

Withdrawal request

Important information

Please note:

- Failure to provide any of the requested information may result in delays in processing your benefit payment.
- Do not use this form if you are applying for access to your superannuation benefits on financial hardship or medical related grounds. Please refer to the **Early Release of Benefit** form for these purposes.
- Do not use this form if you are applying for access to your benefits as a former or current temporary resident. Please contact us for further information.

Things you should consider before withdrawing your benefit

Before deciding to withdraw your benefits, we recommend you carefully consider your current benefits such as available investment options and fees and the effect that any transfer or cashing of your superannuation benefit may have upon these. Depending on your circumstances, cashing in your superannuation benefit may have tax implications. Before making a decision to withdraw your benefits, we recommend you speak to a financial adviser. If you would like more information about your benefit, call us on the **number shown above**.

1. Personal details

(All fields must be completed)

Policy number

Title Date of birth

Given name(s)

Surname

Residential address

Suburb State Postcode

Country

Postal address

Suburb State Postcode

Country

1. Personal details (continued)

Mobile number Alternate phone number

Email address

2. Request to transfer to another superannuation account

Full transfer

Partial transfer (to nominate the investment options to withdraw from, please also complete **section 7**).

Please indicate the fund to which you would like your benefits paid below:

Fund name

Fund phone number

Fund address

Suburb State Postcode

2. Request to transfer to another superannuation account (continued)

Membership or account number

Australian Business Number (ABN)¹

Unique Superannuation Identifier (USI)

Are you commencing a pension other than a transition to retirement pension?

- Yes—Please also complete ‘**section 4** – Condition of release’
- No

We may require confirmation from the payee organisation that it is a regulated superannuation fund, an approved deposit fund or operates a retirement savings account. We will contact you if we need your assistance in obtaining this information.

3. Cash payment

! **Please note:** some of your benefit may be preserved and if so can only be cashed out upon you meeting a condition of release (you must complete the section ‘**Condition of release**’ to inform us of your ability to access your benefits). The minimum cash amount that can be partially withdrawn is \$2,000, subject to \$500 remaining in your account after the withdrawal.

- Full withdrawal of benefit (to nominate how and where to have your benefit paid, please also complete **section 5**).
- Partial withdrawal of benefit (please specify amount below and to nominate how and where to have your benefit paid along with which investment options to withdraw from, also complete **sections 5** and **7**).

For partial withdrawals, please specify the amount required below. (This should equal any amount in **section 7**.)

\$

- The amount specified above is to be gross of tax (before tax is deducted)
- The amount specified above is to be net of tax (after tax is deducted).

! **Please note:** If you do not nominate whether the payment is to be gross or net, we will process your payment amount from your account gross of tax.

4. Condition of release

Please specify below the manner in which you are able to access your superannuation benefits:

- I am between my preservation age and 59, have ceased a gainful employment arrangement and do not intend ever again to become gainfully employed for 10 or more hours per week. **NB.** For more information on your ‘preservation age’, please refer to www.ato.gov.au.
- I am aged 60 to 64 and have ceased a gainful employment arrangement since attaining age 60 years. **NB.** Gainful employment means employed or self-employed for gain or reward in any business trade, profession, vocation, calling, occupation or employment.
- I am 65 years and over.
- I was previously classified as a lost member under superannuation legislation and my total benefit amount is under \$200.
- I have unrestricted non-preserved monies.
- Other, please specify below:

! **Please note:** If you are considering withdrawing your benefit from this product due to permanent incapacity, terminal illness, severe financial hardship or are claiming a benefit on behalf of a deceased member or acting under a Power of Attorney on behalf of a member, please call us on **133 731** between 9 am and 5 pm (AEST/AEDT), Monday to Friday.

5. Cash payment instructions

- I would like to receive my lump sum payment in the form of a cash payment.

Account name

BSB number

Account number

6. Reason for withdrawal

Please cross one or more of the reasons below:

- Retiring
- Consolidating my super accounts
- Moving to the super product offered by my employer
- Transferring to another investment vehicle
- Seeking different investment options
- Received financial advice
- Moving to a super product with a different fee structure
- Need to access additional funds

¹ If you are transferring to a Self Managed Super Fund, you must provide the ABN of the fund. We may also need to contact you to obtain additional verification information.

