submit this with the completed form.

#### If you are under age 16:

- I/We as the owners have completed the Under age 16 parental and guardian form.

Signature of owner 1

| 9                                    |  |
|--------------------------------------|--|
| ×                                    |  |
| Date D D M M Y Y Y Y                 |  |
| Signature of owner 2 (if applicable) |  |
| ×                                    |  |
| Date                                 |  |

| 6. Checklist                                                                                            |
|---------------------------------------------------------------------------------------------------------|
| ☐ Have you completed all relevant sections of this form?                                                |
| Have you attached the correct proof of identity as described in the enclosed <b>Information sheet</b> ? |
| Have you read and signed the Agreement and declaration<br>in section 5?                                 |
| Have you completed and signed the Under age 16 parental and guardian form, if applicable?               |
| Where to send this form                                                                                 |
|                                                                                                         |

Mail or email this completed form to:

Resolution Life Customer Service GPO Box 5441 Sydney NSW 2001 Any questions? 133 731

askus@resolutionlife.com.au