

# Early release of superannuation benefits: Permanent incapacity

## Information sheet

### When to use this form

Use this form to request early release of your superannuation benefits on the grounds of permanent incapacity.

#### Important

Please read this information sheet before you decide on any further action. If you wish to proceed, the following information should help you to provide the correct details so your request can be assessed without delay.

### Early release due to permanent incapacity

Generally, fund members are unable to withdraw from their superannuation account until they have retired, on or after reaching preservation age. However, the fund trustee, Equity Trustees Superannuation Limited, can approve the early release of superannuation benefits on the grounds of permanent incapacity in some circumstances and if you have ceased employment.

**Note:** Sometimes applications may not be successful due to the strict criteria set by the Trustee in accordance with the regulators of the fund.

#### Preservation ages

Date of birth	Preservation age
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
On or after 1 July 1964	60

### How to apply

To be granted an early release of your superannuation benefit on the grounds of permanent incapacity, the Trustee must be satisfied that you're unlikely, because of a physical or mental illness, to engage in gainful employment for which you're reasonably qualified by education, training or experience.<sup>1</sup>

<sup>1</sup> SIS Regulations 6.01(2).

You will need to provide evidence as follows:

#### 1. Permanent incapacity claim form

You will need to complete this enclosed form to help us assess your claim. To assist us with your request, you will need to ensure all sections are completed fully and with as much information as possible.

Please also ensure you have read and signed the declaration section (on the back page of the form).

#### 2. Two treating doctors' permanent incapacity reports

We have enclosed **two** forms—each treating doctor must complete a separate report.

You must have been seeing both treating doctors for a minimum of 6 months in relation to your current illness/injury. If a report is completed by a specialist, the 6 month period does not apply.

Any costs associated with these reports will be at your expense.

**Note:** To be eligible for any tax concessions that may apply, **two** legally qualified medical practitioners must certify that you satisfy the conditions for a 'disability superannuation benefit' as defined by the *Income Tax Assessment Act 1997*.

#### 3. Withdrawal form

Complete the enclosed form to authorise the release of funds from your superannuation account. Complete all sections and obtain your proof of identity as detailed on the form. Then sign and date the form after reading the authorisation section and completing the checklist.

## Documents you need to return to Resolution Life

1. Permanent incapacity claim form
2. Two treating doctors' permanent incapacity reports\*
3. Withdrawal form
4. Any medical test results or clinical reports to support your claim.

\* Both treating doctors need to return the completed reports to you so you can send them to us along with the other documents we require to assess your claim.

Return all of the above documents to:

**Resolution Life Customer Service**  
**GPO Box 5441**  
**Sydney NSW 2001**

If you have any questions you should contact your financial adviser. Alternatively, you can call us on 133 731.

## Resolution Life privacy statement

The privacy of your personal information is important to us.

We collect and hold personal information about you so we can provide you with financial products and services and assist you with your ongoing financial needs. If we do not collect this information, we may not be able to provide you with these products and services. We may also use your personal information for other purposes, such as enhancing our customer service and product options, and to inform you of opportunities which may be beneficial to you via direct marketing. Please contact us if you do not want to receive this information.

Personal information may be shared with business areas or companies within the Resolution Life Group. We may also provide information to local and overseas entities which provide administrative, financial, research or other services, other insurers and credit providers, financial advisers, brokers and other organisations authorised by Resolution Life to assist in reviewing customer needs. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy.

We may also disclose personal information to courts, tribunals and disputes resolution bodies, government agencies, and other bodies we are required to provide information to under the law.

The Resolution Life Privacy Policy (available at [resolutionlife.com.au/privacy](https://resolutionlife.com.au/privacy)) provides more information about how we manage and protect your personal information. It sets out how you can access and correct your information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Our primary purpose in collecting information about your health is to assess the application for new or additional insurance. We may also use this information for directly related purposes such as deciding whether we need more information from you, arranging reinsurance, assessing future applications for new or altered insurance, and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We need this information to assess the insurance application. If you choose not to provide such consent, we may not be able to process the application.

