

Benefit payment instruction form

Please complete all pages of this withdrawal form in black ink, using BLOCK letters. You may also be required to provide evidence of your identity to us. Please refer to page 6 of this form for further information.

1. Investment details

Is this benefit payment for a super or pension account?

super ☐

pension ☐

2. Member details

member number

title

Mr ☐

Mrs ☐

Miss ☐

Ms ☐

Other

first name(s)

last name

date of birth

DD / MM / YYYY

male ☐

female ☐

unit number

street number

street name

suburb

state

postcode

country

phone (business hours)

mobile

If you know that the address held by us is different to your current residential address, please provide details below.

unit number

street number

street name

suburb

state

postcode

country

3. Tax file number (TFN)

If you have not previously supplied your TFN you may quote your TFN.

tax file number

We are authorised to collect your tax file number (TFN) under Superannuation Law. It is not an offence not to quote your TFN, but if you do not supply us with your TFN we will be required to deduct additional tax on all concessional contributions that you make or are made on your behalf. We are also unable to accept any after-tax contributions from you. For more information regarding the provision of TFNs please see the 'Tax' section in the Features Book. An exemption is not considered to be a TFN.

4. Withdrawal details – minimum \$1,000

please withdraw: ☐ my total investments – go to section 6

☐ a specified amount \$

For a specific amount, the amount will be deducted in line with your investment strategy. We will assume the amount is after tax unless you specify otherwise.

Important note: Generally, you are not allowed to withdraw preserved money from a superannuation fund until you reach age 65 or retire after age 60, or unless you are transferring to another institution. The special circumstances under which you can withdraw your preserved money before age 60 are shown in Section 7.

If your request to withdraw (rollover or commute) part of your benefit part way through the financial year would result in your pension account balance being below \$1,000, we may treat your request as a full withdrawal request, and you may have to take your annual pension payment before you withdraw, and your account will be closed.

5. Preservation details

Please complete this Section if you are rolling over part of your investment. If you do not make a nomination, your rollover will be pro-rated across your preservation components.

| | | |
|---------------------------------|-------------------------|--|
| Unrestricted | \$ <input type="text"/> | Benefits can be withdrawn at any time |
| Restricted non-preserved amount | \$ <input type="text"/> | Benefits cannot be withdrawn until you have left the service of your employer who has been contributing on your behalf |
| Preserved amount | \$ <input type="text"/> | Benefits cannot be withdrawn until you have satisfied the requirements in Section 7 |

6. Contribution tax

If you have made personal contributions into your Perpetual WealthFocus Super Plan during the current financial year, please indicate whether you intend to claim a tax deduction. We will deduct 15% contribution tax from the contributions claimed as a tax deduction.

☐

I will not be claiming a tax deduction on these contributions.

☐

I will be claiming a tax deduction on these contributions. Please attach a Section 290-170 Notice to confirm this (available from www.perpetual.com.au or our Member Services on 1800 011 022)

7. Reason for withdrawal

All investors must complete this Section. Please specify why you are withdrawing. You may need to provide further details in some cases. Our Member Services will be able to help you and can be contacted on 1800 011 022.

☐

I have reached the age of 65.

☐

I am withdrawing an unrestricted non-preserved amount.

☐

I am transferring/rolling over to another super fund.

Please provide the details in section 8 of the institution(s) to which you are rolling your money and a letter from the fund stating it is complying. If you are rolling over a benefit that originated from a UK pension, you should check that the complying super fund you are rolling over to is a QROPS. Otherwise an unauthorised payments charge of 40% may apply.

☐

I retired after age 60.

This means you have ceased gainful employment with an employer after turning 60 please note that you can still be working.

Please provide the date you ceased gainful employment

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

☐

I am withdrawing within the statutory day cooling off period.

Any amounts that are 'preserved' or 'restricted non-preserved' can't be refunded to you unless you satisfy a 'condition of release' under superannuation law. You'll need to nominate another superannuation fund, retirement savings account or approved deposit fund to transfer the funds into.

☐

I am withdrawing on compassionate grounds.

Please attach letter of approval from APRA.

☐

I am permanently incapacitated/disabled.

Please attach relevant documents available from our Client Services.

☐

I am withdrawing on the grounds of financial hardship.

Please attach Centrelink letter confirming receipt of payment as well as relevant documents available from our Client Services.

☐

I am a temporary resident permanently departing Australia.

Please attach appropriate documentation.

☐

I am terminally ill

Please include two doctor certificates (one from a specialist) confirming that you suffer from an illness or injury that is likely to result in death within 24 months.

☐

I am temporarily incapacitated (for release of insurance benefits only)

Please attach relevant documents available from our Client Services.

