

Benefit payment request

Important information

Please note:

- To help us process your request quickly, please ensure all sections are completed and all necessary documentation is attached to this form.
- You will receive the applicable withdrawal unit price once all completed information is received at our principal office of administration.
- Failure to provide any of the requested information may result in delays in processing your benefit payment. You will receive the applicable withdrawal unit price once all completed information is received at our principal office of administration.
- Do not use this form if you are applying for access to your superannuation benefits under compassionate specified grounds, financial hardship, death or disablement, terminal illness or you are a temporary resident departing Australia permanently. Please call us on the contact number shown above to obtain the relevant forms.

Things you should consider before withdrawing your benefit

Before deciding to withdraw your benefit, we recommend you carefully consider your current benefits such as available investment options, fees and insurance options 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 benefit, we recommend you speak to a financial adviser. You should seek advice from your taxation adviser in relation to taxation matters.

1. Personal deta	ils	1. Personal detail	s (continued)
(All fields must be o	completed)	Postal address	
Title	Date of birth		
Account number		Suburb	State Postcode
Given name(s)		Country	
Surname		Mobile number	Alternate phone number
Residential address		Email address	
Suburb	State Postcode	of the name change be	o your name, we will require verification fore we can proceed with your reques
Country		• •	

- certified copy of change of name by deed poll.

Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life)

2. Change of name (continued)

If you are unable to provide the required verification, please contact us on the number shown above between 9 am to 5 pm (AEST/AEDT), Monday to Friday to obtain further information.

3. Benefit options

(Please cross x your request) ☐ I request rollover to another superannuation provider (complete section 4 and then sections 8 to 12) ☐ I request my total benefit (complete **section 5** and then sections 7 to 12) ☐ I request a withdrawal from my unrestricted non-preserved balance (complete sections 5 and 6, then sections 8 to 12) ☐ I request a partial withdrawal with the balance to remain in the account (complete sections 5 to 12) ☐ I request a partial withdrawal and rollover the balance to

☐ Under \$200 – lost to found members (complete section 5 and sections 7 to 12)

my new fund (complete section 6, then sections 4 and 5



and 7 to 12)

Please note: Access to your benefit depends on your residency or citizenship and when you satisfied a condition of release. This is explained in section 7.

4. Rollover to another superannuation provider

Full name of new fund
New fund ABN ¹
New fund account/policy number
Unique Superannuation Identifier (USI)



Please note:

- If you are rolling over to a self-managed superannuation fund (SMSF) please include the bank account and Electronic Service Address of the SMSF in section 5 below.
- Please ensure the account you are rolling over to is active. Your account in your new fund must be in the same name as this account.

Please cross
appropriate box (to nominate the investment options to withdraw from, please also complete section 6)

☐ Full rollover

☐ Partial rollover of

\$

Please note: The minimum cash amount that can be partially withdrawn is \$2,000, subject to \$1,000 remaining in your account after the withdrawal.

5. Payment direction details

(Please complete all details of your nominated Australian bank, building society or credit union account.)

Institution name	
SMSF Alias/Electronic Service Address (required for SMSF transfers only) ²	
Account holders name	
BSB number Account number	
Please note: Benefit payments will only be made directly to you, or if you are rolling over to a SMSF, to the SMSF bank account. Payment cannot be made to a third party.	

6. Partial withdrawal

If you are requesting a partial withdrawal, please complete this section.



Please note: Some of your benefit may be preserved and if so can only be cashed out upon you meeting a condition of release. If you are requesting withdrawal of preserved funds you must complete sections 7 and 8 as well to inform us of your ability to access your benefits. The minimum cash amount that can be partially withdrawn is \$2,000, subject to \$1,000 remaining in your account after the withdrawal.

☐ Please pay me	\$	and retain the
balance in the F	und.	
☐ Gross or	☐ Net cash benefit	
section 4.	\$ ne superannuation fund de Net cash benefit	and rollover etailed in



Please note: If you do not nominate gross or net, we default to gross. Example: If you request \$12,000 (gross) from your account, and taxes of \$1,500 apply, you will receive a final payment of \$10,500.

Nomination of investment options for partial withdrawals



Please note: Only complete the following section if you have requested a partial withdrawal from SuperSelect.

2 of 6

6. Partial withdrawal (continued)

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 4** or this **section 6**.

Strategy

Investment option	Code	Withdrawal amount – dollar (\$) or percentage (%)		
Aggressive				
Multi-Manager Australian Share	FS			
Multi-Manager Global Share				
Growth	Growth			
High Growth	FG			
Moderate				
Growth	FM			
Conservative				
Balanced	FB			
Capital Stable	AU			
Defensive				
Capital Defensive	FE			
Savings				
Total dollar or percentage \$ or %				

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



Please note: Only complete the following section if you have requested a partial withdrawal from your Personal Superannuation & Rollover Plan.

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 all investment option(s) equals the total amount requested at **section 4** or this **section 6**.

Strategy

Investment option	Code Withdrawal amount – dollar (\$) or percentage (%)		
Aggressive			
Multi-Manager Australian Share	PS		
Growth			
High Growth	PG		
Moderate			
Growth	M3		
Conservative			
Balanced	PB		
Defensive			
Capital Secure	C3		
Savings	R3		
Total dollar or percentage \$ or %			

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

7. Conditions of release (Please cross 🗷 condition of release being met) Preservation Age to 59 ☐ I am between my preservation age¹ and 59, and have ceased a gainful employment² arrangement and do not intend ever again to become gainfully employed for 10 or more hours per week. (Go to section 8). Aged 60 to 64 ☐ I am aged 60 to 64 and have ceased a gainful employment² arrangement since attaining 60 years. (Go to section 8). Aged 65 and over ☐ I am 65 years and over. (Go to section 8). Under \$200 - lost to found members I was previously classified as a lost member under superannuation legislation and my total benefit amount is under \$200. (Go to section 8). Other

8. Claiming a tax deduction

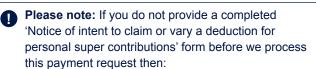
☐ Please specify below

Generally you can claim a tax deduction if you are self employed or substantially self-employed. If you are unsure as to whether you can claim a tax deduction, please speak to a financial or tax adviser.