We may disclose this type of information to:

- the trustees and administrators of your superannuation fund.
- the financial adviser or broker responsible for the plan, (if any)
- reinsurers
- medical practitioners
- any person we consider necessary to assist in either the assessment of claims under your Plan or the resolution of complaints, and
- if required by law, tribunals or government bodies
- anyone you have authorised.

Aspect of your health information may be provided to the owner of the Plan in resolving or explaining terms of acceptance or if the standard plan rules are varied.

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

# Permanent incapacity treating doctor’s report

This report is to be completed by one of the two treating doctors you have attended for your medical condition.

**Note:** Costs associated with the completion of this report will be the member’s responsibility.

All questions must be answered before the claim can be assessed by the Trustee. Please provide as much detail as possible on the member’s condition. When describing this member’s condition, the details must be clear and specific (ie minimising the use of medical terminology)—otherwise, this report will not be acceptable to the Trustee.

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

### 1. Member’s account details

Account number  Product type

### 2. Member’s personal details

Title  Date of birth

Surname

Given name(s)

### 3. Patient’s incapacity details

a. Patient’s occupation

b. From what date did the patient cease employment as a result of the medical condition(s)?

c. When did you first attend to the patient for the current medical condition(s)?

d. Provide details of the diagnosis of the patient’s medical condition(s), any history of the condition(s), and attach the patient’s clinical notes.

e. When was the medical condition first diagnosed?

### 3. Patient’s incapacity details (continued)

f. When did the patient last consult you?

g. Describe the effect/impact the condition(s) have on the patient.

h. What treatment is the patient currently receiving in relation to the condition(s)?

i. Can the patient ever return to their usual occupation?  
 No—go to question j  
 Yes—when will they be able to return to work?

j. Is the patient a suitable candidate for retraining into a new occupation?  
 No—go to question k  
 Yes—please provide details below

### 3. Patient's incapacity details (continued)

k. Will the patient ever be able to perform a job for which they are reasonably suited by education, training and experience?

No—please provide the reason(s) for your

opinion Yes—please provide details of jobs

### 4. Treating doctor's certification

I certify that:

- I have personally attended the abovementioned patient and that all the information supplied by me on this form is true and complete.

**I acknowledge that:**

- To be granted early release of superannuation benefits on the grounds of permanent incapacity, the Trustee must be satisfied that the patient is unlikely, because of physical or mental illness, to engage in gainful employment for which he/she is reasonably qualified by education, training or experience.
- This information is provided for the primary purpose of the assessment and investigation of a claim under a policy with Resolution Life Limited.
- Resolution Life Limited may provide copies of this form to third parties (eg medical specialists or claims assessors from whom Resolution Life Limited seeks an independent report or to any other person deemed necessary to assist in the assessment or investigation of this claim).

Title

Treating doctor's Provider No.

Surname

Given name(s)

Qualification(s)

Please cross  here if you are a specialist.

Stamp here

Signature of treating doctor/specialist

**X**

Date

D	D	M	M	Y	Y	Y	Y
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## 5. Checklist

**Please ensure you complete the checklist below:**

- Have you completed all relevant sections of the form?
- Have you also completed, signed, dated and stamped section 4 of this form?
- Have you included any medical test results or information that may assist us to assess the member's claim?
- Have you included the patient's clinical notes?

**Note:** Please return this completed form and copies of any test results or medical reports to the patient so they can return them to us.

## 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](mailto:askus@resolutionlife.com.au)

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# Permanent incapacity treating doctor's report

This report is to be completed by one of the two treating doctors you have attended for your medical condition.

**Note:** Costs associated with the completion of this report will be the member's responsibility.

All questions must be answered before the claim can be assessed by the Trustee. Please provide as much detail as possible on the member's condition. When describing this member's condition, the details must be clear and specific (ie minimising the use of medical terminology)—otherwise, this report will not be acceptable to the Trustee.