8. Payment instructions

Please nominate how you would like to be paid. If you are transferring to your self-managed super fund (SMSF), we may need to request further information and/or evidence about the SMSF bank account to validate the payment details.

| | | | |
|---------------------|--------------------------|--|----------------|
| | <input type="checkbox"/> | Please pay to my existing account on file. | |
| | <input type="checkbox"/> | Please make this payment to the account (Australian bank, building society or credit union) nominated below: | |
| institution | | | |
| branch | | | |
| account name | | | |
| branch number (BSB) | | - | account number |

If you provide us new bank account details we will require a copy of the bank account statement. Please provide this statement with your completed form.

| | | | |
|-------------------|--------------------------|---|--|
| | <input type="checkbox"/> | I am transferring to another complying super fund (excluding SMSF): | |
| fund name | | | |
| fund phone number | | membership or account number | |
| ABN of fund | | unique superannuation identifier | |

| | | | |
|---------------------------|--------------------------|--|--|
| | <input type="checkbox"/> | I am transferring to my SMSF and my SMSF bank details are below. | |
| SMSF name | | | |
| Electronic Service Number | | | |
| ABN of fund | | | |

SMSF bank account details

| | | | |
|-------------------|--|---|---------------------|
| SMSF Account name | | | |
| SMSF BSB | | - | SMSF Account number |

Customer identification requirements

The information requested is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. **We cannot process your withdrawal without this information.** You do not need to provide this information if you have previously provided certified identification to us and it has not expired.

9. Applicant signature and authorisation

I declare and acknowledge that I have met the condition of release specified in section 7.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
 - I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
 - I acknowledge that the Trustee will quote my TFN to the Australian Taxation Office (ATO) as required under the law.
 - If the TO fund is a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
 - I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
 - If transferring to a self managed superannuation fund (SMSF) I declare that I am aware that SMSF's are subject to the same rules and restrictions as other super funds when benefits are paid out. In particular, super benefits in a SMSF are required to be 'preserved' meaning they are not generally able to be accessed, until I am age over 60 and retired.
- 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.

name

signature

date

D

D

/

M

M

/

Y

Y

Y

Y

You can forward your completed form to
your financial adviser or directly to:
Perpetual WealthFocus Super and Pension
Reply Paid 92151
PO Box 617
Parramatta NSW 2124

Alternatively, you can send us a copy by email:
superandpension@perpetual.com.au

Identity documentation

Please provide a document from Part I. If you do not have a document from Part I, please provide the documents listed in Part II OR Part III.

- **If you are withdrawing directly with us** – You will need to provide a certified copy of the document(s) with your withdrawal.
- **If you are lodging this withdrawal through a financial adviser** – You may provide a certified copy with your withdrawal OR have your adviser sight an original or certified copy of your document(s) and complete the 'Record of verification procedure' section in this form.

PART I – Primary ID documents

Provide ONE of the following:

- ☐ current Australian State/Territory driver's licence containing your photograph
- ☐ Australian passport (current or a passport that has expired within the preceding 2 years is acceptable)
- ☐ current card issued under a State or Territory law for the purpose of proving a person's age containing your photograph
- ☐ current foreign passport or similar travel document containing your photograph and signature

OR

PART II – should only be completed if you do not own a document from Part I

Provide ONE of the following:

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ concession card such as a pension, health care or seniors health card issued by the Department of Human Services (excludes Medicare cards)

AND provide ONE valid document from the following:

- ☐ a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and contains your name and residential address
- ☐ a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or by the Commonwealth to the individual), which contains your name and residential address.
- ☐ a document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to your address or to you (the document must contain your name and residential address)

OR

PART III – should only be completed if you do not own document(s) from Part I OR Part II

BOTH documents from this section must be provided

- ☐ foreign driver's licence that contains a photograph of you and your date of birth
- ☐ national ID card issued by a foreign government containing your photograph and your signature

Any documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

How to certify your documents

In accordance with the AML Rules, a certified copy means a document that has been certified as a true and correct copy of an original document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018 (Cth).

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public, patent or trade marks attorney
- An Australian medical practitioner including dentist, nurse, midwife, optometrist, pharmacist, physiotherapist, chiropractor, psychologist, occupational therapist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- An architect
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- A registered migration agent
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A financial adviser or financial planner
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents OR
- agreed that your financial adviser will complete the 'Record of verification procedure' below.

Record of verification procedure (Financial adviser use only)

This section is to be used by financial advisers when a record of verification is provided, rather than certified copies of identity documentation.

| ID document details | Document 1 | Document 2 |
|--------------------------------|---|---|
| verified from | <input type="checkbox"/> original <input type="checkbox"/> certified copy | <input type="checkbox"/> original <input type="checkbox"/> certified copy |
| document name/type | <input type="text"/> | <input type="text"/> |
| document issuer | <input type="text"/> | <input type="text"/> |
| issue date | <input type="text"/> | <input type="text"/> |
| expiry date | <input type="text"/> | <input type="text"/> |
| document number | <input type="text"/> | <input type="text"/> |
| accredited English translation | <input type="checkbox"/> N/A <input type="checkbox"/> sighted | <input type="checkbox"/> N/A <input type="checkbox"/> sighted |

By completing and signing this record of verification procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF rules, in the capacity of an AFSL holder or their authorised representative and
- the information provided in relation to the residency status for tax purposes is reasonable considering the identity documentation provided.

| | | | |
|------------------------------|----------------------|-----------------------------|-------------------------------------|
| AFS licensee name | <input type="text"/> | AFSL number | <input type="text"/> |
| representative/employee name | <input type="text"/> | phone number | <input type="text"/> |
| signature | <input type="text"/> | date verification completed | <input type="text"/> DD / MM / YYYY |