

Benefit payment request

Deferred Annuities

Important information

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.

You can also email a scanned copy to **au.service@resolutionlife.com.au**

Please note:

- To help us process your request quickly, please ensure all sections are completed and all necessary documentation is attached to this form.
- **Do not use this form** if you are making a death or disablement claim or if you are applying for your benefits due to Permanent Incapacity or Terminal Illness. 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 and the effect that any rollover or cashing of your annuity benefit may have on your circumstances. Depending on your circumstances, cashing in your annuity benefit may have tax implications. Before making a decision to withdraw your benefits, we recommend you speak to a financial adviser. You should seek advice from your taxation adviser in relation to taxation matters.

Section 1 – Personal details (all fields must be completed)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>	Policy number	<input type="text"/>
Given name(s)						Surname	<input type="text"/>	
<input type="text"/>								
Postal address								
<input type="text"/>								
			State	Postcode	Country			
<input type="text"/>								
Residential address								
<input type="text"/>								
			State	Postcode	Country			
Mobile number			Alternate phone number			Date of birth (dd/mm/yyyy)		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Email address								
<input type="text"/>								
Type of benefit <input type="checkbox"/> Retirement <input type="checkbox"/> Death* <input type="checkbox"/> Disablement* <input type="checkbox"/> Other								

* For Death and Disablement claims, the receipt of this form initiates the claim. Further requirements will be requested by Resolution Life.

If you are under your preservation age and applying for the release of unrestricted non-preserved benefits, proceed to section 4. Otherwise go to section 2.

If you are completing a rollover request to another superannuation fund (other than to commence a pension), proceed to section 5. Otherwise go to section 2.

Section 2 – Residency details instruction

From 1 April 2009, if you have at any stage been a temporary resident, you may only withdraw your benefits under limited conditions of release. Please call on the number **shown above** for information regarding conditions of release for temporary residents.

If you are requesting a benefit in cash or a rollover to commence a pension, you must complete the following statements:

a) I am or was an Australian or New Zealand Citizen, a permanent resident of Australia or a holder of a retirement visa sub-class 405 (Investor Retirement) or 410 (Retirement)

☐ Yes ► continue to **section 3a** ☐ No ► continue to **section 3b**

b) I am or was a Temporary resident Visa Holder of Australia

☐ Yes ► continue to **section 3b** ☐ No ► continue to **section 3a**

Section 3a – Conditions of release (please tick (✓) appropriate box)

☐ I am **65 years of age or more**. Please attach a certified copy (refer to **section 8**) of your driver licence (copy of both front and back required) or passport and continue to **section 4**.

☐ I am aged between **60 to 64 years** and confirm that the arrangement under which I was gainfully employed* came to an end on / /

Please attach a certified copy (refer to **section 8**) of your driver licence (copy of both front and back required) or passport and continue to **section 4**.

☐ I am between my **preservation age[^]** and **60 years** and confirm that the arrangement under which I was gainfully employed* came to an end on / / and I have no intention of being gainfully employed* in the future.

Please attach a certified copy (refer to **section 8**) of your driver licence (copy of both front and back required) or passport and continue to **section 4**.

☐ **Permanent incapacity or terminal illness**, please check you have enclosed all the requirements listed in our early release of superannuation pack, including this form and continue to **section 4**.

☐ **Severe Financial Hardship** please check you have enclosed all the requirements listed in our severe financial hardship requirements letter and continue to **section 4**.

☐ If **Other** please specify, you can contact your adviser or please call us on the number **shown at the beginning of the form** for our requirements.

Please specify:

* For the purpose of this form, the term 'gainfully employed' means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

[^] For more information on your 'preservation age', please refer to **www.ato.gov.au**.

Section 3b – Conditions of release for non-residents (please tick (✓) box)

☐ I wish to receive my total benefit less tax as a Departing Australia Superannuation Payment (DASP)

Please note: If you satisfied a condition of release under section 3a prior to 1 April 2009, or you are considering withdrawing your benefit due to Permanent Incapacity, Terminal Illness, or are claiming a benefit on behalf of a deceased policyholder or acting under a Power of Attorney on behalf of a policyholder please call us on the number **shown at the beginning of the form** to obtain the relevant forms.