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

## 1. Member's account details

Account number  Product type

## 2. Member's personal details

Title  Date of birth

Surname

Given name(s)

## 3. Patient's incapacity details

a. Patient's occupation

b. From what date did the patient cease employment as a result of the medical condition(s)?

c. When did you first attend to the patient for the current medical condition(s)?

d. Provide details of the diagnosis of the patient's medical condition(s), any history of the condition(s), and attach the patient's clinical notes.

e. When was the medical condition first diagnosed?

## 3. Patient's incapacity details (continued)

f. When did the patient last consult you?

g. Describe the effect/impact the condition(s) have on the patient.

h. What treatment is the patient currently receiving in relation to the condition(s)?

i. Can the patient ever return to their usual occupation?  
 No—go to question j  
 Yes—when will they be able to return to work?

j. Is the patient a suitable candidate for retraining into a new occupation?  
 No—go to question k  
 Yes—please provide details below

### 3. Patient's incapacity details (continued)

k. Will the patient ever be able to perform a job for which they are reasonably suited by education, training and experience?

- No—please provide the reason(s) for your opinion  
 Yes—please provide details of jobs

### 4. Treating doctor's certification

#### I certify that:

– I have personally attended the abovementioned patient and that all the information supplied by me on this form is true and complete.

#### I acknowledge that:

- To be granted early release of superannuation benefits on the grounds of permanent incapacity, the Trustee must be satisfied that the patient is unlikely, because of physical or mental illness, to engage in gainful employment for which he/she is reasonably qualified by education, training or experience.
- This information is provided for the primary purpose of the assessment and investigation of a claim under a policy with Resolution Life Limited.
- Resolution Life Limited may provide copies of this form to third parties (eg medical specialists or claims assessors from whom Resolution Life Limited seeks an independent report or to any other person deemed necessary to assist in the assessment or investigation of this claim).

Title

Treating doctor's Provider No.

Surname

Given name(s)

Qualification(s)

Please cross  here if you are a specialist.

Stamp here

Signature of treating doctor/specialist

**X**

Date

D	D	M	M	Y	Y	Y	Y
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## 5. Checklist

**Please ensure you complete the checklist below:**

- Have you completed all relevant sections of the form?
- Have you also completed, signed, dated and stamped section 4 of this form?
- Have you included any medical test results or information that may assist us to assess the member's claim?
- Have you included the patient's clinical notes?

**Note:** Please return this completed form and copies of any test results or medical reports to the patient so they can return them to us.

## 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](mailto:askus@resolutionlife.com.au)

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# Permanent incapacity claim form

Use this form to request early release of your superannuation benefits on the grounds of permanent incapacity.

**Note:** To be granted early release of your superannuation benefits on the grounds of permanent incapacity, the Trustee must be satisfied that you're unlikely, because of physical or mental illness, to engage in gainful employment for which you are reasonably qualified by education, training or experience.<sup>1</sup>

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

## 1. Account details

Account number  Product type

## 2. Personal details

Title  Date of birth

Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb  State  Postcode

Contact phone number  Mobile number

Email address

By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.\*

Occupation (If retired, please specify)

Industry

Country of residence (please specify if not Australia)  
 Australia  Other:

Country of citizenship (please specify if not Australia)  
 Australia  Other:

<sup>1</sup> SIS Regulations 6.01(2).

## 3. Permanent incapacity details

a. What is the nature of your illness or injury (including symptoms)?

b. When did your symptoms for this condition first appear?

c. When did you first consult a doctor for this condition?

d. Name and address of all treating doctors consulted for your illness or injury, including dates of the first and last consultation.

### Doctor 1

Doctor's name

Doctor's address

Suburb  State  Postcode

Doctor's phone number

Reason seen

Date first consulted           Date last consulted

\* 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.

### 3. Permanent incapacity details (continued)

#### Doctor 2

Doctor's name

Doctor's address

  

Suburb

State

Postcode

Doctor's phone number

Reason seen

Date first consulted

Date last consulted

### 4. Education, training and experience

a. What was your job title for your last role?

b. Have you permanently ceased work due to your illness/injury?

