





## Section 7: Partial withdrawal

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

**Please note:** Some of your benefit may be preserved and 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 3 and 4 as well to inform us of your eligibility to access your benefits.

- Please pay me \$ \_\_\_\_\_ and retain the balance in the AERF >  Gross **OR**  Net cash benefit
- Please pay me \$ \_\_\_\_\_ and roll over the balance to the superannuation fund detailed in section 5 >  Gross **OR**  Net cash benefit

## Section 8: Identification requirements

To enable the AERF to finalise payment of your benefit, we require the following 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.

If you are **acting on behalf of a member**, please contact **1800 677 424** to obtain further information on any additional identification requirements.

**For cash payments and rollovers to SMSFs**, please provide a certified copy of an identification 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.

For other rollovers, no identification is required for rollovers where your TFN is validated via the ATO Super TIC service. If your TFN cannot be validated, no identification will be required, as long as your name, date of birth and address details provided on this form 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 by providing an identification document from Part I, or if you do not have a document from Part I, documents listed in Part II **OR** Part III.

### PART I – Primary ID documents

Provide **ONE** of the following:

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

**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** of 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 three 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 a document from Part I

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

## Section 8: Identification requirements (continued)

### How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person listed below, including all persons described in the Statutory Declarations Regulations 2018.

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 member of the Institute of Chartered Accountants in 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)

## Section 9: Tax File Number notification

It is not an offence not to quote your TFN. Under the Superannuation Industry (Supervision) Act 1993, we are authorised to collect your TFN which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

We may disclose your TFN to another superannuation fund, when your benefits are being transferred, unless you instruct us not to.

For all withdrawals except rollovers, we will deduct any tax payable at the rates applicable to superannuation benefits. However if we do not have your TFN and you are aged under 60, we are required to withhold tax at the highest marginal tax rate (plus Medicare Levy) on the Taxable component of your benefit.

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

Yes I agree to provide my TFN which is     -     -

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

I do **not** want to pass on my TFN

## Section 10: Declaration and authorisation

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

- I declare I have fully read this form, understand its contents and the information completed is true and correct
- I am aware I may ask the Trustee of my new fund 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 some or all of my benefit is being rolled over to a self managed superannuation fund (SMSF), I confirm that I am a member, trustee or director of a corporate trustee of the SMSF.
- If transferring to a SMSF I declare that I am aware that SMSFs 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, unless I have reached preservation age and retired.
- I discharge the AERF of all further liability in respect of the benefits paid and transferred to my nominated fund or account.

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. In addition I hereby declare that all information supplied on this form and related attachments are true and correct.

Member's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return completed forms to:**

**Australian Eligible Rollover Fund**  
C/- Jacques Martin Administration and Consulting Pty Ltd  
Locked Bag 5429, Parramatta NSW 2124

Phone: **1800 677 424**  
between 8.30am and 5.00pm (Sydney time)  
Monday to Friday