

Partial or full cash withdrawal or rollover to another fund

2. Tax file number (TFN)

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

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.

3. Withdrawal details

Please withdraw:

☐ my total investments – go to section 6

☐ only part of my total investments as detailed below

Please specify the amount you wish to withdraw: \$

For a specific amount, the amount will be deducted in line with your investment strategy.

Important note: Generally, you are not allowed to withdraw preserved money from a superannuation fund until you reach age 65 or retire having reached your preservation age. The conditions of release under which you can withdraw your preserved money are shown in Section 6.

If you request to withdraw part of your benefit that would result in your super account balance being below \$1,000 and you have no insurance cover, we may treat your request as a full withdrawal request and your account will be closed.

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 your withdrawal, and your account will be closed.

4. 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	benefits can be withdrawn at any time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 can only be paid if 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	benefits cannot be withdrawn until you have satisfied the requirements in Section 6

5. Contribution tax

If you have made personal contributions into your Select Super Plan during the current financial year, please indicate whether you intend to claim a tax deduction. We will deduct 15% contributions 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 the Perpetual Select Member Service Team 1800 677 442)

6. Reasons for withdrawal

All investors must complete this Section. Please specify why you are withdrawing. You may need to provide further details in some cases. The Perpetual Select Member Service Team will be able to help you and can be contacted on 1800 677 442 .

I am transferring/rolling over to another super fund.

Please provide the details in section 7 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 payment charge may apply.

I have reached the age of 65.

I am withdrawing an unrestricted non-preserved amount.

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

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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 to.

I am withdrawing on compassionate grounds.

Please attach letter of approval from the ATO.

I am permanently incapacitated/disabled.

Please attach relevant documents available from the Perpetual Select Member Service Team.

I am withdrawing on the grounds of financial hardship.

Please attach Centrelink letter confirming receipt of payment as well as relevant documents available from the Perpetual Select Member ServiceTeam.

I am a temporary resident permanently departing Australia.

Please attach appropriate documentation.

I have been diagnosed with a terminal medical condition.

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 the Perpetual Select Member Service Team.

7. Payment instructions

A. Cash withdrawal

Please nominate how you would like to be paid.

☐ Please pay to my existing account on file.

☐ 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.

B. Rollover to another super fund (excluding self-managed super funds (SMSF))

[illegible]

7. Payment instructions (continued)

C. Rollover to 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"/>	I am transferring to my SMSF and my SMSF bank details are below.																										
SMSF name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electronic Service Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SMSF bank account details

SMSF Account name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SMSF BSB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SMSF Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

- are transferring/rolling over to another Perpetual Super fund or another super fund, or
- have previously provided this information and your details have not changed.

You will need to provide this information if you are transferring to a Perpetual Pension Plan.

8. Applicant signature and authorisation

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.
- 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.
- I am aware that if I have insurance cover this will be cancelled if I leave the Select Super Plan.
- 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 have reached preservation age (as determined by your year of birth) 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.

I declare and acknowledge that I have met the condition of release specified in section 6.

name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
signature	<input type="text"/>																											
date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

8. Applicant signature and authorisation (continued)

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 the Trustee** – 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 Adviser Record of Verification 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
- ☐ pension card issued by Centrelink
- ☐ health card issued by Centrelink

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.

8. Applicant signature and authorisation (continued)

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 adviser will complete the Adviser Record of Verification procedure below.

Record of verification procedure (Adviser use only)

This section is to be used by 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.

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"/>