No—go to question e

Yes—please complete questions c and d

c. When did you cease work?

d. Why did you cease work?

e. Describe your work duties in detail—including the type of duties and the percentage of time doing manual and/or non-manual work.

Describe type of duties

Percentage of manual work

%

Percentage of non-manual work

%

f. Which duties does your incapacity prevent you from performing?

### 4. Education, training and experience (continued)

g. Prior to your illness/injury, what were your usual hours and usual number of days worked in a week?

Hours worked per week

No. of days worked per week

Hours worked per day

From

To

h. What level of education do you have (eg primary, secondary or tertiary)?

i. What qualifications or certificates do you have?

j. Please list all previous jobs you have held (please attach further information if there is insufficient space—alternatively, you can attach your résumé).

#### Job 1

Employer's (business) name

Job title

Work duties

Date started

Date ceased

#### Job 2

Employer's (business) name

Job title

Work duties

Date started

Date ceased

#### 4. Education, training and experience (continued)

k. Since stopping your usual work have you worked in any other capacity?

- No—go to question i  
 Yes—please provide details below:

Type of work

Full-time  Part-time

Date started

Date ceased

D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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Employer's (Business) name

l. Are you attending any rehabilitation programmes or have you commenced any studies to help you return to the workforce?

- No—go to section 5  
 Yes—please provide details below:

#### 5. Other

a. Describe your current daily activities.

b. What daily activities are you unable to perform because of your permanent incapacity?

c. Are you intending to claim from any other superannuation fund(s) on the grounds of permanent incapacity?

- No—go to question d  
 Yes—please provide details below:

#### 5. Other (continued)

d. Since leaving work due to your illness/injury, have you received any other benefit (eg Centrelink, workers' compensation, unemployment benefits, disability benefits etc)?

- No—go to question e  
 Yes—please provide details below:

e. Please provide any other comments which may assist with the assessment of your claim.

#### 6. Checklist

Please ensure you complete this checklist before sending the form back to Resolution Life.

- Have you read and understood the enclosed **Early release of super: Permanent incapacity** information sheet?  
 Have you completed all relevant sections of this form?  
 Have you placed a cross  in all applicable Yes/No checkboxes?  
 Have you signed and dated the **Declaration and authorisation** section (on the back of this form)?  
 If signed under a Power of Attorney, have you submitted a **Notice of non-revocation** letter and a certified copy of the Power of Attorney?  
 Have both treating doctors returned their completed reports to you so you can mail them to us with your other documents?

#### 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](mailto:askus@resolutionlife.com.au)

## Declaration and authorisation

- I hereby declare that I am a member of the abovementioned account and that the information I have provided in this **Permanent incapacity claim form** is true and correct.
- I also provide Equity Trustees Superannuation Limited the authority to access information relating to my previous employment and to request further information from my treating doctor(s).
- I hereby agree to bear the costs associated with obtaining further medical reports if requested by Resolution Life. This will enable the Resolution Life Trustees to assess my withdrawal request correctly.
- I have read and understood the Resolution Life Privacy information provided with this form. I understand that my information (including that within this form), may be disclosed to the other parties indicated. I understand that I am able to access information held about me by the Resolution Life Group, including reports provided under the following authorities, other than in limited circumstances set out in the Australian Privacy Principles. I have retained a copy of the Resolution Life Privacy Policy Statement for my records.
- I understand a determination of my claim may not be possible if I withhold consent for Resolution Life to seek personal or health information in relation to my claim.
- I authorise any medical attendant consulted by me or any hospital attended by me to divulge to Resolution Life Limited, or any legal tribunal, any health or other information acquired with regard to myself.
- I authorise Resolution Life Limited to obtain from Medicare such portion of my claims history deemed necessary by Resolution Life to properly assess my claim.