Section 4 – Tax File Number (TFN) notification

For all withdrawals except rollovers, we will deduct any tax payable at the lower rate if we have your TFN. If you wish to provide us with your TFN please tick (✓) the box below and quote your TFN details:

☐ Yes I agree to provide my TFN which is

It is not an offence not to quote your TFN. However giving your TFN to us will have the following advantages (which may not otherwise apply):

- other than the tax that may ordinarily apply, no additional tax will be deducted if you draw down further amounts of your annuity benefits and
- it will make it much easier to trace any other annuity and superannuation accounts in your name so that you receive all your annuity and superannuation benefits when you retire.

Section 5 – Payment instructions please tick (✓) the appropriate box

- ☐ Please pay me my total benefit
- ☐ Please pay me \$ and retain the balance in the Fund ☐ Gross or ☐ Net cash benefit*
- ☐ Please pay me \$ and rollover the balance as detailed below ☐ Gross or ☐ Net cash benefit*

* Failure to indicate will default to a gross cash amount being deducted.

Please note: We will contact you if your withdrawal amount will result in your account balance dropping below the minimum balance allowed.

- ☐ Please rollover my total benefit as detailed below

Rollover details

Full name of rollover fund or retirement savings account provider

Rollover fund ABN*

Rollover fund Unique Superannuation Identifier (USI)*

Postal address of rollover fund or retirement savings account provider

State

Postcode

Country

Destination fund policy/account number* **and/or** Destination fund USI*

Please note:

- Failure to provide any of the requested information may result in delays in processing your benefit payment.
- If our records match your destination fund's records then you do not need to provide ID in section 8 (excludes self managed super funds).

* Contact your rollover fund for these details, if required.

Tax File Number (TFN)

Please tick (✓) the appropriate box below if you do not want us to pass on your TFN to your nominated rollover fund or retirement savings account provider. We cannot pass on a TFN for an annuity if rolling over to an annuity.

- ☐ I do not want you to pass on my TFN
- ☐ I am rolling over to an annuity

Section 6 – Banking details (please complete all details of your nominated Australian bank, building society or credit union account.)

Account name

BSB number

Account number

Section 7 – For overseas residents only

Please complete this section if you reside in a country other than Australia.

Your occupation/business activity:

Section 8 – Identification requirements (continued)

- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the **Marriage Act 1961**
- Master of a court
- 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 five or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Governance Institute of Australia Ltd
- 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
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the **Marriage Act 1961**
- Notary public, including a notary public (however described) exercising functions at a place outside:
 - (a) the Commonwealth; and
 - (b) the external Territories of the Commonwealth
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office providing postal services to the public
- Permanent employee of:
 - (a) a State or Territory or a State or Territory authority; or
 - (b) a local government authority; with two or more years of continuous service other than such an employee who is specified in another item in 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 employee of a Commonwealth authority
- Senior Executive employee of a State or Territory
- SES employee of the Commonwealth
- Sheriff
- Sheriff's officer
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution.

Section 9 – Declaration and acknowledgement

By signing this request form I declare as follows:

- I declare that the answers given on this form are true and correct.
- I wish to apply for the withdrawal of my benefit as stated in **section 3**.
- I understand that any payment will be after the deduction of any taxes or fees paid or payable by me in respect of the withdrawn benefits.
- I understand that once my withdrawal is finalised it will not be reversed.
- I understand that unless this is a partial withdrawal, the payment of this benefit will be in full and final settlement of all my rights and interests in the policy.
- I acknowledge that I have read and understood the TFN requirements as stated in **section 4**.
- I confirm that the policy has not been assigned to any other party and that I have the right to claim entitlement to this benefit.
- I confirm that my TFN can be used and validated via the Australian Taxation Office's (ATO) Super TIC Validation Service.
- I am aware I may ask 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.

Signature of policy owner

X

Date (dd/mm/yyyy)

/ /

What you need to know

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