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

☐ **Yes**—Please complete the Australian Taxation Office's 'Notice of intent to claim or vary a deduction for personal super contributions' form. You must complete a separate notice for each financial year.

□ No



- If you are making a full withdrawal or rollover, the Trustee will not be able to accept a deduction notice that you may wish to give later in relation to those contributions made to the account for the current or previous financial years; and
- 2. If you are making a partial withdrawal or rollover, the amount of contributions in relation to which you might later validly give the trustee a notice of an intention to claim a deduction may be reduced.

After completing this section please complete **sections 9** to **12**.

9. Reasons for withdrawal

(Please cross ≚ your reason for withdrawal).	
Retiring	
☐ Consolidating my super	
☐ Seeking different investment options	
$\hfill \square$ Moving to the super product offered by my employer	
☐ Transferring to another investment vehicle	
☐ Receiving financial advice	
☐ Need access to additional funds	

10. Identification requirements

What the certifier needs to do to certify your photocopied ID

The certifier can certify the photocopy of your ID by placing a stamp or writing 'This is a true and correct copy of the original' followed by their signature, printed name, qualification and the date. For example:

Persons who can certify documents

A person who is currently licensed or registered under a law to practise in one of the following occupations:

- Chiropractor
- Dentist
- Legal practitioner
- Medical practitioner
- Nurse
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trademarks attorney
- Veterinary surgeon.



¹ For more information on your 'preservation age', please refer to www.ato.gov.au.

^{2 &#}x27;gainful employment' means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

10. Identification requirements (continued)

A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) or a person who is in the following list:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- An officer with, or a credit representative of, a holder of an Australian Credit Licence (ACL), having two or more years of continuous service with one or more licensees
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years of continuous service with one or more licensees
- Australian Consular Officer, within the meaning of the Consular Fees Act 1955. This includes a person appointed to hold or act in any of the following offices of the Commonwealth (of Australia) in a country or place outside Australia:
 - a. Consul-General
 - b. Consul
 - c. Vice-Consul
 - d. Trade Representative
 - e. Consular Agent
- Australian Diplomatic Officer, within the meaning of the Consular Fees Act 1955. This includes a person appointed to hold or act in any of the following offices of the Commonwealth (of Australia) in a country or place outside Australia:
 - a. Ambassador
 - b. High Commissioner
 - c. Minister
 - d. Head of a Mission
 - e. Commissioner
 - f. Charge d'Affaires
 - g. Counsellor, Secretary or Attache at an Embassy, High Commissioner's office, Legation or similar
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of the Australian Trade and Investments Commission who is:
 - a. in a country or place outside Australia and
 - b. authorised under paragraph 3 (d) of the Consular Fees Act 1955 and
 - c. exercising his or her function in that place
- Employee of the Commonwealth who is:
 - a. in a country or place outside Australia and
 - authorised under paragraph 3 (c) of the Consular Fees
 Act 1955 and
 - c. exercising his or her function in that place

- Fellow of the National Tax Accountants' Association
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- 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
 - 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.

11. 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:

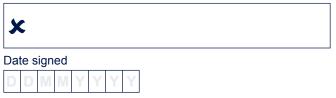
☐ Yes—I ag	ree to provide my TFN which is:
If you are ro	lling over, please cross the box below
if you do no	t want us to pass on your TFN to your
nominated s	uperannuation fund or retirement savings
account pro	vider.
☐ No, I do n	ot want to pass on my TFN.

12. Declaration and acknowledgement

By signing this request form I declare as follows:

- I have fully read the form and the information completed is true and correct.
- I am aware I may ask the Trustee of my new fund for information about fees or charges that may apply, or any other information about the effect this payment/rollover may have on my benefits, and I have obtained or do not require any further information.
- I understand that unless this is a partial withdrawal, the payment of the benefit will be in full and final settlement of all my rights and interests in relation to the Fund.
- If my new fund is a Self Managed Superannuation Fund (SMSF), I confirm that I am a member of the SMSF.
- If transferring to a SMSF I am aware that SMSFs are subject to the same rules and restrictions as other super funds when benefits are paid out. In particular, superannuation benefits in a SMSF are required to be 'preserved' meaning they are not generally able to be accessed, unless I have reached my preservation age and am permanently retired.
- Where my benefit is being withdrawn, I acknowledge that tax may be deducted from the benefit and I will not have the right to rollover the benefit.
- If I am signing under a Power of Attorney, I have not received revocation of the Power.
- If I am requesting payment of benefits to me, I have satisfied a condition of release.
- I discharge the Trustee of all further liability in respect of the benefits paid and/or rolled over to my new superannuation fund. I hereby authorise the Trustee to pay my benefit as requested.

Member's signature



Where to send this form

This form must be mailed to:

Resolution Life Locked Bag 5075 Parramatta NSW 2124

Contact phone number

133 731

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

What you need to know

Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L00001458 (Trustee) as trustee of the Super Retirement Fund ABN 40 328 908 469 (Fund) is the issuer of this product. Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) and AIA Australia Limited ABN 79 004 837 861, AFSL No. 230043 (AIAA) are the issuers of life insurance policies to the Trustee for this product. The Trustee, as owner of the life insurance policies, will receive the applicable benefit from Resolution Life and AIAA, and in turn provides the benefit to eligible Fund members. The information contained in this document 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.