## Declaration and authorisation continued

- I also authorise the institutions listed below to provide to Resolution Life any health and other personal information that Resolution Life considers essential to further evaluate my claim. I further authorise Resolution Life to contact and obtain information it requires to assess my claim for benefits, from those other sources it considers necessary including, but not limited to the following:
  - Medicare, the Health Insurance Commission
  - any doctor, ambulance, hospital or other health service provider
  - my employer, previous employer/s accountant/s and/or financial advisers
  - any insurance company, including Workers Compensation Insurers
  - Traffic Accident Commission (Victoria), State and Territory Roads and Traffic Authorities, Queensland Transport, Vic Roads Registration and Licensing Office, Transport South Australia
  - insurance or financial reference agencies, financial institutions including banks, credit unions, building societies, mortgage providers and finance companies
  - Government Agencies, including but not limited to Centrelink, Australian Taxation Office, Department of Veterans Affairs and Department of Immigration and Multicultural and Indigenous Affairs
  - any Federal, State or Territory Police Department
  - any other institutions that hold my personal information.
- I understand that Resolution Life may be required to submit all documentation to a mediator, solicitor, Complaints Resolution Tribunal or Court, or to any other person necessary for claims determination purposes, including the Trustee of any Superannuation Plan.
- The authority will remain valid, as long as Resolution Life is considering my entitlement to claim under this account.
- A copy of this authorisation shall be as valid as the original.

Signature of member/Power of Attorney

X

Date

D	D	M	M	Y	Y	Y	Y
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# Withdrawal form

## Information sheet

### When to use this form

Use this form to request a full or partial cash withdrawal from your Resolution Life retail super account.

**Note:** You'll need to complete additional forms if you're applying for early release of your super benefits on the basis of:

- permanent incapacity
- severe financial hardship
- terminal medical condition.

### Can you withdraw your super?

As your super attracts tax advantages, there are legislative restrictions on when you can withdraw your super as cash.

For access purposes, there are three components:

- **Unrestricted non-preserved** — this amount can be accessed at any time.
- **Restricted non-preserved** — this amount can generally be accessed when you stop working for your participating employer.
- **Preserved** — this amount can only be released in the circumstances prescribed by legislation (refer to **early release of super**).
- **First Home Super Saver Scheme (FHSSS)** — this amount can only be accessed if you've received a FHSSS determination from the Commissioner of Taxation. Visit [ato.gov.au](http://ato.gov.au) for more information about the FHSSS.

If you're unsure whether you can access your funds, please contact us on 133 731.

**Note:** Refer to the **reason for withdrawal** section in the **withdrawal form** for conditions of release criteria.

### Conditions of release

Generally, you can only access your preserved super when you meet one of the following conditions of release:

- you retire after reaching your preservation age—refer to the **relevant preservation age** table for details.
- you cease employment at age 60 or over
- you reach age 65
- you're the holder of an expired or cancelled temporary resident visa and you have permanently departed Australia (this option is limited to certain visa categories and isn't available to New Zealand citizens)

- you reach preservation age, but do not retire or cease employment and purchase a non-commutable income stream such as an allocated pension designed for this 'transition to retirement' purpose

#### – **Early release of super**

If you want to take your super early, you'll need to meet one of the following conditions:

- you become permanently incapacitated
- you qualify on grounds of severe financial hardship
- you have a terminal medical condition
- you have been granted release by the Australian Taxation Office (ATO) on compassionate grounds.

**Note:** If you qualify for early release of super, you'll need to complete additional forms. You can download early release forms from our website at [resolutionlife.com.au/forms](http://resolutionlife.com.au/forms)

#### **Important:**

- You may not be able to access some (or all) of your account balance if you have suspended investment options.
- If you're invested in a term deposit, we may have to break it to satisfy your withdrawal request (ie where you're making a full withdrawal or where your other options do not have sufficient funds to meet your requested withdrawal amount). In this event, an adjusted crediting rate applies to the term deposit.
- An Exit Fee will apply to withdrawals/rollovers from a MySuper investment option. Refer to the **product disclosure statement** or product **fact sheets** for further information.

