

Deferred annuity withdrawal form

Information sheet

When to use this form

Use this form to request a full or partial withdrawal/transfer from either your SuperGuard, SuperGuard II, FutureGuard or SuperGuard Plus policy.

Important information

This request may close your account.

This form cannot be used to:

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

Things you need to consider when transferring your superannuation

When you transfer your superannuation, your entitlements under the Funds may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. Some of the points to consider are:

Fees—exit or withdrawal fees may apply, as may entry or deposit fees in your new fund. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your alternative fund may also charge entry or deposit fees on transfer. Differences in fees that funds charge can have a significant effect on what you will have to retire on. For example, a one percent increase in fees may significantly reduce your final benefit.

Death and disability benefits—your current fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

If you require additional information about superannuation, you may wish to visit the Australian Securities and Investment Commission website at fido.asic.gov.au.

Minimums

The following restrictions apply to transactions involving your policy (these may be revised from time to time):

	FutureGuard (\$)	SuperGuard Pre 9/97 (\$)	SuperGuard From 9/97 (\$)	SuperGuard II/ SuperGuard Plus (\$)
Minimum withdrawal	1,000	500	500	500
Minimum balance to be maintained	3,000	2,000	5,000	3,000
If you have invested in more than one portfolio (SuperGuard II, SuperGuard Plus or FutureGuard), the following minimums apply to each individual portfolio.				
Minimum withdrawal	500	500	500	500
Minimum balance to be maintained	1,000	1,000	1,000	1,000

FutureGuard and SuperGuard II exit fee option only – Early redemption charges

Withdrawals made within three years of deposit will be subject to an early redemption charge.

	FutureGuard (%)	SuperGuard II (%)
Year 1	4.0	3.0
Year 2	2.5	2.0
Year 3	1.0	0.5
Year 4 onwards	Nil	Nil

For FutureGuard your first withdrawal in each of the first three years of your policy will include an amount up to a maximum of 10% of your original deposit for which no early redemption charge will be made. The free withdrawals are not cumulative. Each new investment is subject to its own three-year period.

For SuperGuard II your first withdrawal in the first three years of your policy will include an amount up to a maximum of 10% of your original deposit for which no early redemption charge will be made.

Taxation

If you are under 60 years of age, you will be liable for lump sum tax on the taxable component of any withdrawal taken as cash. Resolution Life Limited is required by law to deduct the appropriate amount from your payment. The amount of tax deducted from your cash withdrawal will depend on your particular circumstances. Please call your financial adviser or our Customer Service Centre on 1800 007 292 for further information.

Tax File Number (TFN) notification

Your TFN is confidential. Before you provide your TFN we are required to tell you the following:

1. TFNs are collected under the *Superannuation Industry (Supervision) Act 1993*, *Retirement Savings Accounts Act 1997*, the *Privacy Act* and taxation acts (including the *Income Tax Act 1986*).
2. The Trustee and Fund Administrator will only use your TFN for superannuation purposes, including:
 - finding or joining together your superannuation benefits
 - calculating the correct tax on superannuation lump-sum benefits
 - passing it to the Trustee of another superannuation fund or provider of a retirement savings account when transferring your benefits. You may give us written instructions not to pass it on before any transfer
 - passing it on to the Australian Taxation Office (ATO):
 - if we have paid you a benefit
 - to report contributions, or
 - if you have unclaimed superannuation money after reaching the aged pension age.

These purposes may change in the future as a result of legislative changes.

What happens if I do not quote my TFN?

You are not obliged to provide your TFN to your superannuation 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 into your account in the year, compared to the concessional tax rate of 15%. Your fund may deduct additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account.

If you are a non-resident and you do not provide a TFN, the Trustee must withhold the prescribed rate of tax when paying a lump-sum benefit. A tax exemption code is NOT recognised as a valid TFN.

If you are over the age of 60 at the commencement of your pension you do not need to provide a TFN as all benefits are tax free.

Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

If you do not provide a valid TFN further proof of identity information will be required. Refer to the **identification requirements** section for further details.

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

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 open 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.

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.

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 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">– Marriage certificate– Deed poll– Change of name certificate from the Births, Deaths and Marriages Registration Office.
Signing on behalf of applicant	– Power of Attorney

Are you signing on behalf of another person that is transferring funds to a Self Managed Superannuation Fund (SMSF)?

You will need to provide a linking document and your customer identification documents if you are signing on behalf of the applicant and the superannuation funds are being transferred to an SMSF. In addition, you will need to provide identification documents for the person to whom the superannuation entitlements belong. All copied pages of original linking and identification documents need to be certified as true copies by an authorised individual.

Privacy – use and disclosure of personal information

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.

We may exchange your personal information with Resolution Life's related bodies corporate (as defined in *s50 Corporations Act 2001* (Cth)), as further explained in the Resolution Life Privacy Policy. We may also provide information to local and overseas entities which provide Resolution Life with 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) 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.

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

Deferred annuity withdrawal

Use this form to request a full or partial withdrawal/transfer from either your SuperGuard, SuperGuard II, FutureGuard or SuperGuard plus policy.

