

Withdrawal form – Non superannuation

Information sheet

When to use this form

Use this form to request a full or partial cash withdrawal from your non superannuation plan.

Payment methods

We can pay your benefits by electronic funds transfer (EFT) to your bank (or other financial institution) account.

Note: All payments must be made payable to the plan owner/owners. We cannot make payments to third parties.

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 withdrawal 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.

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 is not 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](https://www.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/sole trader

So we can verify the identity of an individual/sole trader, 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 Australian Taxation Office (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	– Marriage certificate
	– Deed poll
	– Change of name certificate from the Births, Deaths and Marriages Registration Office.
Signing on behalf of applicant	– Guardianship papers
	– Power of Attorney

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

Withdrawal form – Non superannuation

Use this form to make a cash withdrawal from your non-superannuation plan.

! Proof of identity **must** always be provided with this form.
Your **personal details** below **must** match the identification documents that you are providing.

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

1. Account details

Plan number

Product type

2a. Primary owner details

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Contact phone number

Mobile number

Email address

Occupation (If retired, please specify)

Industry

Country of residence

Country of citizenship

2a. Primary owner details (continued)

Address for communications

Please cross if the same as residential address

Address

Suburb

State

Postcode

2b. Joint owner details (if applicable)

- !** – All owners must complete and sign this form.
- If there are joint owners, the second owner must complete this section (and sign section 5).

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

Given name(s)

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

2c. Life insured details

Title

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

Given name(s)

3. Payment options

What type of payment do you require?

Full withdrawal

Bonus cashing \$

Partial withdrawal \$

Deduct the amount to be withdrawn proportionately across all of my investment options.

Deduct the amount to be withdrawn from the investment options listed in the table below:

Investment option name	Amount (\$)

– The minimum withdrawal per option is \$1,000 and the minimum remaining balance per option is \$1,000.

4. Payment method

How do you want your payment to be made?

Payment to bank account (payable only to plan owner/owners)

Name of financial institution

Address of financial institution

Name of account holder

BSB

Account number

Transfer to an Resolution Life plan

Plan number or Member number

5. Authorisation and signature

As the owner(s) I/we declare that:

- I/We acknowledge that Resolution Life will determine the amount payable when Resolution Life receives all its requirements.
- I/We acknowledge that if the plan is a unit linked plan, the amount payable on withdrawal is the number of units in each investment option, multiplied by the relevant unit or release price(s), less any exit fee or cash value factor (if applicable). The unit or release price(s) will be those determined by Resolution Life.
- I/We acknowledge that this withdrawal will reduce the amount(s) of any cover provided by those benefits applying to the principal life insured (ie Death Benefit, Disablement Lump Sum Benefit and Crisis Benefit, where applicable).
- I/We have enclosed:
 - the **policy document** or **lost policy declaration** form
 - any **memorandums of alteration** or **additional insurance**
 - a certified original of some form of identification with my signature.
- I/We declare that there is no other party holding an interest in this plan.

Signature of primary owner

X

Date

Signature of joint owner (if applicable)

X

Date

6. Checklist

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

- Have you provided your personal details in section 2?
- Have you advised your payment option and payment method in sections 3 and 4?
- If you are making a partial withdrawal or bonus cashing have you indicated the amount?
- Have you attached the required proof of identity (refer to the **information sheet** for identification requirements)?
- Have the owner(s) read and signed section 5?
- Have you enclosed the required **policy document(s)** as described in section 5?

Where to send this form

Mail or email this completed form (and any other required documents) to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001
askus@resolutionlife.com.au

Any questions?
133 731

Adviser confirmation (Office use only)

Adviser No.

Confirmation options (please cross appropriate option)

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Confirm receipt |
| <input type="checkbox"/> Confirm completion | <input type="checkbox"/> Confirm both |

Email address (for confirmation)