### Relevant preservation age

Date of birth	Preservation age
Before 1 July 1960	55 years
1 July 1960 – 30 June 1961	56 years
1 July 1961 – 30 June 1962	57 years
1 July 1962 – 30 June 1963	58 years
1 July 1963 – 30 June 1964	59 years
After 30 June 1964	60 years

## Tax File Number (TFN) notification

We're required to tell you the following details before you provide your TFN for your super products. The trustee can collect your TFN under the *Superannuation Industry (Supervision) Act 1993* which will be used for lawful purposes. You're under no obligation to provide your TFN, either now or later, and it is not an offence to not quote your TFN.

However if you don't provide your TFN:

- An additional amount of tax at the highest rate may apply on the withdrawal amount.
- No-TFN tax may be refunded if the TFN is supplied within four years of the end of the financial year in which the contribution is made. Any refund will be added to your super benefit and will be subject to the usual cashing and taxing rules.
- In the future when we need to pay benefits to you, it may be more difficult for us to locate or amalgamate all the super benefits you're entitled to.

If you do provide your TFN, we'll treat it as confidential and use it for purposes, including:

- To find your super benefits where other information is insufficient.
- To ensure you can contribute to your account.
- To calculate tax on any super benefits you may be entitled to.
- Providing your TFN to the Commissioner of Taxation if we are paying unclaimed money, if you receive a benefit, or for the purpose of the Lost Members' Register.

If you wish to transfer benefits to another super fund or a Retirement Savings Account (RSA), we would provide your TFN to the Trustee of that fund or the RSA provider. If you don't want us to do this, you can notify us in writing at the time.

**Note:** These purposes may change in the future as a result of further legislative changes. More information about the use of TFNs for super can be obtained from the ATO hotline on 131 020.

## Personal contribution tax deduction

If you wish to claim a tax deduction for personal contributions made in the current or previous financial year, you can provide the information in the **personal contributions tax deduction** section.

If you've made personal contributions, you should check whether you're eligible to claim a tax deduction. If you don't claim a tax deduction at the time of making a withdrawal, we may not be able to accept a future request.

For example:

We can't accept a request where your contributions have been used to start a pension or if you have insufficient personal contributions remaining in your plan to cover the amount you are claiming.

**Note:** If you don't check you're eligible to claim a tax deduction, or you don't have enough assessable income, the ATO could deny your deduction and this may mean you exceed your contribution limit(s). Where this is the case, if you've withdrawn any of your benefit or started a pension, you may not be able to reduce the amount you told us you were claiming. This may mean you have to pay additional tax.

## 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're concerned that there may be a breach of our legal obligations.

## Verifying a customer's identity

We need to verify or confirm your identity by checking that certain details you provide in this form **match** the details that are in certain documents you need to attach to this form.

**!** Please send us **original certified copies** of your original documents—don't send us the original documents. If the document isn't written in English, then you must also attach an English translation prepared by an accredited translator.

## Getting your copies certified

A copy of a document must be certified to be a true and correct copy of the original document. Only certain people can certify copies including:

- police officer or sheriff
- justice of the peace or notary public
- legal practitioner, magistrate, judge or registrar/deputy registrar of a court
- pharmacist, physiotherapist or veterinary surgeon
- optometrist, dentist, medical practitioner or nurse
- member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.

You can see the full list of people who can certify documents or extracts at [resolutionlife.com.au/identification](http://resolutionlife.com.au/identification).

### Example:

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

*John Citizen*

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

02 9999 9999 30 May 2015



## Documents for an individual

So we can verify the identity of an individual, you need to send us the documents shown under option A or B:

### Option A

One of these:

- current Australian state or territory driver licence that has your photo
- Australian passport that is current or expired within the last two years
- card issued under a state or territory law to prove your age that has your photo
- current foreign government passport (or similar international travel document) that has your photo and signature
- current foreign driver licence that has your photo
- current national identity card that has your photo.

### Option B

One of these:

- Australian or foreign birth certificate
- Australian or foreign citizenship certificate
- birth certificate extract
- pension card issued by Department of Human Services
- health card issued by Department of Human Services.