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

<div style="background-color: #002060; color: white; padding: 5px;">1. Policy details</div> <p>Policy number <input style="width: 100%;" type="text"/></p> <p>Product type <input style="width: 100%;" type="text"/></p> <p>Title Date of birth (DDMMYYYY) <input style="width: 60%;" type="text"/> <input style="width: 40%; text-align: center;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Given name(s) <input style="width: 100%;" type="text"/></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Residential address (a PO Box is not acceptable) <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/></p> <p>Suburb State Postcode <input style="width: 60%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 25%;" type="text"/></p> <p>Country <input style="width: 100%;" type="text"/></p> <p>Contact phone number Mobile number <input style="width: 60%;" type="text"/> <input style="width: 40%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>	<div style="background-color: #002060; color: white; padding: 5px;">2. Reason for payment</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>! Only complete this section if you are making a withdrawal.</p> </div> <p>Please cross the relevant box to indicate which condition of release has been met. By signing this withdrawal form, you are making a declaration that the information provided is correct.</p> <p><input type="checkbox"/> I have reached the age of 65.</p> <p><input type="checkbox"/> Termination of gainful employment on or after age 60.</p> <p><input type="checkbox"/> Permanent retirement from the workforce on or after age you reach preservation age. Refer to the preservation ages table in the information sheet for more information.</p> <p><input type="checkbox"/> I have permanently retired from the workforce due to total and permanent disablement, permanent incapacity or invalidity, established to the satisfaction of the Trustee. You will also need to complete additional requirements. Please contact our Customer Service Centre on 1800 007 292 to obtain the relevant forms.</p> <p><input type="checkbox"/> I meet severe financial hardship established to the satisfaction of the Trustee based on specific guidelines. You will also need to complete additional requirements. Please contact our Customer Service Centre on 1800 007 292.</p> <p><input type="checkbox"/> I meet early release on compassionate grounds as approved by the Australian Taxation Office (ATO). You will also need to provide a letter of approval from the ATO. Please visit their website ato.gov.au.</p> <p><input type="checkbox"/> I was an eligible temporary visa holder but I have now departed permanently overseas. To apply to withdraw your funds, please visit the ato.gov.au site and: – search for ‘Temporary residents online application’, or – download a departing Australia form.</p> <p><input type="checkbox"/> I have a terminal illness medical condition established to the satisfaction of the Trustee based on the specific guidelines. You will also need to complete additional requirements. Please contact our Customer Service Centre on 1800 007 292.</p> <p><input type="checkbox"/> I have been deemed a lost member and have a balance of less than \$200.</p>
Address for communications	
<p><input type="checkbox"/> Please cross <input checked="" type="checkbox"/> if same as residential address.</p> <p>Address <input style="width: 100%;" type="text"/></p> <p>Suburb State Postcode <input style="width: 60%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 25%;" type="text"/></p>	

3. Providing your Tax File Number

If you have not already provided your TFN, please read the important information on the attached **information sheet**.

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

Tax File Number (TFN)

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4. Full or partial withdrawal/transfer

! Minimums and preservation requirements apply. Please refer to the **information sheet**.

I wish to make a:

- Partial withdrawal go to section 4.1
 Full withdrawal or transfer—go to section 5

4.1 Partial withdrawal details

Please specify total amount of your partial withdrawal:

\$ Gross Net

Note: Gross is the default option

1.
2.
3.

5. Payment details

- Deposit in my bank/building society/credit union account**

Bank/building society/credit union name

Bank/building society/credit union address

Suburb

State

Postcode

BSB number

Account number

Payee account name

5. Payment details (continued)

- Transfer to an external fund (excluding transfers to a Self Managed Super Fund)**

Name of fund¹

Name of fund administrator

Postal address

Administrator's phone number

Membership number¹

Unique Superannuation Identifier (USI)

ABN

Product name

- Transfer to a Self Managed Super Fund (SMSF)**

Name of SMSF fund²

SMSF fund phone number²

SMSF ABN

SMSF account name

SMSF BSB

SMSF account number

! For EFT payments, you must provide us with a certified copy of your SMSF bank statement.

¹ Required if transfer is to a superannuation fund. Please obtain from the receiving fund. If these details are not quoted, we may not be able to process your application.

² If these details are not quoted, we may not be able to process your application.

6. Declaration of consent

- I understand that the unit price used will be the unit price applicable on the day that all necessary papers to complete this transaction are received by the Resolution Life Customer Service Centre.
- I acknowledge that Resolution Life reserves the right to delay for up to 30 days for any cash withdrawals greater than \$100,000. The unit price used will be applicable at the end of the period of delay.
- I have read and understood the privacy disclosure statement in the **information sheet**. I consent to my personal information being collected and used in accordance with the privacy disclosure statement.
- The information provided in section 2 is true and correct and reflects my reason for withdrawal.
- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask the Trustee for information about any fees or charges that may apply, or any other information about the effect this withdrawal/transfer may have on my benefits, and do not require any further information.
- If the transfer of funds is to an SMSF, I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- I discharge the Trustee of my current fund of all further liability in respect of the benefits paid and transferred to my alternative fund.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- Upon withdrawal/transfer of the full amount I request the Trustee to terminate my membership.
- I confirm I have provided certified identification documents.
- If providing my TFN I have read and understood the **tax file number (TFN) notification section in the information sheet**.
- I consent to my TFN being disclosed for the purposes of consolidating my account.

Name

Member's signature

Date

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7. Checklist

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

- Have you completed all relevant sections of the form?
- Have you signed and dated the form where indicated?
- Have you provided certified proof of identity documents? Please refer to the enclosed **information sheet** for details of documents required.

Note: You must mail the original certified copies of your identification documents to us.

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

Any questions?
1800 007 292

askus@resolutionlife.com.au