

Australian Eligible Rollover Fund (AERF)

Benefit Payment Request



ABN 81 932 639 940 RSE R1067750 SPIN CML0825AU

Trustee: Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315

Section 1: Member details

If you do not provide this information there may be a delay in the time it takes to process your request.

Title (Please tick)		Membership number	Additional membership number (if known)						
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		Given names				Date of birth			
<input type="text"/>		<input type="text"/>				<input type="text"/> / <input type="text"/> / <input type="text"/>			
Gender	Contact phone number	Other names known by							
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>						
Occupation									
<input type="text"/>									
Current residential address									
<input type="text"/>									
Suburb				State		Postcode		Country	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>	
Previous residential address – if you know that the address held by AERF is different to your current residential address, please provide details below.									
<input type="text"/>									
Suburb				State		Postcode		Country	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>	

Change of name

If there is any change to your name, AERF will require verification of the name change before your membership details can be updated.

Such verification may include:

- copy of your marriage certificate;
- copy of divorce papers and birth certificate/marriage certificate (to show maiden name); or
- copy of change of name by deed poll.

If you are unable to provide the required verification, please contact us on **1800 677 424** for further information.

Multiple accounts

We will search for additional accounts identified in the AERF in your name prior to finalising this benefit payment request. Where we identify additional accounts based on a full match of your name, address and date of birth, we will automatically process payments on these accounts in line with the instructions provided on this form.

Section 2: Benefit options

(Please tick your preferred option)

- Rollover to another superannuation fund (Complete sections 5, 7, 8, 9, and 10)
- Withdrawal of my total benefit, including if I was a temporary resident (Complete sections 3, 4, 6, 8, 9, and 10)
- Withdrawal from my unrestricted non-preserved balance (Complete sections 3, 6, 7, 8, 9, and 10)
- Partial withdrawal with the balance to remain in AERF (Complete sections 3, 4, 6, 7, 8, 9, and 10)
- Partial withdrawal and rollover the balance to another superannuation fund (Complete sections 3, 4, 5, 6, 7, 8, 9, and 10)
- Withdrawal of my total benefit – under \$200, lost to found members only (Complete sections 3, 4, 6, 8, 9, and 10)

Note: Access to your benefit depends on your residency or citizenship and when you satisfied a condition of release.

If you are considering withdrawing your benefit from the AERF due to Permanent Incapacity, Terminal Illness, Compassionate Grounds, Severe Financial Hardship or are claiming a benefit on behalf of a deceased member, or if you are or were a temporary resident claiming as a Departing Australia Superannuation Payment (DASP), please telephone 1800 677 424 for further information.

Continued over

Section 3: Residency details instruction

If you have at any stage been a temporary resident, you may only withdraw your preserved super benefit under limited conditions of release. Please contact one of our Customer Service Representatives on **1800 677 424** for information on these conditions of release.

If you are requesting a withdrawal in cash or rollover to commence a pension you must answer **(a)** or **(b)** below.

(a) I am 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 No

(b) I am, or was, a temporary resident of Australia

Yes No

Note: If you are requesting your total benefit less tax as a Departing Australia Superannuation Payment (DASP), please contact us on 1800 677 424 or +61 2 8756 5573 (international callers) to obtain the relevant forms.

Section 4: Conditions of release

(Please tick the condition of release being met)

- I wish to receive my total benefit as I have reached preservation age and have permanently retired – go to **section 6**
- I wish to receive my total benefit as I have ceased gainful employment with an employer after turning age 60 – go to **section 6**
- I wish to receive my total benefit as I am over age 65 – go to **section 6**
- I wish to receive my total benefit less tax, which is less than \$200 (only applicable if you were a lost member who is found) – go to **section 6**
- I wish to have the Trustee pay an amount to the Australian Taxation Office under a release authority
- Other: Including Permanent Incapacity, Terminal Illness, Compassionate Grounds, Severe Financial Hardship – go to **section 6**.

Note: Restrictions on payment amounts may apply.

Section 5: Rollover notification

Full name of new fund

Payee for rollover cheque

New fund ABN*

New fund USI*

New fund account/policy number*

* **Note:** You should obtain these details from your new fund. Failure to provide this information will lead to a delay in the time it takes to process your rollover.

Section 6: Bank account details

Institution name

Name of account holder

BSB number

-

Account number

Note: Benefit payments will only be made directly to you as a member. Payments cannot be made to a third party.

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 in one of the occupations listed below, including all persons described in the Statutory Declarations Regulations 1993.

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]'

- A bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax Accountants' Association
- A judge of a court, Justice of the Peace or magistrate
- A legal practitioner
- A medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- A police officer
- A teacher employed on a full-time basis at a school or tertiary education institution
- An accountant who is a member of the Institute of Chartered Accountants in Australia, CPA Australia, the National Institute of Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An Australian Financial Services Licence holder or their authorised representative (includes any licensed financial advisor) with a minimum of 2 years continuous service

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.

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

Fax: **1300 700 141**