### Plus

**!** The documents listed below are only **valid** if they include your full name and residential address.

One of these:

- a document issued by the Commonwealth or a state or territory within the last 12 months that shows financial benefits paid to you
- a document issued by the ATO within the last 12 months that shows money to be paid to you or that you need to pay to them (make sure you cross out your TFN)
- a document issued by a local government body or utility provider within the last three months that shows the services provided to you at your address
- if you're under 18 years old, a notice issued by a school principal within the last three months that shows how long you attended that school.

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

If you've changed your name or are signing on behalf of the applicant, you'll 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 style="list-style-type: none"><li>– Marriage certificate</li><li>– Deed poll</li><li>– Change of name certificate from the Births, Deaths and Marriages Registration Office.</li></ul>
Signing on behalf of applicant	<ul style="list-style-type: none"><li>– Power of Attorney</li></ul>

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 cash withdrawal from your super account. If you're unsure if you can access your funds, please contact us or speak to your financial.

**!** Certified proof of identity **must** always be provided with this form.  
Your **personal details** below **must** match the identification documents that you're providing.

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

## 1. Account details

Account number  Product type

## 2. Personal details

Title  Date of birth

Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb  State  Postcode

Contact phone number  Mobile number

Email address

By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.\*

Occupation (If retired, please specify)

Industry

Country of residence (please specify if not Australia)  
 Australia  Other

Country of citizenship (please specify if not Australia)  
 Australia  Other

## 2. Personal details (continued)

### Address for communications

Please cross  if same as residential address.

Address

Suburb  State  Postcode

## 3. Reason for withdrawal

Please select the reason for withdrawing your super benefits:

- I've reached preservation age (refer to the **relevant preservation age** table in the **information sheet**) and have permanently retired and never intend to work again for more than 10 hours per week.
- I'm aged 60 to 64 and have ceased a gainful employment arrangement since reaching age 60.
- I've reached age 65.
- I'm withdrawing restricted non-preserved amounts only and have terminated my employment with an employer who has contributed to this fund.
- I'm applying to withdraw money that is not restricted or preserved (ie unrestricted non-preserved).
- I've been granted release by the Australian Taxation Office (ATO) on compassionate grounds. I've attached the original ATO approval or a certified copy.
- I'm withdrawing a benefit of less than \$200. The total preserved benefit is less than \$200 and I've left employment with the sponsoring employer of this fund.
- I'm applying for early release of super<sup>1</sup> due to:
  - severe financial hardship, or
  - permanent incapacity, or
  - terminal medical condition.

**!** 1 If you select this option, you'll need to complete additional forms. You can download early release forms from our website at [resolutionlife.com.au/forms](http://resolutionlife.com.au/forms).

**Issue date:** 19 May 2022  
Resolution Life Australasia Limited ABN 84 079 300 379

\* 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.

#### 4. Providing your Tax File Number (TFN)

If you haven't already provided your TFN, please read the important information on the attached **information sheet** on providing your TFN.

If you wish to provide your TFN, please enter the details below:

Tax File Number (TFN)

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**!** Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your TFN—however, there may be tax consequences.

#### 5. Payment options

Do you wish to withdraw all or part of your benefit?

Full withdrawal

Partial withdrawal \$  Net of any tax or fees that may apply.

Deduct the amount to be withdrawn proportionately across all of my investment options (not required for ERF and RSA).

Deduct the amount to be withdrawn from the investment options listed in the table below (not required for ERF and RSA).

Investment option name	Code	Amount (\$)

If you don't nominate the investment options, we'll proportion the partial amount to be withdrawn between all investment options held.

#### 6. Payment method

How do you want your payment to be made?

**Payment to bank account**

Name of financial institution

Address of financial institution

  

Name of account holder

BSB number

Account number

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#### 7. Personal contribution tax deduction

**!** This section represents a notice under section 290-170 (1) of the *Income Tax Assessment Act 1997*.

Do you intend to claim a tax deduction for personal contributions made in the current or previous financial year?

No—go to section 8.

Yes—please read the following declaration and complete the table on the next page:

**Note:** The amount you're able to advise as a claim for a tax deduction may be affected if you've previously made a partial withdrawal on this plan.