7. Nomination of Investment options for partial withdrawals

Only complete this section if you have requested a partial withdrawal.

How to complete this section:

Nominating a percentage (%) amount: Please nominate the percentage (%) amount you would like withdrawn from each investment option(s).

If you would like to withdraw your total holding in an investment option, please write 100% or "ALL". If you nominate a percentage amount of less than 100%, we will only withdraw that percentage of the investment option, e.g. if you have \$20,000 in the investment option and specify 50%, we will withdraw \$10,000 from that investment option.

Nominating a dollar (\$) amount: Please nominate the exact dollar (\$) amount you would like withdrawn from each investment option(s).

Please ensure the amounts specified for each investment option(s) equals the total amount requested at **section 3**.

Investment option	Investment – dollar (\$) OR percentage (%)
High Growth	
Growth	
Balanced	
Capital Secure	
Savings	
Total	\$ / %

Where not otherwise indicated, the withdrawal amount will be apportioned across your investment options.

8. Tax File Number (TFN) notification

Please complete this section if you have not previously quoted your TFN to the Trustee.

Under the **Superannuation Industry (Supervision) Act 1993**, your superannuation fund is authorised to collect, use and disclose your TFN. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that we are not authorised to do so. It is not an offence to choose not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all the types of contributions that are able to be made to your account(s)
- other than the tax that may ordinarily apply, you will not pay more tax than you need to. This affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you have not previously provided us with your TFN and wish to do so now, please cross the box below and quote your TFN:

Yes—I agree to provide my TFN which is:

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If you are rolling over, please cross the box below if you do not want us to pass on your TFN to your nominated superannuation fund or retirement savings account provider.

No, I do not want to pass on my TFN.

9. Identification requirements

To enable us to finalise payment of your benefit, we require the following certified identification to be provided together with your completed application form. Please note that processing of your application may be delayed where you do not provide adequate identification documents.

For cash payments or rolling over to a SMSF > A certified copy of your driver licence or passport.

For other rollovers > No identification is required so long as your name, date of birth and address details provided on your benefit payment request corresponds with our records. If we discover a discrepancy in your name, date of birth or address, we will request that you provide further proof of your identity.

9. Identification requirements (continued)

- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
 - a. an officer or
 - b. a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or
 - c. a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Member of:
 - a. the Parliament of the Commonwealth or
 - b. the Parliament of a State or
 - c. a Territory legislature or
 - d. a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority or
 - b. a State or Territory or a State or Territory authority or
 - c. a local government authority or
 - d. With two or more years of continuous service and the person is not already specified in another item on this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - a. The Commonwealth or a Commonwealth authority or
 - b. a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.

10. Declaration and acknowledgement

By signing this form I declare as follows:

- I understand that any payment from my policy will be after the deduction of any taxes paid or payable by me in respect of the withdrawn benefits.
- I acknowledge that payment of the benefits requested in accordance with this form will constitute a complete discharge to Resolution Life in respect of the withdrawn benefits.
- I acknowledge that I have read and understood the Tax File Number notification requirements section of this form.
- If I am requesting payment of benefits to me (rather than transferring them to another fund) or requesting to unrestrict my benefit to commence a pension, I acknowledge that I am entitled to receive them because I have satisfied a condition of release (as stated in **section 4** – Condition of release).
- If this form is signed under Power of Attorney, the Attorney hereby certifies that he/she has not received notice of revocation of that Power.
- I confirm that I am or was an Australian or New Zealand citizen, a permanent resident of Australia or holder of a retirement visa sub-class 405 (Investor Retirement) or 410 (Retirement) and am not a Temporary resident visa holder of Australia.

Policy owner's signature

X

Date

D	D	M	M	Y	Y	Y	Y
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Where to send this form

This form must be mailed to:

Resolution Life
GPO Box 3306
Sydney NSW 2001

Contact phone number

133 731
between 9 am and 5 pm (AEST/AEDT), Monday to Friday,
excluding public holidays.

What you need to know

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) is the issuer of your product.

The information contained in this statement is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Resolution Life is part of the Resolution Life Group and can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.