##### Intention to claim a tax deduction

I'm lodging this notice before both of the following dates:

- The day I lodged my income tax return for the year(s) stated in the table on the next page, and
- The end of the income year after the year(s) stated in the table on the next page.

## 7. Personal contribution tax deduction (continued)

Contribution	Total personal contributions (\$)	Amount you wish to claim (\$)
Current financial year		
Previous financial year		
Fund name		

### At the time of completing this notice:

- I intend to claim the personal contributions stated in the table above as a tax deduction.
- I'm a member of the superannuation fund(s) stated in this form.
- The superannuation fund(s) currently holds these contributions and has not begun to pay a superannuation income stream based in whole or parts of these contributions.
- I haven't included these contributions in an earlier valid notice.
- The contributions I'm claiming a tax deduction for are not a re-contributed amount previously released under the First Home Super Saver Scheme (FHSSS).

## 8. Authorisation and signature

**Important:** The law has changed to expand the administrative penalty provisions to include penalties for making false or misleading statements that do not result in a shortfall amount.

This may include making false or misleading statements to an entity other than the ATO if the statement is required or allowed to be made under tax law (eg a notice of intent to claim a tax deduction for personal contributions made to a superannuation fund).

### I declare that:

- I request Equity Trustees Superannuation Limited (trustee) to process my withdrawal request and pay the proceeds in accordance with my instructions on this form.
- I have read and understood all of the information provided in the **information sheet**.
- If I've notified my intention to claim a tax deduction on personal contributions (in the **personal contribution tax deduction** section of this form), I confirm that I've read and agree to the declaration in that section.
- I am aware that I may ask the trustee about the consequences of this withdrawal (eg including information on fees, insurance cover, investment options etc.) and I do not require any further information.
- I have sought advice from my financial adviser or have decided not to seek advice.
- All details entered in this form are true and correct.
- I discharge the trustee from all further liability in respect of the benefits paid.
- I confirm that I am not a temporary resident of Australia holding a temporary resident visa under the *Migration Act 1958* if I am requesting payment of my super benefit due to:
  - permanently retiring after reaching my preservation age, or
  - stopping employment after age 60, or
  - reaching age 65.

## 8. Authorisation and signature (continued)

### I understand that:

- We (Resolution Life) will use the latest unit price available when we receive all relevant information at an Resolution Life processing centre by 3.00pm Sydney time. If we receive the information after 3.00pm Sydney time, we will treat it as the next Sydney business day.
- Exit fees may apply (eg where a Deferred Contribution Fee or No Entry Fee option had previously been selected).
- For accounts with crediting rate investment options, the withdrawal value will be the amount calculated under the terms of the option(s), after all relevant information is received by Resolution Life.
- An Exit Fee will apply to withdrawals/rollovers from a MySuper option. Refer to the **product disclosure statement** or product **fact sheets** for further information.

### If signed under a Power of Attorney:

- Have you (the person submitting the request) provided a certified copy of the Power of Attorney and a **notice of non-revocation** letter?

Signature of member/Power of Attorney

X

Date

D	D	M	M	Y	Y	Y	Y
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## 9. Checklist

**Please ensure you complete this checklist before sending the form back to us.**

- Have you completed all relevant sections of the form?  
**Note:** If you don't complete section 7, you're indicating that you don't wish to claim a tax deduction for personal contributions.
- Have you signed and dated the form where indicated?
- Have you provided certified proof of identity documents? Refer to the **information sheet** for details of documents required.  
**Note:** You must mail the original certified copies of your identification documents to us.
- If you're applying for early release of super, have you also completed and attached the required additional documentation?

## Where to send this form

Email or mail this completed form (and any supporting documents) to:

Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001

**Any questions?**  
133 731

askus@resolutionlife.com.au

### Adviser confirmation (Office use only)

Adviser number

Confirmation options (please cross  appropriate option)

None     Confirm receipt     Confirm completion     Confirm both

Email address (for confirmation)